

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

Mr Reginald P J O'Neill Dental Practice

Dental Practice, 105 Chapel Street, Billericay,
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2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	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. Reginald O'Neill
Overview of the service	Mr Reginald P J O'Neill Dental Practice is an established dentist in the centre of Billericay offering private treatments only.
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'.

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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 14 February 2014, 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

When we visited the practice we found that people who used the service were supplied with appropriate information about the services they provided. A practice information book was readily available in reception that covered the information that patients required, to identify the care and treatment choices available to them.

People received care and treatment that met their needs and they were involved in the planning of it with the dentist and staff. They were supplied with information about the risks, benefits, options and costs involved and this ensured that their welfare and safety were considered at all times.

People spoken with were very happy with the treatment provided and the quality of the dentistry. One person said, "It is very good here and I am very happy. My family come here too and I would recommend them."

Infection prevention control procedures were being carried out in line with published guidance. People and staff were protected from the risk of a health care related infection because the correct processes were being followed. The waiting room, reception and clinical area were clean and well maintained.

The practice carried out a range of audits of the services they provided and took account of the views of people, through the use of a suggestion box and by monitoring complaints. We found that patient surveys were not taking place but the provider has agreed to make improvements in this area.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

When we visited the provider we found that people's dignity and privacy were respected. The practice had a reception area that was separate from the waiting room, where issues could be discussed without being overheard by other patients waiting to receive treatment. There was one surgery only and we observed that the door to it remained closed so that care and treatment could be discussed confidentially.

The waiting room was clean and tidy, pleasantly furnished and reading material was available for people waiting to be seen by the dentist. Tea, coffee and water were also provided. Wheelchair users and/or people with limited mobility were able to access all parts of the practice.

A practice information book was displayed for people to read. It contained detailed information about the services they provided. A range of dental treatments were offered including, fillings, cleaning, implants, dentures and sedation for nervous patients and the costs of each were clearly identified. It also contained the provider's complaints policy, information about infection prevention control procedures and patient safety.

A suggestion box was available for people to express their views about the way the service was provided. People could also send in suggestions by post and a stamped addressed envelope was provided for that purpose.

We spoke with three people who used the service on the day of our visit and four others on the telephone afterwards. Each person told us that their privacy was respected and that they were very happy with the information available to them about the services provided. They told us that treatment options were discussed with them, including risks and benefits and that they were able to express their views as to what was important to them in relation to their treatment. People who used the service were given appropriate information and support regarding their care or treatment.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at four patient records on the day of our visit and these covered a range of treatments including sedation. The provider used a combination of paper and electronic records.

We found that the paper records contained details of a person's medical history that had been updated at subsequent visits to the practice. These included their health conditions, allergies and medication they were taking. They also contained written treatment plans.

People attending the practice received an oral health assessment prior to any treatment being undertaken. This included a soft tissue examination, hygiene advice and any prevention methods required to maintain healthy teeth. Verbal explanations were provided about recommended treatments including the risks, benefits, options and costs involved. This was followed up with a written letter for people that included the treatment plan and all relevant information to enable them to make an informed decision about whether to proceed with the treatment suggested. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

In relation to people requiring sedation, the initial consultation included a sedation assessment to ensure suitability for the procedure. People were supplied with written information covering the risks and benefits of the treatment before taking written consent. Instructions were also supplied that included when to stop eating or drinking before the procedure and appropriate advice to follow after the treatment had been received.

On the day before the sedation treatment, people were contacted by phone to check on their health and to remind them of the pre-procedure instructions. On the day of the treatment, written consent was taken and patients were reassured by dental staff. Throughout the procedure a record was kept of the person's condition and the type and quantity of sedation medication supplied to them. After the procedure their condition was monitored until considered well enough to return home. Any post procedure instructions were repeated to the person receiving treatment and to anyone escorting them. The following day they received a courtesy call to check on their health and welfare. Care and treatment was planned and delivered in a way that was intended to ensure people's safety

and welfare

We spoke with three people who used the service on the day of our visit and four subsequently on the telephone. Each person spoken with told us that they were very happy with the information they had received about their treatment and the quality of the dentistry. They felt they were well cared for and would recommend the practice without hesitation to family and friends.

One person said, "I have had sedation and they treated me very well. The information was good and all my options were explained to me. I was given advice about what to do before and after and it was a good experience." Another person said, "I have been coming here for years and they are very good. I have never had cause to complain and they are very kind and caring. I get good explanations about any treatment that I need."

The provider had prepared for foreseeable emergencies. Staff were trained in first aid and the use of a defibrillator. Supplies of appropriate medication were readily available and in date. There were robust procedures in relation to stock control and monitoring of expiry dates.

X-ray equipment was situated in suitable areas and they were carried out by an appropriately trained dentist. A radiation protection advisor and supervisor had been appointed and local rules that were relevant to the practice and equipment were displayed. X-ray equipment had been serviced and maintained at appropriate intervals. This helped keep patients safe.

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

When we visited the practice we looked to see whether the provider was protecting the people who used the service and staff from exposure to a health care related infection. We also checked to see if the provider was following the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

The decontamination room was set up in line with published guidance and supplies of personal protective equipment were available for staff to use. The provider had a hatch in the wall between the surgery and the decontamination room, where used instruments were placed prior to cleaning and sterilising. This reduced the risk of contamination because instruments did not have to be physically carried from one room to another. A separate hatch was also available for clean instruments to be returned to the clinical area.

The practice made use of a combination of cleaning procedures. Manual cleaning took place where appropriate and use was made of an ultra-sonic bath and/or a washer/disinfector. Instruments were then examined under a magnifying glass before being sterilised. Once sterilised they were sealed, packaged, dated and stored correctly in the clinical area.

Daily, weekly and monthly maintenance checks were undertaken on the decontamination equipment in use at the practice. A daily checklist was available for staff to use to ensure these were carried out. Records we viewed over several weeks reflected that the equipment was in good working order and monitored regularly.

An infection prevention control lead had been appointed at the practice who was responsible for oversight of all procedures and processes. An infection control policy was in place. This gave clear guidance on the way instruments should be cleaned, sterilised and stored and included the procedures to follow for the general cleaning of the practice. Infection control audits were taking place every six months.

The practice offered sedation treatment for the more intrusive treatments and also for nervous patients. The provider had two cats at the practice that remained in the kitchen of

the premises throughout the day. They were used occasionally in the waiting room area for nervous patients to hold and stroke to reassure them prior to receiving treatment. We recognised that this might support patients but consider that it is an infection control issue. We discussed this with the provider on the day of our visit and subsequently and they have agreed to suspend this activity until they have obtained definitive advice from the Department of Health and General Dental Council.

The clinical area was clean, tidy and uncluttered. A checklist was available for staff to use to ensure that all infection control tasks had been undertaken. The dental chair was in good condition and protective covers were in use to allow easy cleaning and help reduce the risk of infection. The work surfaces and flooring were of the recommended type.

The general cleaning of the waiting room and reception area was undertaken by the staff working there and cleaning checklists were available. These included the types of cleaning equipment and materials to use. The practice used coloured mops to help prevent cross contamination. There were appropriate arrangements in place for disposing of clinical waste matter. Sharps bins were appropriately placed, labelled and dated.

Staff we spoke with were aware of the temperature at which to wash their uniforms and wore a clean one daily. We found that there were effective systems in place to reduce the risk and spread of infection.

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

The provider undertook a full range of audits to assess and monitor the quality of the services they provided. These included infection prevention control, patient records, x-ray quality, health and safety and maintenance of equipment in use at the practice. From records we viewed we found that where areas for improvement had been identified, these were recorded, an action plan was in place and monitored for completion. Where appropriate, any learning was cascaded to staff members at team meetings.

The provider had a detailed complaints policy and a suggestion box was available for people to use to provide their feedback and/or improvement ideas. We noted that there had been no complaints. We found that the provider did not currently conduct patient surveys, due to limited responses in the past. We discussed this on the day of our visit and they are now considering other methods to use to seek people's views of the services they provide.

The patient information book did contain a number of complimentary testimonials from satisfied patients. These reflected that they were very happy with their care and treatment provided and the quality of the dentistry that had been provided. People spoken with also expressed high levels of satisfaction.

Regular staff meetings took place and these were minuted. Records we viewed reflected that staff were being consulted for their views about the way the services were provided in order to identify where improvements could be made.

The provider subscribed to an organisation that provided them with regular information about legislation changes and good practice within the dental industry. It also provided policy advice and guidance about the type and frequency of audits to support them in monitoring their effectiveness. This reflected that the provider was taking account of published advice and guidance in order to identify where the experience of people who used the service could be improved.

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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