

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

Alexandra Dental Practice

74 London Road, Reading, RG1 5AS

Tel: 01189868167

Date of Inspection: 18 June 2013

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr Andrew Stephen Tierney
Overview of the service	Alexandra Dental practice provides general, cosmetic and restorative dental services 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'.

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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 18 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who use the service. People we spoke with told us they had been going to the same practice for many years. They told us they were treated with respect, had treatment choices explained to them, and staff acted in a way which put them at ease. One person told us, "I have been going to the same dentist for 35 years. I would not keep going back if I did not think very highly of them" Others told us, "I am extremely happy with my dentist. I would never consider moving." and "I did not like going to the dentist before but now I have no fears."

We viewed four patient records and found people's oral health was comprehensively assessed. For example, the dentist had checked for decay, soft tissue problems, the condition of people's gums, jaw and face and recorded a map of the mouth.

We toured the practice and found it to be clean and tidy. The practice had effective systems in place to reduce the risk and spread of infection. We spoke with staff regarding the cleaning of used instruments and found procedures to be in line with guidelines from the Department of Health.

People we spoke with were happy with the care provided to them and none had made a complaint. One person told us, "I've never had to make any complaints, but if I did I would speak with the dentist".

Most staff had worked at the practice for many years and said they felt supported by management and colleagues. Staff were given opportunities to take appropriate training.

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.

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

Reasons for our judgement

We spoke with four patients, all spoke highly of the dentists and their work. They told us that the dentists always explained the treatment required and the different options available to them. One patient told us, "I have been going to this dentist for around 10 years. When I had to have a filling, they explained brilliantly what they would do and put my mind at ease." Another told us "they always check with me about my medical history, they also ask about any changes in my medication."

Patients were assessed and care and treatment was planned and delivered in line with their requirements. Staff told us every new patient completed and signed a medical history questionnaire before their treatment started. Medical histories would be reviewed at each appointment by the dentist and updated onto the computer system. We reviewed four files and found this to be correct. People's records were maintained on a computer system which was password protected. Paper files for patients were stored in a locked room.

We viewed four patients' detailed records of dental examination and treatments on the practice computer system. We saw all of the patients' records contained full dental charts and treatment plans. Computerised notes recorded all treatments discussed with the patient and we saw opinions explained to patients had also been recorded. If necessary diagnostic tests including x-rays were taken with the consent of the patient.

Staff we spoke with told us that videos could be used to explain treatment options to patients. We were told this method was useful for people to make informed choices, as it allowed patients to understand fully what some treatments involved.

Patients we spoke with confirmed they knew how to contact the dentist in an emergency. One person told us, "I made an emergency call early in the morning and was able to see my dentist that same morning."

Staff had been trained to deal with foreseeable emergencies. We noted the practice had

an Automated External Defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. The emergency drugs were all in date and securely kept in a central location close. There was a record that these were checked by staff on a monthly basis to ensure used emergency or out of date medicines were replaced. This meant that the risk to patients during dental procedures was reduced and patients were treated in a safe and secure way.

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

Patients we spoke with had no concerns over the cleanliness of the practice. One person told us, "it is extremely clean; I am very impressed with the facilities." Others told us, "it is very clean." And "the cleanliness is very good."

We toured the practice and noted it was clean and well maintained. We viewed all the surgeries and found them to be clean and free from clutter. The practice worked to best practice infection control guidelines within the Department of Health's guidance known as HTM 01 05. The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

We saw there were effective systems in place to reduce the risk and spread of infection. Staff showed us how instruments used in the dentist or hygienist surgeries were cleaned. Closed boxes, classed as dirty boxes, were used to transport dirty instruments from the surgeries into the 'dirty zone' of a decontamination room. Used instruments were rinsed and placed in the ultrasonic cleaner for a timed period and inspected under a magnifying glass. Instruments were then placed onto trays to be sterilised. We noted the instruments were then placed into different closed boxes, classed as clean boxes in a 'clean zone'. These were then ready to be transported back in to the surgeries. There were robust measures in place to prevent cross contamination between clean and dirty equipment. This demonstrated that staff were aware of and following HTM 01-05 guidelines.

There was evidence equipment was maintained and serviced in-line with manufacturers' recommendations. The service had an up-to-date infection control procedure in place that was routinely followed by staff. We noted infection control audits took place regularly. The segregation and storage of dental and sharps waste was in line with current guidelines. We observed that sharps containers were well maintained and correctly labelled.

We spoke with staff who told us they wore protective equipment such as disposable gloves, aprons, masks and visors. We saw these were available throughout the practice and noted staff wearing appropriate equipment while completing tasks. One patient we spoke with commented, "I go in with my family and will always see the dentist and nurses washing their hands before putting on gloves."

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. Alexandra Dental Practice employed a practice manager, four dentists, four nurses, a trainee nurse, a hygienist and three receptionists. We saw files that contained details and certificates of training which had been undertaken by the staff. We spoke with the dental nurses who told us they had the opportunity to keep up to date with training and felt well supported by the practice.

The dental nurses and hygienist undertook a minimum of 150 hours of training over a five year period, 50 hours of which was verified, in order to maintain their professional registration. The training included topics such as law and ethics, child protection, cardio pulmonary resuscitation (CPR) and medical emergencies, and infection control. We saw training files and certificates that confirmed that training had taken place. We noted refresher training for CPR and Infection control had been booked for 2013 for all staff.

We reviewed one of the dentists' training portfolios. They had completed 250 hours of training in 5 years, 75 hours of which was verified, in order to maintain their professional registration and to keep informed about new developments in the field of dentistry.

Staff we spoke with told us team meetings happened regularly and we saw minutes of meetings that evidenced this. We reviewed the minutes of the most recent staff meeting that had taken place in May. We noted on the agenda were subjects such as updates from the HTM01-05, emergency drug kit and record cards. We were told by staff that the meetings provided an opportunity for them to share new information and good practice with colleagues. Staff told us they could regularly meet to discuss new policies, procedures and ways of working.

Staff told us they enjoyed working at the practice and felt supported in their roles. They told us they were appraised annually and there was an open door policy so that one to one meetings could be had at any time.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. We spoke with four people who use the service and all of them told us they would speak to either the dentist or manager, or look on the practice's website to make a complaint. We observed the provider had information in their practice brochure in reception which told people how to raise a concern if they had one. The provider also had a written policy which explained the steps for managing concerns or complaints which was also included on their website.

Staff we spoke with were aware of what to do if a person raised a concern. This included documenting what the issue was, responding in writing promptly, investigating the matter and communicating the outcome to the person. We noted there had been no complaints received.

We observed the practice had a comment box situated in the waiting room. The manager told us every year a patient satisfaction questionnaire was given to patients to complete. Patients were able to complete these anonymously. The practice ensured they had 100 replies. The questionnaire asked whether people were satisfied with subjects such as cleanliness, professionalism and value for money. We reviewed the summary of the replies for 2012. We noted that most people had rated themselves as strongly agreeing that they were satisfied and rated the surgery as a ten out of ten. This meant the practice was actively gaining the views of its patients and giving them opportunities to raise concerns anonymously.

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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