Inspection Report

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

Unit 16

Cromwell Business Park, Banbury Road, Chipping Norton, OX7 5SR

Tel: 01608642993

Date of Inspection: 06 February 2014

Date of Publication: February 2014

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

Care and welfare of people who use services	✓ Met this standard
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	Claire Hudson
Registered Manager	Dr. Claire Hudson
Overview of the service	Unit 16 provides private dental care to adults and children.
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 6 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two patients who used the practice. They made positive comments about the service and the treatment they had received. One person described their experience of receiving treatment as "very good". Another person told us that they felt "confident" when they attended the practice and received treatment. They also told us how they had recommended the practice to others. There were arrangements in place to protect children and vulnerable adults from the risk of abuse. Everyone we spoke with said that the practice environment was clean when they visited. One person described it as "pristine". We found that there were effective procedures in place for the decontamination of dental instruments. We also found that quality monitoring systems were in place that included seeking the views of people who used the service.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Patients were able to understand their treatment based on explanations provided to them.

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their treatment plan. During our visit we spoke with two patients about the care and treatment they had received at the practice. They gave us positive comments about the care they had received. Patients we spoke with also confirmed that they had their treatment and any options for treatment explained to them.

We looked at patient records and discussed these with the principal dentist to check the information recorded for each person. We saw examples of patient records with detailed explanations and options for treatment. We also saw that records of how the risks and benefits of treatment options had been explained to the patient. Medical histories had been obtained and recorded and the dentist explained how these were checked at each appointment. Patients that we spoke with confirmed that their medical history had been updated at each appointment. Important medical information gathered from medical history checks could be alerted to the dentists on the patient's record. We saw an example of how important information about a patient's medication had been recorded and could be brought to the attention of the dentist at the appointment. The dentist explained how they would refer patients to other services if required. We saw an example of a referral that had been made to a specialist oral surgeon. Referrals made to other services helped to ensure that patients received the most suitable treatment.

There were arrangements in place to deal with foreseeable emergencies. Appointment slots were available for patients who contacted the practice with urgent problems. In addition there was information on a telephone message for patients who needed urgent dental care outside of normal working hours. The practice had emergency drugs and oxygen available for use in the event of a medical emergency. The provider may find it useful to note that Guidance from the General Dental Council and Resuscitation Council (UK) is that an automated external defibrillator (AED) must be part of the minimum equipment for resuscitation. Equipment and drugs were checked on a regular basis and

staff had received training in dealing with medical emergencies.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used 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. The staff were able to protect people from the risk of abuse because they had relevant procedures to follow and knew who to contact.

Reasons for our judgement

The principal dentist was the practice lead for safeguarding. The practice had policies for guiding staff in safeguarding children and vulnerable adults. Local contact details and a flowchart were also available for reporting any concerns for both children and adults. Facial injury charts were available where any injuries that caused concern could be recorded. We found that all staff had received training in safeguarding children and adults. We spoke to a dental nurse and they were clear about the procedures for reporting any allegation of abuse relating to people that used the service.

The practice had clear information available for staff to refer to about the Mental Capacity Act 2005 (MCA). The MCA was intended for safeguarding people over the age of 16 years who may lack mental capacity in some areas of decision making. The safeguarding training completed by staff included the MCA. The practice also had a whistleblowing policy that was included in the staff handbook. This was to guide staff if they needed to raise any concerns about the service both within the practice and to other agencies. People who used 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.

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. There were effective systems in place to reduce the risk of infection during treatment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We observed the decontamination room and a dental nurse explained the procedures for decontamination of instruments. Instruments were safely transported from the surgery rooms to the decontamination room where personal protective equipment was available for staff. Various regular checks were carried out to ensure the effectiveness of cleaning and sterilisation equipment. Checks made on each sterilisation cycle ensured that a clear audit trail was created for any future reference. A dirty to clean work flow was used in a well organised working environment. A manual cleaning protocol for instruments was displayed in the decontamination room for reference. Some items used in root canal treatment were reused on the same patient. The principal dentist explained the procedures for cleaning, storing and labelling of these items for future use. All staff involved in decontamination procedures had received appropriate training.

The practice had carried out an infection control audit against compliance with the Department of Health Decontamination Health Technical Memorandum 01–05 in primary care dental practices (HTM 01-05). This document had detailed guidance on decontamination and infection prevention and control procedures. The latest audit had been completed in August 2013 with the results recorded. The principal dentist told us how another audit was being planned. A previous audit in 2012 had identified a tear to the covering on a dental chair head rest as a possible source of cross infection. Action had been taken to repair the head rest covering. A best practice gap analysis had also been completed. This document recorded how the practice was working towards best practice as described in HTM01-05 and included timescales.

The dental practice was clean throughout and people who used the service that we spoke with told us it was always clean when they visited. A checklist was in place to record and monitor the general cleaning of the practice environment. In addition a checklist was used to guide staff with maintaining the cleanliness of surgery rooms and the decontamination room. General cleaning equipment was colour coded. We noted that cleaning equipment for clinical areas was stored separately from equipment used in other areas of the practice to prevent cross infection. A risk assessment had been carried out by a specialist

consultant in relation to Legionella in water systems. Staff had carried out actions identified in the risk assessment to minimise risk. The practice had a contract for the collection of clinical waste and we observed that this was stored securely before collection.

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 received. People's views were sought and monitored with an aim to improve the service provided.

Reasons for our judgement

During our visit we found that arrangements were in place to assess and monitor the quality of service provision. The provider took account of comments to improve the service. The practice had completed a patient questionnaire exercise in November 2013. This focussed on various aspects of the service provided. A detailed analysis had been made of the results with consideration given to any improvements. The analysis also noted 'no negative comments received at all.' In addition patients were able to provide comments and suggestions on forms available in the waiting area. We saw a selection of comments that had been received. The practice had recorded a response to each comment and in one case had responded in writing to the patient. As a result of considering the comments received, a number of improvements had been made to the waiting area. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. We saw a record that related to a recent problem with the telephone system. This had been investigated and action had been taken to ensure that the problem would not reoccur.

The practice had carried out a variety of clinical audits. These included an audit of clinical record keeping completed in November 2013. The audit had examined areas such as medical history checks, justification for x-rays and discussion with patients about treatment choices. In addition an audit of emergency procedures had been completed in September 2013. Results of audits had been recorded with plans produced where any actions were required.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.