

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

Tuckton Dental Practice

119 Tuckton Road, Tuckton, Bournemouth, BH6
3JZ

Tel: 01202423872

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Michael Atkinson
Overview of the service	Tuckton Dental Practice provides general and cosmetic dental services. There are three dentists undertaking private work. Other staff include dental hygienists, dental nurses and receptionists. Facilities include four treatment rooms, a reception and waiting areas and a toilet.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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'.

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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 25 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke to four patients, all of whom were very complimentary about the practice. They felt that they were treated with respect and dignity. They told us that they were informed about the choices, costs, alternatives and possible outcomes of their treatment. One patient told us, "I think they are excellent, my whole family comes here." Another said "I have been a patient here for about a year, I have no complaints". The other two patients were equally complimentary.

With people's permission we observed three consultations. We also looked at dental notes and other records kept by the provider.

People were given appropriate information and support regarding their care and told us they understood the choices available to them.

The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

People were protected from the risk of infection. They were cared for in a clean and safe environment.

The provider had effective systems to check and monitor the quality of their service. There were also systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure their safety and welfare.

We observed consultations with three people. In each case, the dentist enquired about changes in their health and medication and any allergies before treatment. Changes in people's health were recorded in their dental records. People confirmed that the dentist asked about their health and medication at every visit. One person told us "When I first registered I filled out a medical history form, I get asked at each appointment if there are any changes".

We saw that the dentist assessed the condition of people's teeth, gums and mouth. They told them what they were doing and afterwards explained what they had found. We noted that they listened to and addressed people's questions and concerns. We saw that the assessments were recorded in people's dental notes.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that there were many leaflets available to patients to explain choices. We saw that there was information on display and readily available in the reception and waiting area about oral hygiene, health and dental treatments. They included leaflets about, gum disease, root canal treatment, and dental implants.

We spoke with staff working at the practice and they told us that they received training in basic life support and managing medical emergencies. We saw staff training records that confirmed this.

We also saw that appropriate equipment and drugs were available that could be required in such an event. Emergency resuscitation equipment and a dental emergency resuscitation drugs box were available. These were securely kept and a robust checking system was in place to make sure all drugs were in-date. Oxygen was also available and

we saw a defibrillator was present. This ensured that risks to patients during a procedure were reduced and equipment was working effectively.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

We did not speak with people who were using the service about safeguarding children and vulnerable adults.

We saw there were written policies, procedures and guidance available that set out how staff should respond if they suspected an adult or child was at risk of harm. The guidance included details about how to contact relevant personnel in the local authority.

We examined records that showed that the provider had taken appropriate steps to safeguard a vulnerable adult in 2012. We saw that a referral had been made the local safeguarding authority.

We spoke with five members of staff about safeguarding. They told us they had attended a training session at the Royal Bournemouth Hospital about safeguarding children and vulnerable adults. They demonstrated a good understanding of what constituted abuse and knew what to do if they suspected or knew that someone was being harmed. We saw staff training records that corroborated this.

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 and they were cared for in a clean, hygienic environment.

Reasons for our judgement

On visual inspection the premises appeared clean and well maintained. People who used the practice told us they thought the provider kept the premises clean and hygienic. The provider may find it useful to note that we noted some areas which needed repair. For example, in two of the ground floor treatment rooms, parts the surfaces of the dental chairs had worn down. This meant that they would be difficult for staff to keep clean. We discussed this with the provider who showed us that this had been identified in a recent audit and plans were in place to replace purchase a new chair and have repairs carried out on the other.

The practice had a copy of a Department of Health document published in March 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes in detail the processes and practices essential to prevent the transmission of infections and ensure clean, safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" that must be achieved and "best practice" which are ideal and desirable.

The provider had facilities and equipment in place that enabled them to meet the "essential quality requirements".

A member of staff explained that the provider had building plans in place in order to achieve "best practice". They explained that planning permission was in place and they hoped to start work in the near future.

In each treatment room there was an ultrasonic cleaning bath for washing instruments prior to sterilising them in an autoclave. There was also a single sink and removable bowl for washing and rinsing instruments by hand, although staff confirmed they used the ultrasonic cleaning bath in preference. Whilst used instruments were cleaned and sterilised within the treatment room, there was a "dirty" to "clean" workflow that meant used and sterilised instruments were kept as far apart as possible. This reduced the risk of sterilised instruments becoming contaminated. Other equipment used for managing the decontamination of instruments included a vacuum autoclave and an illuminated magnifying glass used to check instruments were intact.

Sterilised instruments were kept in instrument bags labelled with the date they should be used by. These expiry dates were in line with the requirements of HTM01-05. The bagged instruments were stored safely in enclosed drawers in the treatment room.

There were effective systems in place to reduce the risk and spread of infection.

The provider had infection control policies and procedures in place. These met the requirements of HTM01-05. They included, amongst other things: decontamination, the use of personal protective equipment such as gloves and masks, and hand hygiene. Hand cleaning products were also in place. The provider confirmed that hand hygiene was audited periodically.

We observed two people who had a dental examination and received some treatment. We saw that staff used personal protective equipment, such as gloves, appropriately and adhered to infection control procedures at all times. Staff members using the decontamination room explained to us the decontamination procedures. This demonstrated that the correct procedures were in place and that all staff practised correct cross-infection protocols.

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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Patient surveys had been completed on an on-going basis, the most recent had been analysed in May 2013. We saw that topics included function, pain and competence. We saw that the provider made changes to the service from the feedback received. For example, the practice had extended its opening hours. This demonstrated that the practice had continually reviewed the feedback from patients and made improvements when needed.

We saw several cards of appreciation that had been received in 2013. A card from one person stated, "Thank you for doing a marvellous job over the last 18 months, being patient and understanding with me".

Staff had access to a wide range of policies and procedures to guide them and these were updated annually. The policies were signed and dated by all the staff that had read them and were used as a point of reference.

We saw a complaints handling procedure for both staff and patients which was also displayed in the entrance area. We examined the complaints folder and saw that complaints would be acknowledged, investigated and resolved in line with the policy.

The practice held monthly staff meetings and we saw the minutes of the last meeting. We noted that topics included policies and procedures, record keeping and emergency appointments. This meant staff had the opportunity to be involved in the running of the service.

The provider had an effective system in place to identify, assess and manage risks to the

health, safety and welfare of people using the service and others.

There was evidence that learning from events took place and appropriate changes were implemented. We saw the accident book and noted that accidents were recorded. We saw that the provider conducted annual accident audits; we noted that as a result of the last audit in 2012, staff received additional training to prevent sharps injuries. Staff explained the appropriate steps they would take should someone obtain a needle stick injury.

We saw that the provider had a system of audits in place to check the quality of the service and identify where it could be improved. These included audits for patient records, treatment, implants, infection control and hand hygiene.

We saw records that showed a Legionella Disease and fire risk assessments had been carried out and fire safety systems and equipment were regularly checked. This showed that the provider had systems in place to identify and manage risks to health, welfare and safety of people who worked at and used the service they provided.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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