

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

Birchfield Dental Practice (New Milton)

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Tel: 01425615080

Date of Inspection: 26 June 2013

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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
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	Birchfield Dental Practice (Hamish Morton)
Registered Manager	Mrs. Emily Knapman
Overview of the service	Birchfield Dental Practice provides general dentistry including advice, preventative, restorative and specialist cosmetic services for people under NHS and private arrangements. Staff include dental practitioners, hygienists, dental nurses, a practice manager and receptionists.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 carried out a visit on 26 June 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

At this inspection we were supported throughout by the manager. We spoke with dental nurses, dentists and five people who used the service.

The five people we spoke with gave positive views and comments on the practice. Comments we received were, "I have been coming here for years, I am very happy with my treatment" and "My dentist always gives me good information about my treatment and I am given time to think about what I would like done".

The practice was welcoming and informative. We saw there was a range of information leaflets and guidance available for people who used the practice. We saw the practice was clean throughout and received comments from people confirming this.

We saw the practice was clean throughout. People we spoke with during our inspection were very complimentary about the standard of cleanliness throughout the practice.

Staff told us they were supported to attend training that was relevant to their role and we saw records that confirmed this.

We found the provider had an effective system in place to regularly check and monitor the quality of the service. We saw analysis from patient satisfaction questionnaires that patients were generally very happy with the service they received.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the provider had made the service as accessible to people as possible. The practice had a low level ramp to the front door that ensured people who used wheelchairs and/or with restricted mobility needs could access the practice easily. During our visit we observed people who used wheelchairs and had restricted mobility needs. We observed that for these people the ground floor layout enabled them to easily access the dental surgeries. We noted the downstairs toilets were large enough to accommodate wheelchairs.

During our inspection at Birchfield Dental Practice we spoke with five patients who used their services. People told us they attended the practice for regular and routine treatment and check-ups. They told us any treatment they required was always explained to them in a manner they found informative and clear.

We saw there was a range of information and advice leaflets in the reception and waiting room areas. For example we saw leaflets concerning patient choice, patient rights and responsibilities, information on fillings and a leaflet on how to comment or complain. We noted the opening times were clearly displayed outside the front entrance door. People we spoke with told us the practice also ran a late Monday evening session to accommodate individuals who may not be able to attend during the day. One person we spoke with told us they found this service, "Very helpful".

People we spoke with on the day of our visit told us that they had been able to make appointments easily. They told us the practice sent e mail and telephone call reminders to make sure they knew when their appointment was.

People told us they did not have to wait for lengthy periods for an appointment and knew the procedure for making an emergency appointment, although none of the people we spoke with had needed emergency treatment.

The manager talked us through the booking system which is fully computerised and staff we spoke with told us they found the system easy and effective to use.

All people's records were kept on the computer. We selected three people's records to check. We noted people's medical history was checked before any treatment took place and clear aftercare advice was given to them at the end of their treatment. We saw records that showed people's medical histories and soft tissue mouth checks were completed and treatment plans were given to them. People we spoke with confirmed that this was the case and felt involved in their dental care. One person told us, " I am very happy with the service I receive, the staff are very friendly and polite, I do not have any complaints or concerns".

This all showed that people's needs were assessed and care and treatment was planned and delivered in line with their treatment plans and ensured their safety and welfare.

We spoke with five members of staff working at the practice at the time of our inspection visit. Staff told us they knew what to do in the case of an emergency and told us they had received training in basic life support and medical emergencies. Staff told us that they had access to all the equipment they needed and there was always a sufficient supply of sterilised instruments. We saw the practice had an automatic external defibrillator (AED) and were told staff were appropriately trained in its use. We checked the practices emergency oxygen supply and found it was kept in accordance with the manufacturers and required Dental regulations. We saw that procedures were in place to ensure that the use of x-rays were safe.

This all showed there were arrangements in place to deal with foreseeable emergencies.

We saw that staff were supported in their continuing professional development because training courses were provided and time allowed for staff to take part. The commitment to continued training meant that there was opportunity for staff to incorporate the latest guidance and best practice in patient care.

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

During our inspection visit we noted the practice was visibly clean. We checked three of the four dentist surgeries and observed decontamination of instruments was done within the surgery. This meant that the "best practice" standard could not be achieved. The manager told us the practice had submitted plans to the local council to extend the premises to allow for building of a separate decontamination room that could enable "best practice" to be achieved.

We saw there was a clear process within each surgery for ensuring the correct procedure for dirty to clean decontamination of instruments. We saw equipment was available to ensure that the decontamination process met with the requirements of the Health Technical Memorandum 01-05 (HTM01-05). The HTM 01-05 is the guidance that dentists are required to follow to ensure their practice is safe and minimises the risks of cross infection.

We were shown the decontamination procedure by one of the dental nurses who confirmed they had received training in the use of personal protective equipment and handling of clinical waste. They told us they were aware of the policy relating to blood-borne viruses and other cross-infection policies.

The practice manually washed soaked and washed instruments and then used an autoclave to sterilise them. An autoclave is a device used in dental practices to sterilise dental equipment. An illuminated magnifier was available to check for soiling on instruments after they had been cleaned. We observed staff used personal protective equipment during the decontamination process. We noted sterilised instruments were packaged and date stamped with the timescale in which they could safely be used.

The provider may wish to note in one surgery we found two dental hand piece instruments that were packaged but did not have a date stamped on them. The manager removed the hand pieces from the surgery when we brought them to their attention.

We saw that hand sanitising products were wall mounted and available throughout the practice.

When we checked the cleaning storage cupboard we saw the mop was not stored appropriately. It is best practice for mops to be hung up when not in use, in order to allow them to dry effectively. The manager told us they were changing their cleaning contractor at the end of the month.

We saw records that showed all areas of the practice were cleaned on a daily basis. People we spoke with during our inspection were very complimentary about the standard of cleanliness throughout the practice.

We saw records that showed regular infection control audits were carried out. We were told this provided an opportunity to ensure that the decontamination procedures would continue to meet with the requirements of the HTM 01-05 in the future.

We saw records that showed the autoclaves were validated each morning and records showed they were serviced regularly according to the manufacturer's instructions.

We saw that there were policies and procedures in place to reduce the risk and spread of infection. For example, we saw the practice had infection prevention and control procedures in place, which stated all staff would be immunised against hepatitis B and that personal protective equipment would be used. During our observations on the day of our inspection visit, we noted staff wore their personal protective equipment appropriately.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with told us they were encouraged and supported to attend training courses regarding their continuing professional development. We were shown records that showed staff had attended and completed a variety of courses. Examples of these were; safeguarding vulnerable adults and children, consent and the mental capacity act 2005, radiography and radiation protection, health and safety and basic life support.

People we spoke with expressed confidence in the abilities and competencies of the staff at the practice. One person we spoke with told us, "The staff are very good, always friendly and patient when they need to explain things to me".

During our inspection visit we spoke with two dental staff concerning the support and guidance they received from their management team at the practice. They told us they found the management team approachable and very supportive. They told us the practice held monthly staff meetings and they felt they could raise any issues at these meetings and their concerns would be listened to and acted on. We saw minutes of the monthly staff meetings that were initialled by each member of staff to confirm they had read and understood them.

We saw records that showed staff received a personal development plan to ensure their continued professional development. Records we saw showed these plans were reviewed annually.

Staff we spoke with told us they received competency based annual appraisal reviews which they said were conducted positively. We saw completed staff appraisals that were detailed and showed the staff member could contribute to the process.

Staff told us the manager completed spot checks on their performance once a quarter. They stated these checks provided support and guidance for them and ensured they delivered their service to the best of their ability.

We looked at records that showed dental practitioners and other dental staff had opportunities to attend and undertake regular training. Dental staff need to do this in order

to remain on the register of the General Dental Council.

This all showed that staff received appropriate professional development.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had robust systems in place to regularly monitor the quality of service provided. We saw that a large number of audits were carried out during the year in accordance with the requirement of the HTM 01-05, examples of these were; Legionella and water safe, hand hygiene, sharps injuries, environmental cleaning, emergency drugs and equipment and cross infection control.

The manager told us they randomly selected 100 patients each month to send out patient survey questionnaires to. We saw that the 2013 survey results had been published in a clear format and placed in the waiting room for patients to read. We noted the survey results were very positive with many sections scoring 100% on performance.

The manager told us there were a variety of ways patients could give their feedback, such as via the practice website, the suggestion box located in the practice and their Facebook page. Quotes from the latest patient survey results stated, "I feel nervous at the dentist but they make me feel as calm as they can here and they are very friendly so that helps me a lot" and "professional, courteous, well informed and patient focussed".

We saw clear information was displayed in the waiting rooms concerning the practices complaints procedure. The manager showed us the practices complaints procedures. We saw there had been five complaints from the period June 2011 to June 2012. We saw each complaint had been acknowledged, investigated, analysed and preventative action taken where appropriate. The manager stated complaints were discussed at the monthly staff meetings and experiences and learning from incidents taken on board and shared with the staff. We saw evidence of this process during the inspection.

This all showed that people who used the service were asked for their views about their care and treatment and they were acted on.

We saw the provider had a system in place to check the quality of the service they provided was maintained. These included checking the quality of; x-rays, AED maintenance, daily reception and waiting room audits and fire alarm tests.

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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