

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

Austen Road Dental Practice

1a Austen Road, Guildford, GU1 3NW

Tel: 01483568568

Date of Inspection: 08 November 2012

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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
Safeguarding people who use services from abuse	✓	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	Mrs. Tara Thomas
Overview of the service	<p>Austen Road Dental Practice is a dental practice providing private treatment to clients.</p> <p>One dental practitioner and one dental nurse provide services to clients.</p> <p>The practice is located on a busy road close to the town centre, has on street parking and is situated on the first floor with no disability access.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 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 8 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

As part of our inspection we spoke with three people who used the service. All the people we spoke with told us they could not fault the practice.

One person we spoke with told us the dental practitioner was 'excellent and with a friendly personality'. They told us they always felt welcome and were given a lot of information about their care and options.

Another person we spoke with told us the service was 'first class as far as everything is concerned' and told us they had recommended this practice to a number of their friends. They told us they were always given enough information and were 'very very satisfied' with the service.

The third person we spoke with told us the service was 'fantastic and so lovely'. They told us they were always given information in a way they could understand and were always provided with options.

All the people we spoke with told us the premises were always clean and welcoming and that they would feel very comfortable raising any concerns they may have.

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.

Reasons for our judgement

As part of our inspection we spoke with three people who used the service. All three people told us they felt very involved in their care. They told us they were always given lots of information about the care they were receiving and were always informed about the price of treatments and options available before making any decisions.

One person we spoke with told us they brought their children into the service on a regular basis and that the dental practitioner always spoke to the children in a way they could understand and relaxed them. They told us their children were fully informed and involved in their care.

Another person we spoke with told us they had brought their grandchild who was nervous about dentists into their appointment with them. They told us the dental practitioner had involved the child in the care they were providing for their grandparent by explaining what they were doing and showing them. They told us this greatly improved the child's anxieties relating to dentists.

On arrival at the practice we found the premises to be clean and welcoming. The reception area and the practice were based on the first floor of a building and there was no disability access.

We looked at the reception area which also acted as the waiting room and found this to be clean and comfortable.

Within the reception area we found a notice board with contained information about the service and their complaints policy.

On a table in the reception area we found information leaflets about the service for people to look through as well as a suggestion box which contained paper and pens for people to use.

During our inspection of the service we found that the practice had procedures in place to ensure the confidentiality of people using the service. We saw that the service had a clear confidentiality policy which was regularly reviewed.

During our inspection we spoke with the dental practitioner (the registered manager), the

dental nurse and the office manager.

The office manager talked us through the service's new patient protocol and gave us a copy of this document.

This protocol detailed the steps that should be taken when a new patient enquired about the service. Included in this document was 'patients must be informed of our first floor situation with regards to the stairs'. On speaking to the office manager we were told that this information was always given to new patients.

The registered manager told us that should a person enquire about the service they would be sent an information leaflet about the service as well as a price list.

This meant that people were fully aware of the cost of treatments before attending the practice.

The registered manager told us that when a person came to the practice they would conduct an examination and following this they would sit down with the person and create a treatment plan.

The registered manager told us they fully involved people in this process and that during this process they would discuss people's options, the different costs for each option as well as carrying out a risk assessment.

During our inspection we looked at six people's treatment plans and saw that these included quotes for treatments as well as alternative quotes. We saw that the treatment plans also contained a choice of doing nothing and the risks associated with this.

We also saw that several care plans we looked at contained copies of letters written by the registered manager. These letters contained detailed information about the examination, the treatment options available, prices of treatments and risk assessments. We asked the registered manager about these and they told us they wrote the letters in order for people to fully understand their treatment options.

This meant people were given the time to fully understand all the information provided to them and the options available to them.

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

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

Reasons for our judgement

As part of our inspection we spoke with three people who used the service. All three people we spoke with told us they felt very safe within the service.

All the people we spoke with were very positive about the level of care they were provided at the service and one person referred to the care as being 'fantastic'.

All three people told us they were always provided with options and enough information about treatments and pricing to be able to make informed decisions.

During our inspection we looked at six people's treatment plans. We saw that each treatment plan contained a medical history form which had been regularly reviewed and updated.

We saw that each treatment plan also contained details of the person's allergies, what medications the person was on and several quotes for procedures.

The registered manager told us people were under no obligation to undergo any treatment and therefore they would complete a risk assessment should the person not wish to undergo treatment.

We saw examples of these risk assessments which outlined the risks involved with not having the treatment and what the likely successes of the treatment would be.

This enabled people to make an informed choice about whether to undergo treatment or not.

During our inspection we saw that there was a visible first aid box which was easily accessible.

On speaking with the registered manager we were told the practice conducted quarterly risk assessments in order to ensure people attending the practice were safe.

We saw that the service had several emergency policies including fire alarm policies and emergency situation protocols. We saw that these had been regularly reviewed and updated.

This meant the service had taken steps to ensure there were arrangements in place to deal with foreseeable emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use 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

The three people who used the service that we spoke with told us they felt very safe within the service. They all told us the dental practitioner was 'very friendly', 'lovely', 'very communicative'. They all told us they would feel very comfortable with raising concerns with the dental practitioner should they have any and felt that they were always encouraged to express their views and concerns.

During our inspection we viewed the service's policy on the safeguarding of both vulnerable adults and children. The policy was clearly laid out, gave clear guidance and had been signed by all staff.

As an addition to the policy the relevant file contained information around reporting any suspicion of abuse to the relevant authority. It also contained the details of the people to contact and their contact numbers.

We saw that all staff had received training in safeguarding and the record of this was kept up to date and regularly reviewed.

During our inspection we spoke with the registered manager and the office manager. Both people were able to confidently tell us the types of abuse people could be victims of, the warning signs they looked out for and the process they would take should they have any concerns.

The registered manager told us that a staff member had attended a safeguarding course every few months and that the practice had then organised a team meeting in order to have a discussion around what had been learned.

This meant all staff were aware of the safeguarding policies and procedures and were reminded of these every few months.

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

As part of our inspection we spoke with three people who used the service. All the people we spoke with told us they always found the service to be 'spotless', 'clean' and 'welcoming'.

As part of our inspection we viewed the service's infection control policy. We found that this was up to date and detailed.

We also saw from staff training records that infection control training had been completed by all staff.

We viewed the treatment room and saw that it appeared to be clean and well maintained.

We asked the dental nurse to demonstrate the cleaning routine employed in between people receiving treatment to ensure control of infection within the treatment room. We witnessed a decontamination process being carried out. This involved the cleaning and decontamination of instruments used during treatment.

The practice had a separate decontamination room containing a sterilising machine and an ultrasonic machine.

We saw that the instruments and the surfaces within the treatment room were wiped down by the dental nurse with a microfiber cloth before the instruments were placed within a sealed container which was labelled 'contaminated'.

The dental nurse told us that any sharps would be placed inside the sharps waste bin.

We then saw that the contaminated instruments box was then taken into the decontamination room where there were three sinks. We saw that the dental nurse measured the temperature of the water in the sink and added cleaning fluid to this before washing the instruments by hand.

We saw that a record was kept of the water temperature and the time at which the cleaning took place.

Once the instruments had been cleaned manually they were inspected using a bright light and a magnifying glass. The instruments were then taken to a different sink and rinsed using clean water. The instruments were then placed in the ultrasonic machine for 15 minutes.

Once they had been through the ultrasonic machine the instruments were then rinsed in a different sink with clean water before being placed in the sterilising machine.

We saw that a record was made every time the sterilising machine was used and a batch number was given to the instruments.

Once the instruments had been sterilised they were placed in bags before being placed in a sealed box labelled 'sterile'.

We were told that this process was followed after every person had received treatment and was in line with cleaning and infection control guidelines.

During our inspection we also looked at the procedure to be followed for the disposal of clinical waste. We saw that up to date policies and procedures were kept.

We were told by the registered manager that all clinical waste was collected by a registered company and we saw evidence that this had been done regularly and that the service had kept a record of this.

Daily maintenance and testing records of the equipment were seen and were fully up to date. We also saw records of maintenance carried out upon electrical sterilisation and decontamination equipment.

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

As part of our inspection we spoke with three people who used the service however their feedback did not relate to this outcome.

We looked at the service's records and found that they had a recruitment policy in place as well as a recruitment checklist. This meant there were effective recruitment and selection processes in place.

We found that there were current Criminal Record Bureau (CRB) checks for every employee.

We saw that staff files contained signed contracts, proof of identity, qualification certificates, training certificates, a minimum of two references and the person's Curriculum Vitae (CV).

This meant appropriate checks were undertaken before staff began work.

We also saw staff appraisal forms had been completed regularly and that all mandatory staff training had taken place. This meant that staff had received appropriate training.

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.

Reasons for our judgement

As part of our inspection we spoke with three people who used the service.

All three people told us they were always encouraged to share their views and feedback with the service.

One person we spoke with told us the service contacted them every six months to enquire as to whether they wanted to book an appointment and ask for possible feedback.

During our inspection we looked at a number of records which were kept at the service. We saw a number of policies such as a data protection policy, a confidentiality policy, a child protection policy, a safeguarding vulnerable adults policy, a consent policy and a complaints policy.

We saw evidence that all staff had signed the policies and that these had been reviewed regularly.

We also saw that several audits had taken place. We saw that medicines audits had taken place regularly where the expiry dates and stock had been checked.

We saw that ultrasonic cleaner tests had taken place as well as practice risk assessments and radiation risk assessments. We also saw infection control audits and medical history audits. We saw evidence that these audits and checks had taken place regularly and were regularly reviewed.

We saw an example of the premises risk assessment and saw that the results of this had been analysed and an action plan had been created as a result of this.

We saw that the service had sought information from people in several ways. We saw that a patient feedback box was available in the reception area and this contained paper and pens for people to use.

We also saw that patient questionnaires had been completed on two separate occasions. The registered manager told us that this had been done in order to obtain patient feedback. We saw that the results of these questionnaires had been analysed and contained no negative feedback.

We also saw that on the notice board in the reception area there was information about the complaints policy which meant people were informed about ways in which they could voice their opinions about the service.

The registered manager told us they had received feedback from people relating to the service's opening hours. As a result of this they had decided to extend the opening hours until 2000 hours one day a week. This meant the service had sought people's opinions and had acted on the information provided by people to improve their service.

We saw evidence that people's feedback was sought during consultations with the dental practitioner and this was recorded on their treatment plan.

During our inspection we spoke with the registered manager, the dental nurse and the office manager. We were told by all these people that staff feedback was always sought and that team meetings took place regularly. Staff told us they felt very comfortable voicing their opinions. We were also told by the three members of staff that appraisals took place once a year and that feedback was always sought during these meetings.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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