

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

## Christopher Dental Care

38 Silver Street, Newport Pagnell, MK16 0EN

Tel: 01908617665

Date of Inspection: 11 February 2014

Date of Publication: March 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Sheila Christopher
Overview of the service	<p>Christopher Dental Care employs one dentist and offers dentistry to private patients.</p> <p>Further details can be obtained from the provider.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 February 2014, 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, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with one person who used the service and they told us that they had been using Christopher Dental Care for a number of years and were happy with the service it provided. The person told us that they were given information about their own dental care that met their needs. They also told us that if they required treatment, their treatment options were discussed with them.

We found that people were treated with dignity and respect and were given adequate information about their treatment planning. We found that people were involved in making decisions about the treatment they required. We also found that treatment was delivered in a way that met people's needs. We found that arrangements were in place to deal with medical emergencies.

We found that suitable arrangements were in place to ensure adequate measures were in place in relation to cleanliness and infection control and appropriate checks had been conducted on staff to ensure they were of good character. We found that the provider had suitable arrangements in place to deal with people's complaints.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. We spoke with one person who used the service and they told us that they understood their treatment options. We looked at the person's records and found that treatment options that had been discussed were recorded in the person's notes, and the decision the person had made had also been recorded. We observed one person's appointment and found that the dentist spent time explaining to the person the risks and benefits of treatment and made sure the person was happy to continue with the treatment before it commenced. This meant people were provided with information about their treatment options.

We observed the interactions staff had with people who used the service and found that people were welcomed and treated with respect. We found that the surgery door was kept closed during appointments to ensure people's confidentiality and dignity were maintained.

We found that within the waiting room area there was accessible information about the costs and services that were available. It also contained contact information about how to access care in dental emergencies, staff details and dental advice. This meant people were kept informed about the service.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We observed one person's appointment with their consent, and found that the person's medical history was checked at the start of the appointment. The dentist also gave the person the opportunity to explain their recent dental history before commencing an assessment of their current needs. We found that the dentist had previously commenced an assessment of their needs however this was reviewed and the treatment that had been planned was discussed with the person again.

We found that people's notes recorded the treatment options that had been discussed with them, and what had been decided. We also found that people's notes recorded the treatment that had actually been provided. We saw that people were provided with treatment plans which included estimated costs of each treatment. People were able to keep a copy and were given time to consider their treatment options. This meant that people's treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the arrangements that were in place to deal with foreseeable medical emergencies. We found that the provider had oxygen, an Automated External Defibrillator (AED) and the required emergency drugs. We found that the equipment and drugs were checked on at least a weekly basis and they were suitable for use. We found that one of the emergency drugs was due to expire at the end of the month and we were told that a replacement had already been obtained. We found that the emergency medical kit contained guidance for foreseeable medical emergencies and we saw that the staff made efforts to ensure this was reviewed and updated after new training had been received. This meant the provider had suitable arrangements in place to deal with medical emergencies.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We looked at the premises which were undergoing a significant refurbishment. We found that the provider had set up a temporary decontamination room and had temporary or unfinished flooring throughout the premises. However we found that the provider had taken effective action to ensure cleanliness and infection control remained a priority and was dealt with satisfactorily.

We looked at the infection control policy and found that it contained guidance on a number of relevant topics including minimising blood-borne virus transmissions, cleaning and sterilisation of the dental instruments, cleaning of the practice, blood spillage procedures and using personal protective equipment (PPE). We found that the policy reflected the practices that were carried out in the practice.

We spoke with a dental nurse and asked them to show us the decontamination procedure. We found that used dental instruments were transported from the surgery into a separate decontamination room using a secure box. The dental nurse demonstrated how the procedure of decontamination moved from the dirty zone through to the clean zone efficiently. We found that some sterilised dental instruments were stored in sealed bags and were date stamped to be used within one year before reprocessing. We found that the more frequently used dental instruments were stored together in a sealed box in a cupboard. The dental nurse explained that they had nominated the same day each week to reprocess any unused items in the sealed boxes to ensure they were reprocessed at least once a week. These procedures were in accordance with guidance on infection control measures.

We asked the provider about the cleaning regime at the practice. We were told that a cleaner came every day and cleaned the communal areas and all the floors. We looked at records which showed that this cleaning was completed as described. We were also told that the dental staff cleaned the clinical areas twice a day and between each person. We also saw records to show that this level of cleaning was completed as described. This meant people were cared for in a clean, hygienic environment.

We looked at the arrangements to deal with clinical waste and found that clinical and non-

clinical waste was disposed of separately. We also found that the clinical waste storage was kept locked in an outdoor building and the building was alarmed. This meant the clinical waste was securely stored and inaccessible to members of the public.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We looked at the recruitment policy and found that it stated that to apply for a job people would be required to submit a Curriculum Vitae (CV) and suitable candidates would be interviewed. We found that the policy stated that preferably two professional references would be obtained and evidence of Hepatitis B immunisations, work permits and certificates of qualifications would also be obtained. We saw guidance around conducting recruitment interviews and the interview questions that were relevant to assessing if people were suitable for the positions that they had applied for.

We looked at three staff files including the provider's staff file, and found that all staff members had been employed prior to the introduction of the provider's recruitment policy. The provider told us that each member of staff had been interviewed and verbal references had been obtained. We saw an example of the notes that were made of a verbal reference that had been obtained however they were not detailed and the provider may find it useful to note that comprehensive references should be obtained and recorded. We found that each member of staff evidenced that they had received Hepatitis B immunisations, criminal record check, current registration with the General Dental Council (GDC) and for two members of staff evidence of professional indemnity insurance. We were unable to speak with the member of staff who did not have evidence of their professional indemnity as they were absent from the service.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We looked at the complaints procedure and found that it named the people responsible for dealing with complaints. It also explained how complaints would be acknowledged and investigated in a timely manner. We asked to see the complaints folder and we found that no complaints had been received in the last 12 months. We looked at historic complaints and found that they had all be resolved promptly and to the satisfaction of the person making the complaint.

We found that the complaints procedure was displayed within the waiting room and was available for people to read at their leisure.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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