

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

New Forest Dental Practice

1 Ashley Road, New Milton, BH25 6BA

Tel: 01425619616

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We inspected the following standards as part of a routine inspection. This is what we found:

Cleanliness and infection control

✓ Met this standard

Supporting workers

✓ Met this standard

Details about this location

Registered Provider	New Forest Dental Practice Limited
Registered Manager	Dr. Christo Robbertse
Overview of the service	This is a two surgery practice located adjacent to the High Street in New Milton. There is one dentist present and a part-time hygienist. The practice sees private patients only.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 July 2013 and talked with staff.

What people told us and what we found

We carried out this inspection in order to see what action the provider had taken following our last inspection of New Forest Dental Practice on 14 February 2013. On that occasion we found standards expected for infection control and staff support were not met.

On this inspection we found the provider had put systems in place to ensure the standard for infection control and staff support were met.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

At our last inspection of New Forest Dental Practice completed on 14 February 2013 we found that people were not properly protected from the risk of infections. This was because guidance about decontamination, prevention and control of infection issued by the Department of Health (Health Technical memorandum 01-05:Decontamination in primary care dental practices) had not been followed. The HTM 01-05 describes in detail the processes and practices required to prevent the transmission of infections and ensure clean safe care.

On 14 February 2013 we found that daily validation checks of the autoclave machines were not being recorded. An autoclave is a device used in dental practices to sterilise dental equipment. This meant people's health and safety could be put at risk. The HTM 01-05 recommends that the temperature, pressure and time for the first cycle for every autoclave must be recorded.

On this inspection the manager and dental nurse explained the process they had put in place to ensure daily validation checks were completed on every autoclave. We saw records that showed these checks had been completed.

At the inspection on 14 February 2013 the provider could not show any evidence to indicate that infection prevention audits had been carried out, in order to assess compliance with decontamination guidelines. At the time the decontamination guidance issued by the Department of Health expected such audits to be carried out every three months. On this inspection we saw the provider had implemented an infection control tool and records showed that infection control audits were being carried out on a quarterly basis.

At the inspection on 14 February 2013 the manager could not provide any evidence to show that the provider had attended training in decontamination procedures.

On this inspection we were shown a training certificate that confirmed the provider had attended and completed training in decontamination procedures.

This all showed people were protected from the risk of infection because appropriate guidance had been followed and there were effective systems in place to reduce the risk and spread of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection of New Forest Dental Practice on 14 February 2013 we found that people were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This was due to the absence of appropriate supervision and staff appraisal systems.

On this inspection we were shown records that showed every member of staff had received a staff appraisal. The appraisal system allowed for individual staff members to put forward their own suggestions on their development within their roles and to highlight any particular developmental areas.

At our last inspection on 14 February 2013 we were told that staff meetings were held but these were infrequent. At this inspection we saw records that showed staff meetings were held every two months. Minutes of these meetings were drawn up and records showed each member of staff had signed and read the minutes. The meeting minutes showed every member of staff was given the opportunity to put forward any suggestions or concerns they had with the running of the practice.

At our last inspection on 14 February 2013 we saw that the provider had practice policies in place but we were not shown any evidence to confirm the staff had read and understood these policies. At this inspection we were shown records that confirmed each member of staff had read, signed, dated and understood each policy.

This all showed people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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