

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

The Vernon Dental Practice

35 Hermitage Road, Hitchin, SG5 1BY

Date of Inspection: 08 January 2014

Date of Publication: January 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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr. Mark Vernon
Overview of the service	The Vernon Dental Practice provides NHS and private dental treatment for children and adults.
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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Cleanliness and infection control	8
Supporting workers	10
Complaints	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 January 2014, 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 looked at the records for three people who used the service. We saw that they all included a record of the person's medical history and the treatment given. We spoke with three people who used the service who were happy with the care and treatment they had received. One person told us, "I was recommended to come here, it's been very good."

The service had a safeguarding adults and children from abuse policy. We saw from records that staff had attended training in relation to safeguarding people from the risk of abuse and child protection. We spoke with the provider, the practice manager and three staff who were all clear on how to identify and report any concerns about suspected abuse.

We saw that the service was clean and hygienic. There were systems in place to reduce the risk of infection.

Staff told us that they felt supported. One staff member said, "[The practice manager] is really good and [the provider] is lovely." We saw from records that they had regular meetings and annual appraisals. We also saw in staff files that their professional development had been kept up to date.

The service had an effective complaints procedure in place. We saw that were they had received a complaint this had been investigated and acted on appropriately.

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.

Reasons for our judgement

We looked at treatment files relating to three people who used the service. In each file we saw a record of their medical history which had been checked at each appointment. There was a record of treatment given. The dentist had also recorded any discussion that they had with people which included advice relating to oral health. We spoke with the provider, the practice manager and three staff who told us that people's medical history was always checked prior to treatment commencing.

We spoke to three people who used the service who were all positive about the care and treatment they had received. They confirmed that their medical history was checked at every appointment. One person told us, "I was recommended to come here, it's been very good." Another person told us, "It's been great, when I follow their advice, I have no issues. They're very supportive. "

The practice had recently moved downstairs in the building. The provider, and the practice manager, told us that this was for the benefit of people who had difficulties with mobility, or those who had young children in pushchairs. They told us that they had given consideration to the layout and facilities available. This included a quiet room for people to sit in if they were feeling anxious before an appointment or to recover after treatment. There was also a children's area available. This meant that the service had planned for people's varying needs which helped to ensure care or treatment was given in an environment that promoted a person's safety and welfare.

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.

Reasons for our judgement

We saw that the service had a safeguarding adults and children from the risk of abuse policy. It detailed who could be at risk and the types of abuse. It also included details of who staff should contact if they suspected abuse.

There was a poster displayed in the office which included a flow chart of actions to follow if staff were worried that a person was at risk of abuse. This poster had contact details for the adult safeguarding and child protection team. All of the staff we spoke with were able to tell us where this information was.

We saw in records that everyone who worked at the service had attended training in relation to safeguarding adults from the risk of abuse and child protection. We spoke with the provider, the practice manager and three staff members who were very clear on how to identify the possibility of abuse, the action they needed to take and who they would need to contact if they suspected abuse.

We noted that safeguarding people from the risk of abuse had been discussed as part of staff team meetings. The practice manager told us, "It's important that everyone is clear on what to do and what the signs are."

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

There were effective systems in place to reduce the risk and spread of infection.

The service had an infection control policy which outlined the standards to be maintained in the premises. This included hand hygiene, the staff member who was the infection control lead, cleaning schedules and the decontamination process.

We observed a decontamination process and saw that the staff member worked in accordance with published guidance. They were able to explain what they were doing and why it was required. The decontamination room was well set up with a clear clean and dirty area. There was guidance posters relating to infection control and cleanliness displayed around the room. There was sufficient stock of personal protective equipment available which was used and disposed of appropriately.

There was a record of daily tests for the steriliser. The staff member, who was not responsible for the daily tests, was clear on when this was to be tested and where the results strips were stored. This meant that the service had ensured all staff members were clear on the infection control measures in place at the practice.

There was a contract cleaner who visited the practice each evening to carry out the general cleaning. We saw that they had a schedule to follow which stated what was to be cleaned, the products to be used and how it was to be done. The practice manager told us that the cleaner was only responsible for the floors within the surgeries as treatment areas were the responsibility of the dental nurse working in that area.

We saw from records that staff had all completed infection control training as part of their professional development. We spoke with three dental nurses regarding the cleanliness and infection control of the surgeries. They were all clear on what was to be done and when tasks were to be completed. We observed one nurse completing this process. We saw, and we were told by staff, that there was a checklist to follow which ensured they did not miss anything. This checklist listed tasks for the start of a session, in between appointments and the end of the day.

There was a clinical waste contract in place. The service ensured waste was stored securely while waiting for collection. We toured the premises and saw that in all areas the service was clean and hygienic. All floors and surfaces were well fitted and easy to clean.

We saw from meeting notes that infection control and cleanliness were discussed at staff meetings. This meant that awareness of the importance of following guidelines was frequently addressed. This therefore reduced the risk of cross infection.

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

The staff employed at the service had access to regular professional development. We saw that a log of the sessions attended, and certificates for some subjects, were held in each staff members file. We saw, and we were told by the practice manager, that courses were arranged by them and they supported staff to attend additional courses. We spoke with three staff members who confirmed that they were supported to update their professional development.

We saw from records, and staff told us, that staff members were given an annual appraisal. This covered the past years work, objectives, if they had achieved past objectives and what resources were needed for upcoming objectives. We were told that in between the annual appraisals there were several one to one meetings. However, the provider may find it useful to note that these meetings were not recorded which meant that the system may not have been as effective as it could have been.

Staff told us that they felt they could approach the provider and the practice manager with any concerns or questions. One staff member told us, "I can meet with them anytime, One hundred percent you can go to [the practice manager] anytime." They went on to say, "[The practice manager] is really good and [the provider] is lovely."

The service held regular team meetings and we saw that these covered a number of subjects which included training and encouraging staff to take breaks. This meant that the staff team were regularly receiving support and guidance.

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

The service had a complaints policy and procedure which stated the time frame in which complaints were to be responded to. It included guidance that a complainant could contact the General Dental Council (GDC) and the Dental Complaints Service (DCS). We saw that the copy held in the office, which was accessible to staff, included the contact details for the GDC and the DCS. However, the provider may find it useful to note that the patient's copy of the policy, which was displayed in the reception area, did not include the contact details for these agencies.

There was a complaints form to be completed by the staff member who received a complaint. The form prompted an investigation, required actions to be carried out and had a section for the outcome to be recorded. This meant that the staff member responsible for responding to the complaint had a tool which enabled them to document each stage of the process. This also ensured they worked in accordance with the policy. We saw a completed complaint form and it had been filled out in its entirety and there was a record of the correspondence attached.

We spoke with three people who used the service who told us that they had not needed to make a complaint. All of the people we spoke with told us that if they had any concerns, they would raise them with the dentist or the staff member on reception.

We spoke with the provider, the practice manager and three staff members who were clear on what the complaints process was. One staff member told us, "We don't really have complaints so when they do we act quickly to ensure it is resolved."

We saw that a recent complaint was discussed with staff at a team meeting. The practice manager told us, "This is to make sure we learn from it and it is a one off." This meant that the service took people's complaints seriously and they were acted on appropriately.

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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