Care Quality Commission

Inspection Report

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

Dr Andre Louw - Minehead

Blenheim Dental Practice, 5B Blenheim Road, Minehead, TA24 5PY

Tel: 01643702317

Date of Inspection: 07 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Standard	Outcome
Respecting and involving people who use services	✓ Met this standard
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
Records	✓ Met this standard

Details about this location

Registered Provider	Dr. Andre Louw
Overview of the service	Blenheim Dental Practice is registered to provide Primary Dental Care for people who require dental procedures. There were four dental surgeries and one oral hygienist surgery in the practice offering an NHS service as well as private treatment. The practice is situated in Minehead, Somerset.
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 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 7 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We took advice from our specialist advisors.

What people told us and what we found

There were four dentists providing services to patients on the day of our inspection. Each dentist was supported by a dedicated dental nurse and patients were welcomed to their appointments by a receptionist. There was a dedicated decontamination room nurse during the morning of the inspection and a practice manager provided management support.

We spent over nine hours in the practice looking at five key areas of the way the practice provided it's services. We found that they provider ensured their services were safe, caring, responsive, effective and well led through a team of qualified and experienced staff.

The patients we spoke with told us, "I would recommend this practice to anyone", whilst another said, "I can't fault them here; they are a friendly and helpful team". Patients told us their dentist kept them informed about the treatment they needed and involved them in decision making. Where a choice of treatment was available we saw from records how patients made choices.

We saw that treatment was provided following a full mouth assessment which included checks for caries, gum disease and oral cancer. One patient told us their examination was, "The most thorough check up I've ever had". Patients told us their treatment was delivered in private and they were treated with respect by all the staff. Where children had appointments we saw they were accompanied by their parent and where vulnerable adults attended appointments they were accompanied by a carer. This showed people's safety was ensured.

Cleanliness and infection control was carried out in accordance with current guidance. Records relating to the management of the practice were complete and regularly checked. Patient records were up to date, indicated any medical alerts and showed the treatment

plans patients required to maintain effective oral health.

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 privacy, dignity and independence were respected. 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

This was the practices first inspection since registering their service.

People who used the service were given appropriate information and support regarding their care or treatment. We spoke with nine patients who had appointments with dentists at the service who had agreed to discuss their experiences of the service with us. Patients spoke positively about the practice and told us they were satisfied with the treatment provided at the practice. They said they received treatment that was explained clearly to them by the dentists. One person told us, "I've been coming here for years and have always found the staff friendly and professional".

Patients told us they had signed a document at the practice at the time of treatment to indicate their involvement in planning and consent to that treatment. During our visit we viewed nine patients' records, which included treatment plan records which showed their involvement in discussing their treatment. Patients confirmed that the dentists and attending dental nurses were helpful and provided them with information about the treatment they required. One patient told us, "The dentist gives me the information I need and they tell me how I can look after my teeth and gums". Another patient told us, "There are leaflets in the waiting room which tell me about most dental problems or teeth care. The dentist tells me about anything else I need to know". This showed people had access to or were provided with information relevant to their oral care needs.

People who used the service understood the care and treatment choices available to them. Patients told us if they required treatment they were given a treatment plan, which detailed what the course of treatment and the appointments required. We saw copies of their treatment plans and heard patients being offered a choice of appointments. We saw information displayed in the practice that detailed the NHS charging bands and costs for treatments options for private treatment. The providers' page on the NHS Choices web site also detailed accessibility to the practice and other services they provided.

People expressed their views and were involved in making decisions about their care and treatment. Patients we spoke with told us how the provider gained feedback by asking them verbally at the end of their treatments if they had any comments or concerns. We saw that patient satisfaction survey forms were displayed in the waiting room. We saw the results of completed forms which were positive and made suggestions for improvements. Examples of comments were; "Receptionists are lovely and have a wonderful telephone manner", "Everyone is friendly and helpful" and "The dentist explained my treatment; it was amazing". Where there were suggestions for improvement such as, "Long waiting times can be boring". We saw that the provider now provided magazines to read and had music playing in the background. We looked at the NHS Choices website for the dental centre and saw there were positive comments about the service. This showed that the provider asked people for their views about the service and that people could share their views more widely using the NHS website.

The provider had a complaints policy which was detailed in the practice leaflet in the waiting area along with other information about the dental centre and treatments available. The people we spoke with told us that all staff were approachable and they were able to discuss concerns if they arose. We looked at the most recent complaint, from this we saw how the provider had acknowledged the concerns raised and proposed a suitable response. We saw that the provider timescales for acknowledging complaints and investigating concerns were met and complaints were handled in a way which brought the complaint to a conclusion.

We asked people if they had ever overheard confidential patient conversations when waiting for or when receiving treatment. People told us that they had not overheard private conversations when visiting the practice. They said they considered that their privacy was maintained whilst receiving examinations or treatment at the practice. However we saw when the dentist and dental nurses in one of the surgeries stepped out of the room to take X-rays, people in the waiting room could see into the surgery. We raised this with the practice manager and the dentist. They recognised the issue and implemented a way of working which minimised this intrusion until they could put a more permanent solution in place. The provider may find it useful to note, privacy was not always maintained in one surgery when X-rays were being taken.

The practice was situated on the first and second floors meaning that accessibility was restricted to those people who could walk up stairs. The provider had recognised the limited accessibility and had published information stating the practice was on the first and second floors. They also had arrangements in place to offer existing patients the opportunity of attending their other practice located a few miles away as it had easier access for people with restricted mobility. Patients could still see their usual dentist at this practice if requested. This showed the provider had considered patient's needs and made reasonable adjustments to provide continuity of service.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Patients told us that the dentists checked their medical history and any changes to their health before an examination. One person told us, "The dentist checks this each time and asks me how I'm getting on". We checked records of nine people who had recently been seen in the practice. The records showed people were consulted about changes in medical history before their examinations and any changes noted before treatment was decided upon or given. This showed medical histories were reviewed as appropriate.

Patient records showed that treatments were based on full mouth assessments and that dentists checked for good oral health as well as decay. We saw that treatment was only commenced after a full mouth assessment had taken place and how the dentists recorded their checks for gum disease and oral cancer. One patient who was visiting the practice for the first time told us their initial examination was, "The most thorough check up I've ever had". This showed patient's care and treatment was planned and delivered in line with current guidance and in a way that was intended to ensure their safety and welfare.

The dentists we spoke with told us they did not carry out intravenous sedation for dental work in their surgeries. They explained that patients who required this type of treatment were referred to a specialist service as they did not currently have the facilities to support patients needing this type of service.

We saw how dentists were provided with information about best practice from organisations such as the General Dental Council and the National institute of Clinical Excellence. Information was held in their files or had been made available to everyone in the practice either in the practice managers' office or the staff area. This showed the practice was able to offer patients treatments based on the latest recommended practice.

There were arrangements in place to deal with foreseeable emergencies. Records showed, and the dentists and dental nurses we spoke with confirmed, that they had recently completed retraining for first aid, using the oxygen equipment and using the practices defibrillator. The practice had emergency resuscitation equipment for both adults

and children. Oxygen and medicines for the use of in an emergency were available at the practice. We saw records to show that daily checks were completed to ensure the equipment and emergency medication was fit for use and annually by a qualified engineer.

Each day the practice provided emergency treatment appointments for patients with urgent dental needs. The patients we spoke with told us they were able to get appointments at a time which suited them. We saw one person returning to the surgery having had a problem following having seen the dentist earlier. We saw they were seen by the dentist as soon as they were available. This meant people could access treatment when they needed it. The reception staff told us that for accessing out-of-hours treatment for emergencies, an answer phone message detailed how to access emergency treatment in the local area. This information was also available within the surgery.

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 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

There were effective systems in place to reduce the risk and spread of infection. When we visited the practice we spoke with staff about the cleaning routines and infection control training they had undertaken. We saw that the provider employed a cleaner to clean the surgeries each day and the dental nurses cleaned the surgeries after each patient. Practice staff had undertaken relevant training in infection control and demonstrated familiarity with the standards expected. For example they wore appropriate personal protective equipment (PPE), routinely washed or used anti- bacterial gel on their hands when re-entering the surgeries. Staff provided made PPE available to patients such as aprons and safety glasses.

The provider had assessed their facilities at the practice in relating to meeting government essential standards for decontamination in dental practices. A recent self-audit showed that essential standards could be maintained with the current environmental facilities at the practice. We heard that the practice had an action plan for improving facilities. This included the repair of a damaged cupboard area, painting main corridor areas and carrying out general day to day repairs over the next two or three months.

We examined the facilities for cleaning and decontaminating dental instruments. Instruments were cleaned and decontaminated in dedicated hygiene area. We looked at cleaning of instruments for all the surgeries and found there were clear flows from 'dirty' to 'clean.' One of the dental nurses showed us how instruments were decontaminated and sterilised. There were separate hand washing and dental instrument cleaning areas. A separate sink was used during the rinse stage of decontamination when hand washing instruments. The process the nurse described and demonstrated followed the guidance recommended in the Department of Health's HTM 01 – 05 decontamination guidance document for dentists and dental practices.

The nurse showed us how they used an illuminated magnifier to check for any debris or damage throughout the cleaning stages. We saw the practice used non vacuum sterilisers. Once the equipment was placed in date stamped sealed view packs they provided sterility of instruments for twelve months. Equipment checks were carried out during each surgery session and recorded to ensure the equipment was in good working order. This meant

patients could be assured that dental equipment used during examinations and treatment met current hygiene standards.

We read the practice policies and procedures for management of infection control. The provider had a copy of the Department of Health's infection control Code of Practice guidance. This publication is related to the Health and Social Care Act 2008. The practice manager told us provider had used this guidance for use with their own internal audit to ensure they met the required standards. This meant that the staff acted in accordance with current guidance.

We observed how waste items were disposed of and stored. The provider had a current contract with a clinical waste contractor for weekly removal of clinical waste. We saw that the differing types of waste were appropriately segregated at the practice. However the provider may find it useful to note that current storage of clinical waste, whilst secure, did not meet the guidance requirements as it was stored in an area that could not be easily cleaned and was not fully ventilated.

We looked at the consulting rooms where patients were examined and treated. The room and equipment appeared clean. The nurse explained that they had cleaning duties between patients and at the end of treatment sessions. We observed nursing staff cleaning areas between patients. The patients we spoke with told us that the practice appeared clean when they visited for appointments. One person told us, "It always looks clean and tidy here". Whilst another person said, "It's very clean and well looked after here". This showed appropriate infection control procedures took place routinely and patients were happy with the environment they were treated in.

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

In the four staff files we looked at we found that appropriate checks were undertaken before staff began work. In all the files we looked at, we saw how sources of proof of identity for each person had been obtained in support of Disclosure and Barring Service (DBS formerly CRB) checks. We spoke with staff who confirmed that they had not started work with the service until after the provider had received the DBS check and other essential checks for dental service practitioners. We saw that one member of staff, who worked in an administrative role, did not have a DBS check and raised this with the practice manager as guidance from the British Dental Association states it is required. The practice manager told us they would arrange for a DBS check immediately, we saw them preparing the forms for the person concerned.

Staff information records were held securely in the practice manager's office. In one of the files we looked at we saw from a detailed application forms and curriculum vita (CV's) that the applicants recorded a complete work history and where gaps in employment existed these were explained. In other files evidence from the application forms and CV's and copies of training certificates attained before new staff commenced work with the practice demonstrated staff had skills relevant to their post. We saw evidence of the interview process prospective staff went through, for example the questions they were asked. References from previous employers were seen and applicants had provided at least two referees. References seen asked about prospective staff's character, reliability as well as their skills.

In all the files we looked at we saw there were copies of job offer letters as well as contracts and terms and conditions of the post. In the dentist and dental nurses files we looked at we saw evidence of their General Dental Council registration certificates and their continuous professional development records. We also saw copies of certificates relating to training undertaken by staff once employed; for example, Infection Control, First Aid, Health and Safety and Safeguarding vulnerable adults and children. This showed staff were recruited they received the basic training required to ensure a safe working environment was maintained. This ensured that patients were supported by staff with the right skills to maintain a safe environment.

The dental nurses we spoke with told us about their recruitment process as well as how

they were provided with induction training before commencing their job. For example one dental nurse told us how they spent a four weeks undertaking basic induction training and working alongside existing staff. They told us the induction included safe working practices and their responsibilities regarding their new role and how they were mentored by more experienced nurses before supporting dentists alone. This meant that appropriate staff recruitment and induction support processes were in place. This also ensured the practices staff were suitably skilled and knowledgeable about the support they offered.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The provider primarily held patient records on a recognised computer based record system and held very little paper documentation. Previous paper records had been archived appropriately and were stored securely in locked areas of the practice. Information was available in the practice about how patients could access their own patient records.

Patient's personal records including medical records were accurate and fit for purpose. We saw how each patient at the start of a new consultation was asked to complete a form to update their personal details, medical conditions and any changes to their medication. We saw how this information was transferred onto the providers' computer based patient record system and that the forms were held in the patient's paper record system for use at their next appointment.

In all the nine patient records we checked we saw that notes relating to the current days appointment had been recorded and there were records of previous appointments. Where people had received treatment we saw copies of their treatment plans in their records as well as copies they had been given. Where patients had X-rays taken of their teeth and gums we saw that the images taken were scanned and placed on their computer record to reduce the risk of them becoming misplaced.

In the electronic and paper records we looked at we saw they had been maintained well and were up to date. Records highlighted risks such as allergies or current medical treatments. Electronic records were regularly backed up throughout the day to prevent records from being deleted. Records indicated how people liked to be reminded about appointments, for example by text messages or phone calls. The patients we spoke with told us they received reminders about appointments in the way they chose. This showed that the provider took steps to ensure information about people remained current.

Records were kept securely and could be located promptly when needed. Prescription pads were held securely in the practice managers' office and were not pre-signed. Where paper records were needed we saw that patient paper records were stored in a secure area of the practice to protect confidentiality. The electronic patient records on the providers' computer system were password protected to ensure information was held

securely. Computer screens used by staff faced away from the public to prevent breaches of confidentiality. Where this was not possible in one practice the screen only showed the current patients details. We spoke with the dentist and they explained that where the dental nurses took instruction from them, they checked and completed electronic records after seeing individual patients. This ensured that records were up to date and reflected the treatment provided.

We saw records which showed emergency response equipment and medication were checked daily. We saw the cleaner used a recognised colour coded cleaning system and records relating to the hygiene and maintenance of each consulting room were updated daily. Other records ensuring the safe disposal of waste, use of sharp objects such as needles were maintained in line with the provider's policies.

We saw certificates showing that the X-ray equipment had been checked and certified as safe for use. Checks and certificates we saw showed water supplies to medical equipment met current safety guidance standards. Records of accidents were recorded in accordance with the provider's policy and were routinely checked by the dentists. This showed that records of the day to day management of the practice were routinely maintained.

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.

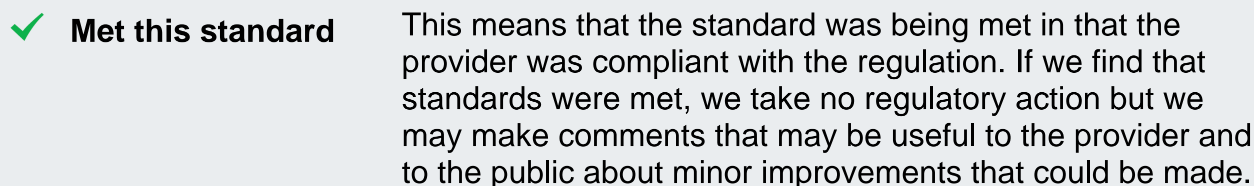
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

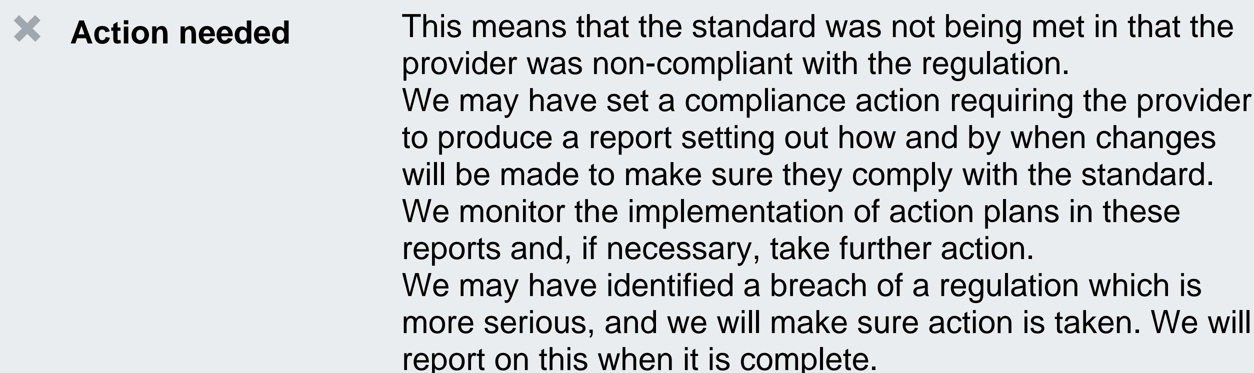
The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.



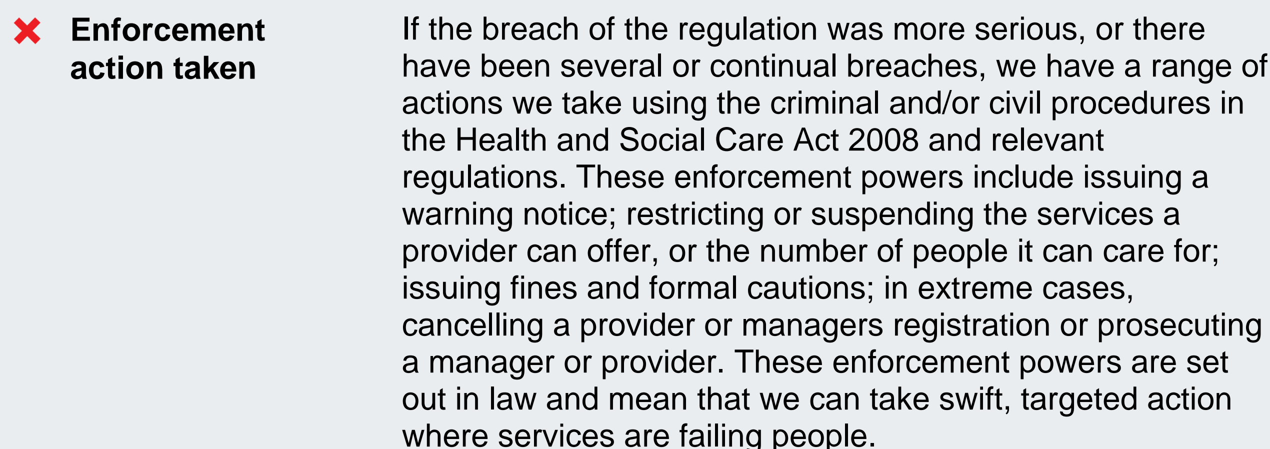
Met this standard

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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