

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

Hartley Dental Practice Ltd

113 Mannamead Road, Plymouth, PL3 5LL

Date of Inspection: 26 February 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Hartley Dental Practice Ltd
Registered Manager	Mr. Charles Fox
Overview of the service	This was a suburban practice with two dentists, two dental hygienists and several support staff, providing treatment on a private basis.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 26 February 2013, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five patients. All these patients were happy overall with the treatment they had received. Where appropriate they had been given treatment options and the information they needed to be able to make their choice. They felt that their decisions and opinions were respected by the staff. We found that people were given appropriate information about their treatment.

Information was collected and updated about patient's medical conditions to ensure patients remained safe when being treated. Equipment was available and staff trained to deal with medical emergencies.

Patients were cared for in a clean, hygienic environment.

There was a commitment on the part of the provider to staff training and development and by all staff themselves to remaining appropriately trained and enhance their knowledge and skills.

Patient records were compiled and maintained adequately and stored and, where appropriate, destroyed securely.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Peoples privacy, dignity and independence were respected.

Reasons for our judgement

We observed that patients who used the service understood the care and treatment choices available to them were involved in making decisions about their care and treatment. We spoke with five patients who were seeing the dentist, the practice owner, on the day of our visit. The patients told us that they were very happy with the treatment they had received and that they felt that their decisions and opinions were respected by the dentist. They said that they felt that they were given appropriate information and choices about their treatment options. We saw an example of an agreed treatment plan and two patients told us that they were aware of cost prior to embarking on any treatment. We saw evidence that patients signed a consent form prior to treatment.

Patients were given appropriate information and support regarding their care or treatment. We talked to the practice manager/receptionist who had a qualification in oral health education and to the hygienist. They both told us that information on improving oral health was given to the patient where appropriate and we noted that there were patient information leaflets available in the waiting area. There was a website to provide people with information about the practice.

Patients were able to express their views. We observed that there was a formal complaints procedure for the practice, together with a notice displayed in the waiting room. We observed the hygienist dealing with the patient's concern at the desk. We observed that the patient was given clear information, was made aware of the complaints procedure within the practice, and left satisfied that his concern had been resolved.

We observed that people were supported in promoting their independence that and their diversity, values and human rights were respected. We saw that the consultations took place in a confidential environment within the surgery respecting patients privacy. We also saw that an elderly lady with reduced mobility being helped into the surgery and noted that there was wheelchair access.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed that patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plans, in a way that was intended to ensure patient's safety and welfare. We saw that patients completed an initial patient confidential questionnaire which contained their personal and medical details. We observed two follow-up appointments where patients' medical histories were updated verbally. We saw that consultations and treatment took place in a confidential environment within the surgery and records were kept securely electronically.

We were told by the dentist that when providing orthodontic treatment he had a mentor and his treatment plan was peer-reviewed by five other dentists to ensure quality control. We were told by the practice manager that time was set aside on a weekly basis for team meetings to discuss any patient issues and ensure quality of care. An example of an improvement resulting from such discussion was a protocol for scheduling the delivery of care when both the dentist and hygienist were involved. We observed both the dentist and the hygienist providing treatment and saw that the clinical notes following treatment were comprehensive and in line with our observations. We observed the dentist and hygienist coordinated the treatment.

Patient's care and treatment reflected relevant research and guidance. The dentist demonstrated awareness of the National Institute for Health and Clinical Excellence (NICE) guidelines on frequency of recall, on third molar extraction and antibiotic prophylaxis. He illustrated his knowledge of the Mental Capacity Act by describing the management of the patient with dementia. We spoke to a child in the waiting area and a young adult who had attended the practice during her childhood. Both said that they felt that they were actively involved in decisions relating to their care.

We observed that there were arrangements in place to deal with medical emergencies. Staff told us that they were trained annually in-house in dealing with medical emergencies and we saw details of a training session in the summer of last year. We saw that a dental emergency resuscitation drug box was available in the practice and that medication was securely kept. We saw from the records that weekly checks on the amount and expiry dates of the emergency medication were undertaken.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We observed the dentist and hygienist carrying out dental procedures using appropriate infection control procedures. Personal protective equipment was in place for dentist, hygienist, patient and nurses.

We observed that there was a thorough system of maintaining all equipment used in the practice with an effective system in place that reduced the risk and spread of infection. This was supported by all staff to whom we spoke and we found a strong commitment to ensure they remained appropriately trained and maintained high standards of hygiene. We were informed that an experienced nurse was the designated infection control lead and that staff had received training at the local dental school. We saw a practice infection control policy which was signed by all members of staff.

We were informed that the practice had made changes in order to comply with the Department of Health guidance on decontamination in dental practices known as Health Technical Memorandum 01-05. We observed a nurse working within a separate decontamination room which had equipment for washing, cleaning, inspecting and sterilising equipment. We saw evidence that daily tests were carried out on the steriliser to ensure that the equipment was working effectively, that the instruments were stored in line with current guidance and that infection control was audited. A nurse explained what she would do in the case of a needle stick injury. We inspected the staff immunisation records which were up to date.

We saw that there was a suitable system for the collection and disposal of clinical waste together with appropriate certification.

We spoke to patients who said that they felt they were being cared for in a clean and hygienic environment.

The practice owner may wish to note that we observed surgery work-wear being worn by the hygienist whilst sitting at the reception desk.

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.

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

Reasons for our judgement

We observed that staff received appropriate professional development and that the practice was supporting the staff to deliver care and treatment safely and to a high standard. We spoke with four members of staff who said that their learning needs had been identified. They told us that members of staff had received training in-house, at the local dental school and on-line in many areas including, annually, medical emergencies and infection control and decontamination and child protection. The practice manager showed us training and appraisal records for all staff members. Each training file included procedures and protocols related to health and safety and cross infection control.

The senior nurse told us that she had obtained a qualification as an Oral Health Educator and was working as a Dental Nurse Assessor which she considered helpful in the support of staff members.

We saw evidence that the practice owner had undertaken continuous professional development in line with the requirements of the General Dental Council. We were informed that he had recently undertaken training in the management of adult malocclusions (misalignment of teeth and the way that the upper and lower teeth fit together) and was receiving support from a mentor and a group of peers.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed that patient's personal records including medical records were accurate and fit for purpose. We observed a dentist and a hygienist undertaking a procedure and read the records after the patient had left the surgery. These were an accurate reflection of our observations.

Staff records and other records relevant to the management of the services were comprehensive and fit for purpose. Each member of staff had a training folder and we looked at two of these. In addition to the records of in-house and external training undertaken, they included signed copies of the protocols and procedures relating to health and safety and infection control.

Records relevant to the management of the services were accurate and fit for purpose. There was in date certification relating to fire and electricity inspection and x ray equipment inspection. We saw the maintenance certificate for the autoclave. Discussion with the practice owner confirmed a strong commitment to using records of checks and audits for quality assurance and maintaining high standards. We looked at the check of emergency drugs and the audit on infection control.

We observed records were kept securely and could be located promptly when needed. We saw that patients' records were stored electronically on a secure computer system and that paper records relating to practice management were all held securely and could be located promptly when needed.

The practice owner informed us that records were kept for the appropriate period of time and then destroyed securely.

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.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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