Inspection Report

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

Marchwood Dental Practice

The Old Forge, Hythe Road, Marchwood, SO40 4WU

Tel: 02380663414

Date of Inspection: 26 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ 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	Mrs. Lynn Stevenson
Overview of the service	Marchwood Dental Practice is situated in the village of Marchwood near Southampton. The practice offers a full range of dental treatments under insurance and private schemes to patients of all ages. There are three surgeries with a ground floor surgery available to treat patients who may have limited mobility.
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'.

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 26 September 2013, 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

During and after our visit we spoke with five patients about the care and treatment they received at the practice. All the patients we spoke with were very complimentary about the treatment they received. One patient commented: "I have had very good, kind, patient, reassuring treatment".

Patients were given written, personalised information regarding their treatment and associated costs. Patients were required to sign this to indicate they were happy with the treatment plan and estimate.

The three dentists working at the practice had produced an agreed standard for the checks and risk assessments that they carried out at each patient examination. One patient commented: "I was aware that my whole mouth was being checked for any abnormalities, I also had x-rays taken and we discussed the results".

We saw that at this practice there were effective systems in place to reduce the risk and spread of infection. All staff we spoke with were able to explain accurately the processes and procedures in place to decontaminate instruments.

The practice held monthly staff meetings. We saw that discussions had been recorded about improvements to the practice or how staff had been made aware of the latest research or guidance.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before patients received any treatment they were asked for their consent and the provider acted in accordance with their wishes. During our visit we looked at the treatment records of seven patients. These contained a record of the treatment options that had been discussed to enable people to make informed decisions. Patients we spoke with confirmed that they were always given sufficient information before consenting to their treatment.

Patients were given written, personalised information regarding their treatment and associated costs. Patients were required to sign this to indicate they were happy with the treatment plan and estimate. The patients we spoke with all told us that they understood the treatment they were consenting to and why it was necessary. One patient said: "I have a treatment plan to sign and it gives me an indication of costs". Another said: "The dentist explains things in a way I can understand. I am given a written treatment plan but it is always explained to me if any changes need to be made".

Staff we spoke with were aware that patients could change their minds and withdraw their consent at any time. One of the patients we spoke with said they felt reassured that they were able to stop treatment at any time. They knew they could change the treatment that had previously agreed to.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was able to explain the procedures in place for the treatment of patients who were unable to fully understand the treatment options available to them. They were clear about the actions they would take should somebody be assessed as lacking capacity. They understood the requirements of the Mental Capacity Act 2005 (MCA) and had received some training in this subject.

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 people's safety and welfare.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. The three dentists working at the practice had produced an agreed standard for the checks and risk assessments that they carried out at each patient examination. During our visit we looked at seven patient records which enabled us to see the information recorded for each examination. The dentist had recorded their examination of soft tissues and teeth and carried out other relevant observations. Diagnostic tests, such as radiographs (x-rays), were carried out if they were clinically necessary. We saw that the results had been discussed with the patient. During and after our visit we spoke with five patients who all confirmed they had their treatment plan explained to them. One of the patients we spoke with described their initial examination as a new patient at the practice. They told us:"I was aware that my whole mouth was being checked for any abnormalities, I also had x-rays taken and we discussed the results".

We were told that each patient was asked to provide a medical history at the time of each new examination. Staff told us that a further verbal check of patients' medical histories was made at each appointment. This meant that the dentist was aware of any medical issues which could affect the planning of a person's treatment.

All the patients we spoke with told us they were very satisfied with the standard of treatment provided. One patient told us: "I have had very good, kind, patient, reassuring treatment". Another patient described the practice as; "absolutely brilliant".

Patients' care and treatment reflected relevant research and guidance. The practice took part in the British Dental Association (BDA) good practice scheme. This provided them with updates of the latest information and advice relevant to dental practices. This included the care and welfare of patients as well as the practice environment and practice team.

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had emergency drugs and oxygen available which may be needed to deal with any medical emergencies should they arise. Checks were made of the emergency drugs and oxygen to ensure they were in date and ready for use should they be needed. We saw

evidence that all staff had taken part in recent training in life support and medical emergencies. This had included simulated medical emergencies which the whole dental team took part in. All staff at the practice had undergone first aid training.

We saw a copy of the practice's business continuity plan. This gave staff guidance in case of emergency. The plan contained emergency contact numbers for tradesmen and other services. It also contained mutual aid arrangements with a neighbouring practice. This meant that if the practice had an emergency which meant they could not see patients there were arrangements in place for their treatment elsewhere.

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.

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

Reasons for our judgement

In November 2009, and updated in March 2013, the Department of Health published a document called 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices.' (HTM 01-05) This document described in detail the processes and practices essential to prevent the transmission of infections and clean safe care. It is used by dental practices to guide them to deliver an expected standard of decontamination.

We saw that at this practice there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke to the dental nurse who was responsible for all the instrument decontamination that day. They were able to demonstrate that they were aware of the safe practices required to meet the essential standards of HTM 01-05. They were aware of the need for personal protective equipment (PPE). We observed PPE being used appropriately. All staff we spoke with were able to explain accurately the processes and procedures in place to decontaminate instruments. They also described the checks they carried out to check that decontamination equipment was functioning properly.

The practice had a designated decontamination room. This had been designed to accommodate all the equipment necessary for decontamination and to meet best practice as described in the department of health guidance. Decontamination procedures were separated from all clinical areas. This meant that contaminated and sterilised instruments did not come into contact with each other.

The practice had a lead clinician responsible for infection prevention and control procedures. They were responsible for auditing the infection control procedures and ensuring relevant checks of decontamination equipment had been done. They had also produced an annual infection control statement which was a review of infection control audits, staff training and details of any policy changes.

The practice had been risk assessed for Legionella. This had been done by a contractor who had advised on tests and checks for the practice to make. We saw that water temperature checks were performed at the recommended frequency by staff to minimise any risk from legionella.

Cleaning equipment was available for use around the building. Cleaning equipment was available which conformed to the national colour coding scheme for cleaning materials and equipment. They ensured that equipment used for high risk areas was stored separately from those used for general and non-clinical areas.

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 people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice carried out annual patient surveys. The most recent conducted in early 2013 had been analysed to identify if any actions were required as a result of the patient feedback. The results showed that 100% of the patients were satisfied with the service with comments such as: "Always helpful and informative", and "the team are exceptional". One patient had commented that they would like to be informed if their dentist was 'running late'. Reception staff told us they tried to keep patients informed if they may be expected to wait. The practice was in the process of carrying out an audit of patient waiting times. This meant that the service would be able to identify if any changes were needed to minimise waiting times for patients. One of the patients we spoke with said: "They are very prompt, I hardly get chance to sit down in the waiting room".

Staff we spoke with told us that they had regular meetings to discuss the running of the practice and they all shared ideas about ways to improve the service. The practice had full staff meetings, clinicians' meetings and nurses' meetings each month. We saw minutes recorded for each of the three meetings which all showed that discussions had taken place for improvements to the practice or to make staff aware of the latest research or guidance.

We saw that the practice had carried out audits of certain aspects of the service such as a record keeping audit. The analysis of this audit had identified the practice's strengths and weaknesses and an action plan had been developed and discussed at the next clinician's meeting. Clinicians carried out an on-going audit of the radiographs (x-rays) they took. The dentists graded the radiographs they took to monitor their quality to ensure that they did not have to be repeated, which could pose a risk to patients.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw in an incident report, that procedures had been changed and discussed with staff to minimise any risk to patients.

During our visit we looked at the provider's complaints policy and although the practice had a complaints log it was noted that none had been received. Staff told us that as far as possible they hoped to deal with any concerns immediately to ensure patients remained satisfied with their service.

We saw that the service had taken note of changes to the recommendations in HTM01-05 (a Department of Health publication called 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices.'). They had reviewed and rewritten their infection control policy and acknowledged the changes to the guidance in their annual infection control statement.

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.

Contact us

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