

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

The Dental Surgery

52 Junction Road, Totton, Winchester, SO40
3BW

Tel: 02380666007

Date of Inspection: 17 January 2014

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2014

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Cleanliness and infection control | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Dr. Phiroz Daruvalla |
| Overview of the service | The Dental Surgery is situated in Totton, near Southampton, in Hampshire. The practice is fully private and provides dental care for people of all ages. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury |

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

| | Page |
|---|-----------|
| <hr/> | |
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 6 |
| Cleanliness and infection control | 8 |
| Supporting workers | 10 |
| Assessing and monitoring the quality of service provision | 11 |
| <hr/> | |
| About CQC Inspections | 13 |
| <hr/> | |
| How we define our judgements | 14 |
| <hr/> | |
| Glossary of terms we use in this report | 16 |
| <hr/> | |
| Contact us | 18 |

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 17 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The Dental Surgery, Totton, is owned and operated by one dental surgeon. We spoke with the dentist and the two dental nurses, as well as three people visiting for appointments during our inspection. After our visit, we spoke with two people by telephone and asked them about their experiences of care and treatment. Everyone said their dental care and treatment was explained in detail, and they were confident about the quality of dentistry provided. We heard comments such as: "The dentist makes me feel relaxed; he is very understanding and reassuring". Two people commented that they were always seen promptly in an emergency. One person told us that children were given advice about how to keep their teeth and gums healthy. People were informed of any treatment costs, and these were included in their records.

The service had a dedicated decontamination room and effective procedures for cleaning equipment and the premises. People using the service commented that it was always clean.

From looking at records we found that staff were supported to maintain their professional skills. People who use the service commented on staff, stating for example: "They are all very friendly and know us well" and "The dentistry skills are good here".

The service monitors the quality of service it provides, by reviewing practice and listening to feedback from people who use the service.

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

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual needs. During our visit we looked at patient records for five people. The dentist, who is the sole dental surgeon at the practice, explained how people were initially assessed and examined and how information was recorded to inform subsequent visits and potential treatments. Records showed that examinations of soft tissue, teeth and other areas of the mouth were noted and discussed with people. Diagnostic tests, such as radiographs (x-rays), were carried out if they were clinically necessary.

During our visit one person was happy to allow us to observe their care and treatment. We also spoke with two people attending the practice for appointments, and telephoned four further people to ask them their views of the practice. We observed that the dentist asked if there had been any changes to the person's medication or health, and explained the treatments planned for that day. The person was treated with courtesy and respect and was invited to advise the dentist if they wanted him to stop. The dentist also provided guidance on oral hygiene. When we spoke with people, everyone was complimentary about the quality of care and treatment. Two people said they had previously been anxious about visiting the dentist, but since having treatment at this practice their experiences had always been positive. One person said: "The dentist makes me feel relaxed; he is very understanding and reassuring". Two people commented that they were always seen promptly and had phoned for emergency appointments and were seen the same day. We spoke with two people who brought their children to this practice. They both said that treatment for children was sensitive and caring. One person said their child had been given good advice in relation to their oral health and diet and how best to look after their teeth.

People we spoke with confirmed they had their treatment explained to them and one person commented that the risks and benefits of different treatment options had been explained. People said they had time to consider these options, and this was confirmed when we looked at patient notes. The notes also included the costs that had been quoted

for different treatments. One person told us they understood their plan of treatment and "knows what the next steps are". The provider may find it useful to note that written quotations were not routinely given to people, but nobody told us this was a problem.

The dentist and dental nurses said that each person was asked to provide a medical history and we saw that this was logged in people's notes. They said they asked people at each visit if there had been any change to their medical history. This meant that the dentist would be aware of any medical issues which could affect the planning of a person's treatment. One person we spoke with confirmed that they were always asked if there was any change to their medication. Two other people said they always talked about their care with the dentist, but could not recall the detail as this was an informal and friendly conversation.

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had emergency drugs and oxygen available which may be needed to deal with any medical emergencies should they arise. The practice had an automated external defibrillator, to support people using the service should they experience a cardiac arrest. Monthly checks were made of the emergency drugs and oxygen to ensure they were in date and ready for use should they be needed.

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

In November 2009 the Department of Health published a document called the 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05). This was updated in March 2013. This document describes in detail the processes and practices essential to prevent the transmission of infections and to promote clean, safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination.

During our visit we spoke with the two dental nurses who were responsible for the decontamination of equipment and instruments. They demonstrated a good understanding of the safe practices required to meet the best practice standards of HTM 01-05. The practice had recently commissioned a new, dedicated decontamination room which had a clear flow of dirty to clean working areas. There were two sinks for washing and rinsing instruments and a separate hand basin. There was ample storage space for cleaning solutions and the room was equipped with a magnifying lamp for inspecting instruments to ensure they were clean of debris before being bagged. Laminated summaries of decontamination procedures were on display for reference. Staff described the processes and procedures in place to decontaminate instruments and to check that decontamination equipment was functioning properly. There was a clear process for setting up equipment each morning and closing it down safely at night. We saw records of sterilisation checks as well as equipment maintenance checks.

Decontaminated instruments were bagged and date stamped and the practice had set up a system to ensure that sterilised instruments were not used beyond their recommended shelf life. Bagged instruments and other materials were well ordered and stored in closed drawers within the surgery. This helped minimise the risk of injuries or contamination.

The decontamination room was on the first floor and the practice had developed safe systems for transporting dirty and clean instruments between the ground-floor surgery and the decontamination room.

Staff were aware of the need for personal protective equipment (PPE). People we spoke with commented that the dentist and nurses wore gloves and masks whilst providing their

treatment. The practice had an infection control policy and all staff were up to date with immunisations for blood borne viruses.

People said the practice always appeared clean and tidy. The practice had recently redecorated the clinical areas and the surgery was arranged to facilitate cleaning. The dental nurses were responsible for cleaning and there was a colour coded system for cleaning materials which meant that separate equipment was used for high risk areas and clinical areas. There were procedures in place for regularly cleaning the children's toys in the waiting room. Overall, there were effective systems in place to reduce the risk and spread of infection.

We saw that the practice had recently completed an infection prevention audit. The practice was compliant in almost all areas, and taken steps to remedy those areas identified for improvement.

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

Staff received appropriate professional development. We looked at records that showed that continuing professional development for clinical staff was logged. Clinical staff monitored their attendance at training and professional development days, and logged their formal and informal training and education. The training files included evidence of staff reading relevant books, articles and magazines, and attending formal training events. Examples of training completed in the previous year included dental radiography, medical emergencies and infection control and the management of hazardous materials. All clinical staff had completed annual training in basic life support for adults and children. The practice had an automated external defibrillator, should people using the service experience a cardiac arrest, and staff had completed training in its use in November 2013.

The dentist had reciprocal arrangements with a dentist from another practice to carry out appraisals. Staff meeting notes showed that staff had discussed issues such as respecting and involving people using the service, awareness and procedures for protecting vulnerable adults and children and the role of the Care Quality Commission.

We spoke with five people who had attended the practice for appointments. They said they valued the skills and experience of all members of the team. One person said; "They are all very friendly and know us well". Another commented, "The dentistry skills are good here" and "[Staff] are very understanding and when I have a filling it never hurts".

Staff had received annual appraisals, and these had been used to review people's training and professional development needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

This practice had been established for over 20 years and had a stable client base. There was a comments box in the waiting room, and the practice had monitored feedback received both via the comments box and verbally. These included positive comments about the décor and thank you notes. A questionnaire had been issued in May and June 2013, with questions related to, for example, cleanliness, attitude of staff and quality of care. There had been only eight responses, and they were all positive. Some of the suggestions had been acted on where they had been practical, such as to open sometimes on Mondays.

There had been no complaints in the past year but guidance on how to make a complaint was on display in the waiting room. We spoke to five people as part of the inspection and they said they were satisfied with the quality of care and had no comments to improve the service. Overall, people who use the service were provided with opportunities for commenting on their care and treatment, and their feedback was acted on.

Since the practice was small, with one dentist, two dental nurses and two receptionists most communication between staff was informal and any issues or suggestions were attended to when they occurred. The practice also held staff meetings, approximately two or three times a year. These were used for training and for business discussions. Staff said they felt they could raise suggestions or comments relating to the quality of care or premises at any time and they would be listened to.

We saw that the practice monitored the quality of care and treatment by undertaking different audits. For example, they had carried out audits of dental restoration work in 2012. A denture audit in 2012 and an endodontic (root canal treatment) audit in 2012 had shown that the corrective work had been effective and long lasting. The practice had carried out a radiography (x-ray) audit to monitor their quality to ensure that they did not have to be repeated, which could pose a risk to patients. The dentist had completed an infection control audit in January 2014 and patient surveys had been carried out during 2013. The practice maintained an accident book, however there had been no accidents or

incidents in the past year. Patient safety alerts, for example from the Medicines and Healthcare Products Regulatory Agency, were received and monitored by the dentist. This meant the practice had systems in place to respond to risks and monitor safety.

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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