

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

## SpaDental Southampton

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2013

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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	SpaDental Southampton Ltd
Registered Manager	Mr. John Webley
Overview of the service	SpaDental provides dental care mainly to NHS patients. It is located in a mixed residential and commercial area of Southampton. The practice is in a refurbished commercial building and includes three surgeries, two decontamination rooms, and a reception and waiting area.
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

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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 28 March 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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Patients using the dental practice at the time of our visit told us they were satisfied with the service they received. One patient we spoke with said they were "very happy" with the practice, and the dentist was "very pleasant and understanding". Patients said they were given good information about their treatment and the options available to them. They told us they had sufficient time to make decisions about their treatment. Patients confirmed that treatment was delivered according to the agreed plans and they received appropriate dental health information. They found the practice clean and hygienic. One patient described it as "very good".

We found that patients were given appropriate information to understand the care and treatment choices available to them. Treatment was provided in line with agreed plans. Attention was paid to patients' safety and welfare during treatment. The provider had systems in place to ensure that patients were cared for in a clean and hygienic environment. The quality of the service provided was regularly assessed and monitored. The provider was carrying out the necessary checks before staff started work.

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.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients using the service understood the care and treatment choices available to them.

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### Reasons for our judgement

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Patients who used the service were given appropriate information and support regarding their care or treatment. There were notice boards and leaflets available in the waiting area with information about the practice and general dental health subjects. Fees associated with the different treatment bands were clearly displayed.

Patients understood the care and treatment choices available to them. We spoke with two patients who told us they were satisfied with the amount of information they were given. They understood their treatment options, and were given enough time to come to a decision. The dentist told us that they explained the clinical and cosmetic differences associated with different options. Patients could then decide on the day or go away and think about it. We saw in one patient's records they were described as "reluctant" and were given three weeks to decide. Patients were supported to make informed decisions about their treatment.

The dentist told us that for simple treatments they accepted verbal confirmation of consent. For more complex treatments patients received a written treatment plan which they signed to indicate their consent. We saw two examples of signed treatment plans for complex treatments. The patients we spoke with told us they agreed to any treatment before it was carried out. Patients' consent was sought and recorded according to the complexity of their treatment.

Patients expressed their views and were involved in making decisions about their care and treatment. We looked at the computer-based records of three patients which described the options offered. In one case the records stated that treatment options had been "discussed at length" with the patient. The dentist told us that the patient's decision was always respected. The practice put patients and their own decision making at the centre of their care and treatment.

**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.

Patients experienced care, treatment and support that met their needs and protected their rights. Care and treatment were planned and delivered in a way that ensured patients' safety and welfare.

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment were planned and delivered in line with their individual treatment plan. The principal dentist told us patient assessments were based on a discussion of symptoms and an examination. X-rays were taken if required and the policy was always to take x-rays before certain treatments, such as crown restorations. We spoke with two patients who were both satisfied that their treatment was delivered according to the agreed plan. They confirmed they were given general oral hygiene guidance and specific instructions appropriate to the treatment received.

Care and treatment were planned and delivered in a way that ensured patients' safety and welfare. Each patient's medical history was checked at every appointment and any changes were recorded. The dentist told us they completed the medical history questionnaire themselves during each consultation. We looked at three sets of patient records which confirmed that medical histories were updated each time. The dentist described a case in which the patient's medical history had identified major risks. After consultation with their doctor, the patient had been referred to have their treatment in hospital to reduce the risk to them. The practice was mindful of patients' safety and welfare while receiving treatment and took appropriate steps if risks were identified.

There were arrangements in place to deal with foreseeable emergencies. Staff received training in medical emergencies, including cardiopulmonary resuscitation (CPR) every year. We saw certification that staff training was up to date. Emergency equipment was readily available, including oxygen and emergency drugs. Regular checks were in place to ensure that the equipment was in working order and that drug expiry dates had not passed. We saw that the checks were documented and audited. There was a designated first aider. Preparations were in place for 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.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for and treated in a clean and hygienic environment.

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**Reasons for our judgement**

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There were systems in place to reduce the risk and spread of infection. There were two dedicated sterilisation rooms with decontamination equipment. One on the ground floor was small but still permitted a work flow from dirty to clean. The other, on the first floor, was larger with contingency space for the installation of additional equipment if required. The provider may wish to note that the smaller sterilisation room did not have its own hand wash basin. This meant that staff using this room had to use the basin in the adjacent surgery.

The provision of two equipped sterilisation rooms meant that instruments could still be decontaminated in the event of equipment failure in one of them. Appropriate equipment tests were carried out and logged daily, weekly and quarterly. Manual cleaning equipment was available if checks showed visible contamination after ultrasonic cleaning. Sterilised instruments were sealed in packets with a use by date. Patients were protected from risks associated with non-sterile instruments.

Patients were cared for in a clean, hygienic environment. We saw that the practice was kept clean and tidy. Records were kept of daily routine cleaning tasks and signed by the staff doing the cleaning. Patients told us that they had no problem with the cleanliness of the practice and confirmed that staff wore appropriate personal protective equipment. Patients were satisfied with the cleanliness of the practice. The provider may wish to note that paperwork and other items were stored in open trays in one of the surgeries. This made it more difficult to maintain standards of cleanliness and hygiene.

The provider had a system of infection control policies and audits. The policies included hand hygiene, personal protective equipment, decontamination, environmental cleaning, prevention of blood borne virus exposure and waste management. Infection Protection Society (IPS) self assessment audits were undertaken at intervals. The three most recent audits had been in June 2012, August 2012 and March 2013. The results of these showed an improvement in the self assessment score from 75% to 95% in nine months. Actions taken to achieve this included staff training and the establishment of missing policies and procedures. A member of staff had been nominated to have lead responsibilities for infection control and decontamination. The practice was aware of published minimum standards and best practice guidance in decontamination and had taken practical steps to

close identified gaps.

Records showed that staff had received training in the use of personal protective equipment (PPE). Staff told us they were aware of the correct use of PPE and conformed to requirements. The nominated lead staff member carried out spot checks on PPE compliance. We spoke with two patients who were attending the practice at the time of our visit. They told us staff used PPE and appropriate PPE was made available to the patients themselves during treatment. Systems were in place and practical steps taken to control and prevent infection.

## 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.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. We looked at the files for three members of staff and saw that appropriate checks had been undertaken before they started work. They contained records of Criminal Records Bureau (CRB) disclosure certificates, General Dental Council (GDC) registration and professional indemnity certificates. The principal dentist told us interviews were used to confirm candidates had the qualifications required for the job applied for. The provider took steps to ensure employees were suitable people and had the right skills and experience before they started work.

The principal dentist told us that there had been no recent recruitment of new staff. We saw that existing staff files contained contracts and job descriptions signed by the dentist and staff member. The provider ensured that employees were aware of their responsibilities.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received. The provider responded appropriately to complaints and comments from people using the service.

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### Reasons for our judgement

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Patients who used the service were asked for their views about the care and treatment provided and they were acted on. Patients were invited to complete practice feedback questionnaires and there was a collecting box for them in the waiting area. Completed questionnaires were reviewed at staff meetings and any required actions agreed. Staff told us they had responded to patient feedback, for instance by removing waiting area seats to ensure the confidentiality of discussions in one of the surgeries. The provider collected patients' views on the quality of the service and followed their process for acting on them.

The practice had a complaints process, and the principal dentist told us they also monitored comments on the "NHS Choices" web site. They told us they had received one negative comment on "NHS Choices", but could not follow it up as it was anonymous. We saw records of two complaints in patient files made directly to the practice. They had both been followed up appropriately and the outcome was recorded in the file. There was a process for following up comments and complaints to preserve and improve the quality of the service.

Regular staff meetings were held and minuted. These were used to assess the quality of the service provided and discuss the findings of self assessment audits undertaken. Staff told us that if individual staff members needed to take action as a result, this was followed up with a letter. The practice had systems in place to collect staff feedback on their service and took action where necessary.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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