Inspection Report

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

Homemill Dental Surgery

Unit 12, Homemill House, Station Road, New Milton, BH25 6HX

Tel: 01425620750

Date of Inspection: 10 October 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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Homemill Dental Surgery Ltd
Registered Manager	Mr. Stephen King
Overview of the service	Homemill Dental Surgery provides general dental services. There are three dentists undertaking predominantly private work. Other staff include three receptionists, two dental hygienists, six dental nurses, a trainee dental nurse and the practice manager. The four treatment rooms, reception and waiting area, and a toilet are located on the ground floor.
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 unannounced 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 10 October 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 two people about their experiences of the service. All were complimentary. One person told us "I have been a patient of my dentist here for 25 years, they are brilliant".

With people's permission we observed two consultations. We also looked at dental notes and other records kept by the provider.

People were given appropriate information and support regarding their care and told us they understood the choices available to them. One person told us "I have had a number of treatments. It's always explained to me and I am told the costs".

The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

People were protected from the risk of infection. They were cared for in a clean and safe environment.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider had effective systems to check and monitor the quality of their service. There were also systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure their safety and welfare.

People expressed confidence in the care they received. For example, one person said that their dentist was "excellent". Another person commented "I managed to oversleep this morning and miss my appointment, it's never happened to me before. I rang the surgery and they arranged me an alternative appointment for the same day. They were very flexible". People told us that that waiting times for non-urgent treatment were not lengthy and that appointments were made at times convenient to them. They said that if they needed emergency treatment they were seen quickly.

We observed consultations with two people. In each case, the dentist enquired about changes in their health and medication and any allergies before treatment. Changes in people's health were recorded in their dental records. People confirmed that the dentist asked about their health and medication at every visit. One person told us "Yes, the dentist asks me about any changes in medication".

We saw that the dentist assessed the condition of people's teeth, gums and mouth. We noted that the dentist explained to people what they had seen and whether this was of concern. They discussed options for treatment. We saw that the dentist recorded assessments in people's electronic dental records, and that people had treatment plans in place for care which was needed.

We were shown by the practice manager how new patients were asked about their medical histories and how they gave consent by signing the appropriate forms, and acceptance of the treatment plan which clearly indicated the costs. We confirmed this by looking at people's records. This meant that people were able to make an informed decision and give consent.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that there were many leaflets available to patients to explain choices.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate equipment. We saw evidence that the staff had recently undergone resuscitation training on the 21 March 2013. A checking system was in place to ensure all equipment and drugs were in-date. The equipment included an automatic external defibrillator.

We noted that the practice provided conscious sedation treatment. This is a type of sedation in which the individual can respond to verbal directions, but the person feels little to no pain and reduced anxiety. We saw records that showed that staff had completed courses relevant to this treatment. This meant that people were cared for by suitably qualified and skilled staff.

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 cared for in a clean, hygienic environment. They were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

On visual inspection the premises appeared clean and well maintained. People who used the practice told us they thought the provider kept the premises clean and hygienic.

We noted that there were cleaning schedules in place for the treatment rooms. These set out what equipment and fittings should be cleaned and when. There were also records showing that clinical and other waste produced by the practice was managed properly and safely.

We saw that the surface of the dental chair in all of the treatment rooms was intact, except one which had a small tear on the head rest. However we noted that this had been identified by a recent infection control audit and was due to be repaired. We noted that the chairs were cleaned between consultations. Plastic sleeves covered head and arm rests and these were changed after each consultation.

The practice had access to the Department of Health document published in March 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes in detail the processes and practices essential to prevent the spread of infections and ensure clean safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" which must be achieved and "best practice" which are ideal and desirable.

The provider had facilities and equipment in place that enabled them to meet "essential quality requirements".

We saw the practice benefitted from a separate decontamination room where used dental instruments were cleaned and sterilised. The room was separated into clean and dirty areas, was of a sufficient size, uncluttered and contained two sinks for the instruments to be washed.

Equipment used for the managing the decontamination of instruments included an ultrasonic cleaner, two vacuum autoclaves and illuminated magnifying glass used to check instruments are intact.

Sterilised instruments were kept in instrument bags labelled with the date they should be used by. These expiry dates were in line with the requirements of HTM01-05. The bagged instruments were stored safely in enclosed drawers in the decontamination room.

We noted that staff members using the decontamination room were confident in the procedures. This demonstrated that the correct procedures were in place and that all staff practised correct cross-infection protocols.

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

We observed two people who had a dental examination and received some treatment from the provider. We saw that personal protective equipment such as gloves and masks were used appropriately and that infection control procedures were adhered to at all times.

Records showed that equipment such as the autoclave, ultrasonic cleaner and dental unit water-lines were cleaned, checked, verified and serviced at intervals recommended in the Department of Health technical memorandum HTM01-05. Records also showed that a Legionella Disease risk assessment had been carried out in January 2013 and water quality was regularly tested.

We saw evidence that clinical and other waste was managed properly and safely.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke to people using the service but what they told us did not relate to this standard.

We looked at the recruitment records for three members of staff to ensure that appropriate recruitment checks had been carried out by the provider before they were allowed to start work.

In all three cases we found that there was proof of identity, full employment histories and employer references on file.

We found that Disclosure and Barring Service checks (previously Criminal Records Bureau checks) had been obtained before people started work at Homemill Dental Surgery.

The records showed that there were effective recruitment and selection processes in place.

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 receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. The practice had a complaints policy and procedure. This was displayed on the notice board in the waiting area. We noted that one complaint had been received in the past year. This had been acknowledged, investigated and responded in accordance with the provider's policy.

There was evidence that learning from events took place and appropriate changes were implemented. We saw the accident book and noted that accidents were recorded. The provider may find it useful to note that whilst accidents and incidents were being recorded, there was no evidence of any periodic analysis to prevent reoccurrence. We discussed this with the practice manager who explained that as they were a small practice, and the number accidents / incidents were very low, a monthly analysis was not completed. However they would introduce a system immediately. We have not been able to test this for compliance.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We examined a "patient feedback" form that people who used the service had completed in September 2013. We saw that there were a total of 30 responses. The responses had been analysed and an action plan had been implemented to address any lower scoring areas. For example the practice had increased its opening hours to include two Saturdays per month and was open for evening appointments on a Monday.

We saw that the provider had other arrangements in place to check the quality of their service and identify where it could be improved. These arrangements included regular audits of the quality of X-rays, dental records and infection control processes.

We saw minutes of monthly team meetings, the last of which took place in October 2013. We saw topics included infection control and first aid. They showed that the people who worked at the practice had opportunities to raise concerns and contribute to discussions about the service they provided.

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

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