

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

The Elms Dental Practice

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Tel: 01621850312

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

Consent to care and treatment	✓ Met this standard
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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Willem Ueckermann
Overview of the service	The Elms Dental Practice provides private dental treatment.
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
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
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Supporting workers	11
Assessing and monitoring the quality of service provision	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
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 4 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection people told us that they were happy with the service they were provided with and one person said: "The whole family have been coming here for years we are very happy with the service". They confirmed that they were consulted about the treatment that they needed and were made aware of the costs.

We saw that staff interacted with people well when they attended appointments or were on the telephone and this was done in a respectful and professional manner.

We saw six people's records which showed that they were consulted about the care they were provided with and their treatment was planned and delivered in a way which met their needs.

We found that staff were provided with appropriate continuous professional development to meet the needs of the people who used the service.

There were systems in place that ensured people were cared for and treated in a clean and hygienic environment.

The provider had systems in place to monitor and assess the service that people were provided with.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw that staff interacted with people well when they attended appointments or were on the telephone, and this was done in a respectful and professional manner.

People's diversity, values and human rights were respected. We saw that the service and the treatment room were accessible for people who used equipment, such as a wheelchair to support their mobility needs.

We saw that people's records were securely stored in the service which showed that their right to confidentiality was maintained.

People expressed their views and were involved in making decisions about their care and treatment. We heard that staff provided people with clear explanations of their treatment options and they acted on their decisions. This was confirmed by one person who used the service.

We saw the treatment records of six people who used the service. These records showed that where treatment had been advised, the dentist had given them written information about the options available and the costs for this treatment. This meant that people were provided with the information they needed to make decisions about their treatment.

People told us that they were kept informed about the costs of their treatment. We saw that there were leaflets that people could help themselves to in the reception area which identified the costs for treatment. The costs were also available on the service's web site. One person who used the service told us that they were informed of the costs of their treatment. This was confirmed when we observed signed consent forms in the notes we reviewed.

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

We spoke with people on the day of our inspection who used the service. They told us that they were happy with the service they were provided with and said: "The whole family have been coming here for years we are very happy with the service".

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We reviewed six people's records which held information about their medical history, wellbeing and medication. We saw that people had completed a questionnaire which provided information about their health and prescribed medication. This information meant that staff ensured that people were provided with the care and treatment that they required, and preferred, to meet their needs. The records included treatment plans which identified the care and treatment that people had agreed to.

During our inspection there were several people who attended for an appointment. We saw that their treatment was delivered in a manner which met their needs and was unrushed. Where work was required, we heard staff explain the different treatment options that were available to them and when they should be seen again.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had easy access to emergency first aid equipment including oxygen. A staff member showed us the drugs that were held to support people with a range of emergency conditions including anaphylaxis (an allergic reaction). We saw that the expiry dates of these drugs were clearly recorded and all were in date and fit for use. Records seen showed that staff had attended training to provide emergency care. We saw that there were procedures in place which directed staff in the actions that they should take in the case of an emergency.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the provider had a clear policy and procedure for staff to follow in the case of suspected abuse of children and vulnerable adults. We saw information provided to staff which detailed a clear flowchart of procedures to follow if staff had concerns regarding the safety of a child or vulnerable adult. This information included contact telephone numbers and information about how to report any concerns to the local safeguarding authority.

We spoke with two staff who told us they had received training which provided them with the knowledge they needed to report any concerns. One staff member explained to us the process they would follow if they suspected abuse or neglect of a child. This meant that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse, and prevent abuse from happening.

We asked what checks had been made on staff suitability to work with vulnerable adults and children. We were told that the service's policy was to check with the Disclosure and Barring Service that all staff employed by the service were able to work with vulnerable adults and children. We were able to confirm by a review of staff records that these checks had been undertaken with clearance obtained. This meant that people could be assured that the provider had safe and effective recruitment procedures in place that ensured that vulnerable people were safeguarded from abuse.

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

There were effective systems in place to reduce the risk and spread of infection. Policies and procedures for infection control and prevention of cross contamination were in place. These were regularly reviewed.

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

We saw that at this practice there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with two of the nursing staff and the registered manager about infection control and decontamination. They were able to demonstrate that they were aware of the safe practices required to meet the essential standards of HTM 01-05. They were aware of the need for personal protective equipment (PPE). We observed PPE being used appropriately.

The dental nurses explained accurately the processes and procedures in place to decontaminate instruments. They also described the checks they carried out to ensure that decontamination equipment was functioning properly. We saw records of the checks that were made by staff.

The practice had a designated decontamination room. Staff were able to describe the decontamination process to us and explain the dirty to clean workflow which they adhered to. This meant that contaminated and sterilised instruments did not come into contact with each other. The practice stored sterilised instruments in the decontamination room and had a procedure in place for their rotation. This meant that sterilised equipment was not at risk of recontamination.

Nursing staff were able to describe the cleaning procedures in operation within the surgeries. They ensured that clinical areas were appropriately cleaned between people and explained the clean and dirty areas in each surgery. The practice used single use

equipment where ever possible.

Cleaning equipment at the practice followed the national guidelines for colour coding. This meant that equipment could be identified for use in different areas of the practice. Equipment used in high risk areas was stored separately from that used for general and non-clinical areas.

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

Documents confirmed that the clinical staff were registered with the General Dental Council (GDC). We saw certificates which evidenced that nursing staff had completed continuous professional development [CPD] for their own professional registration. We found that training was provided, which included health and safety, child protection and Legionnaires disease. This showed that staff had undertaken the training necessary to perform their role.

Staff told us that they felt supported by the service. One member of staff said: "You can talk to all the staff openly and no issues are out of bounds. I feel well supported".

We looked at staff files which contained evidence that regular training had taken place in subjects relevant to dentistry. This meant that people had their dental health care needs met by staff who were appropriately trained and supported to meet the needs of people who used the service.

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 received.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on. We saw satisfaction questionnaires completed by people who used the service. All of these questionnaires showed that people were happy with the service they were provided with. A staff member told us that if people raised concerns in these questionnaires they would be acted on to improve their experiences of the service provided.

We saw the provider's complaints procedure which explained how people could raise concerns about the service if they needed to and how they would be managed. How people could make a complaint was included in the service's information leaflet and on their website. The dentist and a staff member told us that no formal complaints had been received in the last 12 months.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We saw risk assessments which identified how risks were minimised. This included risks associated with the environment and infection control.

We saw that electrical appliances were checked to ensure that they were safe for use.

We saw that audits were completed to monitor and assess the service provided. These audits included people's records, consent to treatment and oral cancer risk factors.

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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