# Inspection Report

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

# Hampton House Dental Practice

Hampton House, Murcott, OX5 2RE

Tel: 01865331685

Date of Inspection: 15 January 2014

Date of Publication: February 2014

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 |
| **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 | Mr Sandip Popat |
| Overview of the service | Hampton House Dental Practice is a specialist dental service which is open one day each week. Treatment is obtained by self referral or from general dental practitioners and is offered on a private basis. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>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 15 January 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 and talked with staff.

### What people told us and what we found

During our visit to Hampton House Dental Practice we met with the dentist who was also the registered manager. We spoke with the three patients who attended for treatment during our visit and with the one member of staff who worked at the practice.

Patients received explanations of their treatment and the treatment options available to them. One patient told us, "he [the dentist] has explained options, what would suit me and the alternative prices. I always sign the quotation so it is very clear".

Care and treatment was planned and delivered with regard to patient safety and welfare. A patient said, "I am always asked if I am comfortable and my medical situation is checked".

The risk of infection was minimised because current guidance was followed. Decontamination of dental instruments was carried out in accordance with Department of Health (DH) technical guidance.

The member of staff employed was supported to carry out their role and encouraged to take relevant training. The dental nurse said, "he [the dentist] makes sure I keep my training up-to-date".

Patient views were sought via a satisfaction survey. There were policies and procedures in place to effectively identify, assess and manage health and safety.

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

Patients were given appropriate information and support regarding accessing the service. The service was of a specialist nature, offering restorative dentistry, and was only open one day each week. Patients were referred by their general dental practitioner who advised them of the availability of the service. The three patients we spoke with were aware of the services offered by the practice and of the limited opening times.

Patients understood the care and treatment choices available to them. We spoke with three patients who told us that the dentists explained treatment in a way they understood. One patient we spoke with described the explanation of their treatment as "detailed but, easy to understand". We saw from written treatment plans that options for treatment were offered. One of the patients we spoke with said "the treatments I was offered were either a conservative treatment or a bigger step (in treatment). I talked that through with him [the dentist] and chose the big treatment".

Patients were able to express their views and were involved in making decisions about their care and treatment. We saw a medical record where the dentist had recorded that the patient had conducted research into their dental condition and had requested referral to an Orthodontist. The record showed that the request had been discussed and that the dentist had organised the referral as requested by the patient.

Patients were treated with respect. We observed people being greeted warmly and politely by the dentist and the dental nurse and taken through to the surgery for their treatment. A patient told us that, "they [the dentist and dental nurse] are both polite and efficient". Another patient we spoke with described the dentist as "personable".

Patients were treated with regard to their privacy. We saw that there was usually only one patient in the practice at any one time. During our visit the surgery doors were closed to offer the patient privacy during their treatment. We saw that patient records were stored in a lockable cupboard in the surgery. Patients were required to sign an agreement to receive

communications from the practice in e-mail format.

Where patients had been identified as being nervous about dentists or their treatment, care was given to ensure they were as comfortable as possible. One patient told us "I have had a lot of dental treatment in the past and dreaded dentists. I am OK with dental treatment here and am not nervous". We saw that sufficient time was allocated to ensure the dentist could spend time explaining treatment and putting patients at ease. Another patient we spoke with described their experience of receiving treatment as "comfortable".

Patients found access to the service met their needs. Although the service was only regularly open on a Wednesday the patients we spoke with found access acceptable. One patient said "I can always get appointments in my lunch break". Another patient told us how the dentist and the dental nurse had made special provision for them to attend at 7pm on an evening when the practice would not normally have been open. The dentist confirmed that if a patient could not attend on a Wednesday that he and the dental nurse would make arrangements to see the patient in the evening.

Patient's diversity, values and human rights were respected. The practice was situated on the ground floor. There was access for people in a wheelchair or who had mobility difficulties. We saw that written communication with patients could be enlarged for people with visual impairment. Because, the service was accessed by referral the individual needs of patients could be assessed when the referral was received and appropriate arrangements put in place for patients with a special need or disability. We saw the practice had a policy for patients accessing the service with an assistance dog.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

## Reasons for our judgement

Patients were complimentary about the specialist dental treatment they received. One patient said "I'm happy with my treatment here". Another patient said "I am confident that the dentist does what is necessary and does not do anything that is not needed".

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. All of the patients we spoke with told us that the dentist explained their treatment plan and provided them with a written summary. One patient said "I have a written treatment plan and am aware of what is proposed next". The three patients we spoke with also told us that they were asked to sign the treatment plan before treatment was commenced. We looked at the medical records for the three patients we spoke with and saw that treatment plans were included and were signed.

The dentist told us that he dictated the patient's treatment plan before the patient left the surgery after their first consultation. The treatment plan, once typed, was then sent to the patient's general dental practitioner and the patient. This meant that patients were aware of the treatment proposed before they formally accepted the treatment.
The treatment records we reviewed were clear and concise. We saw that an entry was made every time the patient attended. The records were in plain English and contained very few dental abbreviations.

Treatment was planned and delivered in a way that was intended to ensure patient's safety. The three patients we spoke with all told us they filled out a medical history form when they first registered with the practice. One patient said "he [the dentist] always asks if there are any changes in my health". We looked at the medical records of four patients. All of them contained a completed medical history form prominently held at the front of the record. We saw that the dentist had entered that the patient's medical history had been checked each time the patient attended for treatment. We saw that the medical history form highlighted if a patient had an allergy or medical condition that the dentist should be aware of. We saw that medical records contained an individual treatment risk assessment for each patient.

Treatment was planned and delivered in a way that was intended to ensure patient's

welfare. The patients we spoke with told us they received oral hygiene advice. One patient told us "we have talked about better ways to keep my teeth clean". Another patient said "he [the dentist] gives me advice about looking after my teeth".

There were arrangements in place to deal with foreseeable emergencies. We saw records confirming that both the dentist and the dental nurse had received training in CPR (cardio pulmonary resuscitation) within the last year. There was a written procedure for dealing with medical emergencies. This included detailed actions to take for different types of emergency. For example, a heart attack or an allergic reaction. The practice had an emergency oxygen supply and a listed supply of emergency drugs. We saw records of both being checked on a monthly basis.

The practice did not have an automated external defibrillator (AED). Dental practices are guided to follow the recommendations of the resuscitation council (UK) with regard to the provision equipment to deal with a medical emergency. This guidance includes provision of an AED. We discussed this with the dentist. They told us they would seek clarification from the British Dental Association. The dentist telephoned us shortly after the visit to confirm that they would order an AED.

The practice had policies and procedures in place to deal with spillages of hazardous substances. For example, human bodily fluids. All practice  policies were recorded as having been reviewed in April 2013 and were clearly marked for further review in one year's time.

**Cleanliness and infection control** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

The three patients we spoke with told us they found the practice to be very clean and tidy. The practice maintained high standards of general cleanliness and hygiene. A cleaning schedule was in use which the cleaner was expected to follow in non-clinical areas and when cleaning the floors in the surgery. We saw that different colour coded mops and buckets and disposable cleaning cloths were used in toilet, general and clinical areas to reduce the risk of cross contamination.

The risk of contamination from clinical waste had been minimised because the practice operated a system of segregating clinical waste from general waste. We found that full bags of clinical waste were sealed and taken to a lockable bin awaiting collection. The bins for sharp instruments and syringes were held safely in a cupboard. Therefore, the risk of them being knocked over and causing injury had been reduced. We looked at the practice records confirming that clinical waste was collected by a licenced waste carrier and the consignment notes showing that clinical waste was removed at agreed intervals by the carrier. This conformed with the hazardous waste legislation of 2005.

The risk of cross infection from the process for decontamination of dental instruments was minimised. The practice followed procedures that met the up to date guidelines for the decontamination of dental practices issued by the Department of Health (DoH) in March 2013. The dental nurse demonstrated the process they would follow for decontamination of dental instruments. The process this member of staff demonstrated and described to us, including the personal protective equipment they would wear at each stage, met the DoH guidelines. We saw that area of the surgery set aside for decontamination of instruments was well laid out and provided segregation of the instruments when dirty and when clean. We checked the logs of tests of decontamination equipment. These showed satisfactory results. There was a record showing that the steriliser was serviced in accordance with manufacturer's instructions.

The risk of cross infection from cleaning surgeries and poor hand hygiene was minimised. The dental nurse demonstrated the procedure for cleaning the surgery. The demonstration followed the DoH guidance including changing their gloves at the correct stages in the process. There was a detailed specification for cleaning the surgery. The member of staff

demonstrating the process was knowledgeable about the policy and followed it exactly. Hand washing guidance was displayed above the hand washing basins in the surgery.

The dental nurse demonstrated good knowledge of the procedure to ensure dental unit water lines (the pipes carrying water to dental instruments) were kept clean and free from bacteria. They told us that they would be introducing "dip slide tests". This meant that water samples would be sent for testing at agreed intervals to find out if the water quality was being maintained.

The practice had carried out, and recorded, control of infection audits at the intervals recommended in DoH guidance. We saw records of the last two audits. The results showed good performance in minimising the risk of cross infection. However, action was identified to purchase a thermometer to check water temperatures and a supply of disposable aprons. We saw that both had been purchased and were in use.

The risk of patients contracting infection from waterborne bacteria was minimised. There was a legionella risk assessment report which was valid until June 2015. The report of the assessment showed the practice to be a low risk environment because all water used came from a mains supply. Hot water was obtained from individual water heaters located near each sink. The report did not identify any management action for the provider to take.

The risk of patients, the dentist or the dental nurse contracting hepatitis B had been reduced because we saw records confirming that both the dentist and the dental nurse had received their course of vaccinations and had their immunity confirmed.

**Supporting workers** ✓ Met this standard

**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.

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

## Reasons for our judgement

There was a dental nurse employed to work with the dentist every Wednesday.

The dental nurse told us that they worked closely with the dentist at all times and we could see they were supported to carry out their duties. The dentist told us that they appreciated working with the dental nurse.

We saw records confirming that the dental nurse undertook training to support their continual professional development (CPD). CPD is required for dental nurses to maintain their registration with their professional body. The records showed that the dental nurse had completed training on a wide range of topics. For example, safeguarding, dealing with medical emergencies and control of infection. The dental nurse told us "he [the dentist] makes sure I keep my training up-to-date". The member of staff was well supported to take training courses relevant to their role.

There was a record of the dental nurse receiving an appraisal in 2013. The record showed us that performance had been reviewed, goals for the coming year had been set and training needs were identified. For example, the dental nurse identified a wish to train in hypnotherapy. We saw that the dentist had identified the member of staff as achieving a very high standard of work.

There were notes of monthly meetings between the dentist and the dental nurse. This showed that the dental nurse was kept informed by the dentist of any developments within the practice. We saw that the record of the meetings included an agenda item to discuss any complaints or comments received. There were also records of the practical actions that the dentist and dental nurse identified to improve the service to patients. For example, we saw that changing the ordering system for dental equipment and materials had been discussed.

**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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients and others.

## Reasons for our judgement

Patients were asked for their views about their care and treatment and they were acted upon. We saw that a patient satisfaction survey was available in the waiting room for patients to complete. There was a record summarising the responses from completed questionnaires. The summary was from summer 2013. We saw that all patients rated the service they received as 'good' or 'very good'. All patients had responded that they would recommend the service to others. We saw that two patients had commented that they waited a while to see the dentist. The dental nurse told us "the dentist has told me to book only one patient at a time to avoid people waiting". There was one comment about the waiting room being 'chilly'. The dental nurse told us a different free standing radiator was being used. The waiting area was warm on the day of our visit.

The dentist conducted audits to assess the quality of service delivered to patients. We saw that an audit of clinical waste had been carried out to ensure clinical waste was dealt with appropriately. There was a control of infection audit that identified the practice as operating sound procedures to reduce the risk of infection. We saw an audit of the quality of x-rays taken, this showed a 100% success rate of x-rays taken. There was no action required to improve x-ray quality. This meant that patients received minimum exposure to x-rays.

The practice had a written complaints procedure. This was available in the patient information folder in the waiting room. We saw that the practice had not received any complaints and had no incidents, accidents or significant events to record since it opened in 2012.

There were policies, dated April 2013, relating to a wide range of safety matters. For example, a radiation protection policy, safeguarding policy and procedure and control of substances hazardous to health. We saw that all policies had been signed by both the dentist and the dental nurse. This meant that patients could be reassured that the practice paid attention to safety matters and that the dentist and the dental nurse understood the procedures to follow to maintain safe services and a safe environment.

We saw records confirming that the building and equipment were maintained in safe order. For example, we saw the certificate confirming the electrical wiring was safe, the x-ray equipment had been serviced in accordance with the manufacturer's instructions and all portable electrical appliances had been certified as safe to use.

## 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.

| | |
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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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.

## Contact us

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