

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

Andrews Dental Care

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

Details about this location

Registered Provider	Dr. Teresa Andrews
Overview of the service	Andrews Dental Care provides dental services to private patients and is situated in the town of Uppingham in Leicestershire. The surgery has five parking spaces allocated to the practice including disabled spaces.
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 7 October 2013, talked with people who use the service and talked with staff.

What people told us and what we found

One person told us "The dentist always treats me in a way I would want to be treated, carries out a full examination, tells me the cost implications and allows me time to consider before going ahead with any treatment."

Another patient commented "I would say that the service is great, the dentist has had to deal with me as an anxious and nervous patient. She has treated me in such a way that has enabled me to have extensive dental work, they always update my medical history at each visit, and the practice is very, very good."

Another patient commented "When I first came here I had a mouth full of blackened stumps the dentist not only saved them but made it possible for the first time in my adult life to smile."

Another patient told us "She is not just a dentist, she takes her time to explain what she is doing then checks the glands, the mouth everything. I have finally found a dentist that goes the extra mile."

We found that Andrews Dental Care was fully compliant with all regulations we examined against.

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 privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care or treatment, they understood the care and treatment choices available to them. Patients expressed their views and were involved in making decisions about their care and treatment.

One person told us "The dentist always treats me in a way I would want to be treated, carries out a full examination, tells me the cost implications and allows me time to consider before going ahead with any treatment." Another patient commented "I would say that the service is great, the dentist has had to deal with me as an anxious and nervous patient. She has treated me in such a way that has enabled me to have extensive dental work, they always update my medical history at each visit, and the practice is very, very good."

If necessary patients who wanted to discuss something in private would be taken to the practice office away from other patients or staff.

The practice catered for patients with disabilities. They had disabled parking bays, a large wide entrance, the surgery is situated at ground floor level and is large enough for treatment to be carried out in a wheelchair if necessary.

The practice also has a supply of warm blankets and pillows for those patients who find the dentist chair cold or uncomfortable.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that treatment plans were based on a full mouth assessment that included the length of time until next visit.

Medical histories and risk assessments for patients were reviewed at each appointment.

We saw records that showed staff were appropriately trained to deal with medical emergencies that might occur within the practice, including dealing with a collapsed patient.

We saw that emergency drugs and equipment (including oxygen) and a defibrillator were regularly checked and recorded, and was available within the surgery at all time.

The dentist and staff in the practice were kept up to date in all aspects of dentistry by means of Continuing Professional Development (CPD) from sources such as the General Dentist Council (GDC) and the British Dental Association (BDA)

Patients we spoke with told us that they are able to get treatment when needed and that they understood their treatment plan, costs and what will happen after their appointment.

We received comments such as "When I first came here I had a mouth full of blackened stumps the dentist not only saved them but made it possible for the first time in my adult life to smile." Another patient told us "She is not just a dentist, she takes her time to explain what she is doing then checks the glands, the mouth everything. I have finally found a dentist that goes the extra mile."

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 spoke with members of staff who had received safeguarding of adult and children training and were able to explain their responsibilities in this regard.

Staff demonstrated a good knowledge of how to safeguard people. They could describe signs and indicators of abuse and were able to explain reporting procedures.

We saw that all staff in the practice had received safeguarding training and this was further evidenced by copies of the course certificates staff had obtained.

We also saw that staff had received training in the Mental Capacity Act 2005 and were aware of its relevancy in dentistry

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

The general cleanliness of the practice was very good. The treatment room and the decontamination rooms were clean and organised. Personal protective equipment such as gloves, masks, goggles and sharps and clinical waste bins were found in the treatment room. Liquid hand gels and paper towels were provided in the toilet. The dentist maintained stock levels for the personal protective clothing, equipment used for during examination or treatment and drugs. Cleaning equipment and materials were clearly marked for the required usage and to prevent the risk of cross contamination.

The dentist was aware of the importance of infection prevention and control including the decontamination of dental instruments.

The practice had two decontamination rooms one for the dirty instruments and one for the clean instruments. The dentist and dental nurse described the process for taking the used instruments from the treatment room to the separate decontamination rooms. They showed us the process followed to ensure all used equipment was cleaned and sterilised between each use.

Instruments were washed, rinsed and checked for debris. The autoclaves were finally used to sterilise instruments to ensure they reached the approved standard. Clean instruments were then moved via a hatch into the separate clean room then stored in sealed packaging and date stamped according to the national guidelines. The decontamination and cleaning procedures were consistent with the infection prevention and control procedures and the national guidance.

Temperatures and cycle times were recorded each day and monitored by the dentist and the dental nurse. Preparations were undertaken in the morning and before the afternoon session before using the treatment room. This included checking all water lines and flushing through water to reduce the risk of water becoming contaminated.

The practice had written risk assessments for Legionella, statement of duties for cleaning, health and safety and use of control of substance hazardous to health (COSHH).

The practice had contractual arrangements for the service and maintenance of all dental equipment. Validation of technical dental equipment such as the autoclaves, washer disinfectant and x-ray machines were in place and recorded. Certificates viewed for the annual servicing supported this. An external contractor was responsible for the removal of clinical waste and records showed waste was collected every two weeks.

We saw the dentist had information and copies of the national guidelines from the British Dental Association such as the code of the practice. We saw the HTM01-05 self assessment form completed for the practice, in preparation for the inspection from the Primary Care Trust (PCT). The self assessment showed the practice considered itself to be compliant. Records of infection control checks and audits were in place. The dentist and the dental nurse were the responsibility for this.

Staff training records and certificates viewed showed staff had the required levels of competence and training in relation to infection prevention and control and radiography.

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

Reasons for our judgement

Patients had opportunities to complete surveys or comments slips when they attended the surgery.

Patient leaflets are available in the reception area.

The practice maintained a website at <http://www.andrewsdentalcare.co.uk> . This site gave comprehensive information on the practice including costs and treatments available.

We saw that all staff were registered with the General Dentist Council (GDC).

Patients we spoke with told us that they knew how to raise concerns with the surgery. We saw that that the complaints procedure was on an information notice board.

All the patients we spoke with told us that they were extremely happy with the service they received.

In addition to the patient survey, the provider had an effective process for assessing and monitoring the quality of service. The practice manager maintained a schedule of audits and checks covering key aspects of the surgery. These included infection prevention and control, cleaning standards and patient waiting times. Audits were thorough, well documented and findings were acted upon.

Records showed systems were in place for high risk areas which used external accredited contractors to check for compliance which included checks on water systems for legionella. These records also showed the action that had been carried out by the practice in relation to the contractors' recommendations.

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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