

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

Washingborough Dental Practice

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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
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Beatoni Limited
Registered Manager	Mr. Antoni Kirschner
Overview of the service	Washingborough Dental Practice provides private dental care to people. it is situated close to the centre of Lincoln in the village of Washingborough.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

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 8 July 2013, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

The practice was a small practice with three members of staff. We found the practice to be well run and staff were clear about their roles and responsibilities.

As part of our inspection we spoke with staff and looked at records. Overall we observed that patients were supported by skilled and experienced staff who understood their roles and responsibilities. We saw there were effective systems in place for the planning and delivery of treatment.

The practice was able to respond to patients needs by providing a range of treatment and access out of hours.

We saw patients were treated with dignity and respect.

We observed patients received information about their treatment and appropriate consent was obtained before treatment commenced.

We saw patients were cared for in a clean environment and protected against the risk of infection.

We observed staff were caring and discussed treatment with people to ensure they received appropriate care to meet their needs.

We saw staff had received appropriate training in order to support them to deliver safe care.

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. When we looked at the records we saw patients had signed their treatment plans. Staff told us patients were given a copy of the treatment plan before they received treatment.

When we spoke with staff they were able to tell us about consent and how they would obtain consent. They told us they would expect a child under 16 years to be accompanied by an adult who could consent on their behalf.

The provider may find it useful to note when we looked at the records we saw it was not clear who had signed the treatment plan on behalf of children who were under 16 years of age. The practice manager said they would look at addressing this to ensure it was clear on the treatment plan who had signed.

The provider had a consent policy in place. When we looked at the consent policy we saw it included both children and vulnerable adults.

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

Care and treatment was planned in a way that ensured people's safety and welfare.

We looked at eight records and saw they had medical histories and treatment plans included in them. When we spoke with staff they told us the medical histories were updated on a six monthly basis when patients had regular check-ups and also patients were asked at each visit if there were any changes. We saw from the records the practice had reviewed and updated medical histories.

We observed a patient completing a medical history before they went into the surgery for an examination. We saw staff advised them when they queried how to complete the form.

We saw the treatment records matched the treatment plan in seven of the eight records we looked at. The provider may find it useful to note we saw in one record a treatment plan but could not match the date to any recorded treatment. We also saw this record related to a child but it was not clear who had consented on their behalf.

We saw the practice was responsive to patient's needs. For example, we heard the practise nurse offering patients appointments over the phone. We observed they were pleasant and offered a range of appointment options in order to meet the person's needs.

We found evidence in the records of discussions taking place with patients about dental hygiene. For example advice about using a mouth wash had been recorded.

We also saw records of discussions about patient's options. For example, "Patient is happy and will go away and think about prices etc."

There were arrangements in place to deal safely with foreseeable emergencies. We saw there was information in the records about medical conditions or allergies. Where patients had specific issues, for example a heart condition, we saw this was recorded and flagged to ensure they received appropriate treatment.

Records showed staff had received training in basic life support. When we spoke to staff they told us they had received training about dealing with medical emergencies and felt

competent to be able to respond and deal with them.

People's care and treatment did reflect relevant guidance with reference to the treatment of anaphylactic shock. We looked at the emergency medication and saw the practice had a stock of adrenaline according to the dosage prescribed by The British Dental Formulary (BDF) and Resuscitation Council (UK) for the initial treatment of anaphylactic shock. We saw medication was in date.

The practice may find it useful to note they did not have a risk assessment for the on-going management of a patient or the medication available for this. There would be a risk of the practice being unable to provide appropriate treatment. We spoke with the practice manager who told us they would address this issue.

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 not been followed.

Reasons for our judgement

People were cared for in a clean, hygienic environment. We saw the surgeries and areas for cleaning equipment were clean and tidy. We also saw equipment such as dental chairs were in good condition.

We saw the practice had daily cleaning schedules. We looked at these and saw they were completed for June 2013. The provider may find it useful to note we did not see evidence these checks were audited or reviewed to ensure they were being carried out.

There were effective systems in place to reduce the risk and spread of infection. We saw the practice had in place policies and procedures for infection prevention and control. These included decontamination, hand hygiene and waste management.

We saw guidance on hand washing and decontamination displayed on the wall so that staff had access to a reference guide.

We saw there was a separate area for cleaning instruments. Staff explained the process for cleaning instruments and showed us the records of this cleaning regime.

We did not see evidence of regular checks and maintenance of the equipment for the cleaning of instruments to ensure equipment was functioning correctly. We looked at manufacturer's guidance which stated equipment should be serviced on a six monthly basis. Since our visit we have received confirmation that maintenance checks have occurred on one piece of equipment and are planned for the other.

The provider may find it useful to note we saw the practice had a single sink for washing and rinsing and did not have a separate bowl to segregate the processes for clean and dirty instruments which would be a cross infection risk.

We observed staff wore protective clothing when they were cleaning instruments. We saw protective clothing was readily available and a policy for use of protective clothing was in place.

We looked at the records for testing the equipment for cleaning instruments. The provider

may find it useful to note we saw records were maintained for one piece of equipment but not for another. We spoke with the practice manager who told us they would commence regular testing as a matter of urgency. Since our visit we have received evidence to confirm these checks were now in place.

The provider may find it useful to note we saw for equipment testing dating 3 July 2013 had been completed but the checklist for cleaning had not been started. This meant it was unclear whether the equipment had been tested or not as records did not match.

Records showed staff had been immunised against viruses they could catch or pass on to others.

We saw the practice had in place a process for clinical waste which met nationally recognised guidelines. We looked at records of waste disposal and saw appropriate systems were in place.

The provider may find it useful to note we did not see any evidence of a regular audit programme or any audits of the cleaning process being carried out to ensure appropriate and effective processes were in place to protect patients against infections.

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 who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We looked at the files for the three members of staff who worked at the practice. We saw staff files had evidence of training on cross infection, hand hygiene, customer complaints and safeguarding children In February 2013.

We looked at records for professional development and saw staff had access to a range of education and support mechanisms.

We saw there was an induction available. We looked at a file of a member of staff who had recently been recruited. We saw a process had been followed and they had received an induction process. Staff told us they had received an induction and found it useful.

We spoke with the three members of staff. Staff told us they had monthly staff meetings. We looked at the minutes of the meeting on 20 June 2013 and saw issues such as training, leave and support had been discussed.

We looked at a handbook which was given to staff when they commenced with the practice. The handbook included information about support policies for staff. For example grievance, stress management and equality and diversity.

We saw the practice had a process for appraisals and one member of staff had received an appraisal according to the policy. The practice manager told us they and the dentist had not had an appraisal but received support externally. For example the dentist had a mentor.

We saw there was an effective recruitment and selection process available. This included references and Criminal Records Bureau (CRB) checks to ensure staff were suitable to work with vulnerable people. The provider may find it useful to note we saw one member of staff had not received a CRB as part of her employment with the practice. We spoke with the practice manager who told us they would address the issue.

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.

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