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 - Williton

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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
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	Stoneleigh House Dental Practice is registered to provide Primary Dental Care for people who require dental procedures. The practice offers an NHS service as well as private treatment. The practice is situated in Williton near 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'.

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 21 January 2014, 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.

What people told us and what we found

There were two dentists providing services to patients on the day of our inspection; one other surgery room was not in use that day. Each dentist was supported by a dedicated dental nurse and patients were welcomed to their appointments by a receptionist and the practice manager. There was a dedicated decontamination room nurse each day with support from other staff if required; the provider and practice manager provided management support.

We spent six hours in the practice and looked at the way the practice provided its services, focussing on five key areas. We found the provider ensured their services were safe and were delivered by a caring, responsive and effective staff team. The practice manager ensured the practice was well led through careful monitoring of a team of qualified and experienced staff.

The patients we spoke with told us, "They recognised my anxieties and helped me relax," whilst another said, "The staff here are excellent, they explain everything fully and keep me informed." Patients told us the dental team kept them informed about the treatment they needed and involved them in decision making. Where a choice of treatment was available we heard from patients how they made choices based on comprehensive information provided.

We saw treatment was provided following a full mouth assessment which included checks for decay, gum disease and oral cancer. One patient told us their examination was, "Thorough and comprehensive." 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. This showed people's care, treatment and safety was ensured.

Cleanliness and infection control was routinely carried out in accordance with current guidance. Records relating to the management of the practice were complete, up to date

and monitored regularly. Patient records were up to date, indicated any medical alerts or allergies 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 Stoneleigh House Dental Practice first inspection since registering with CQC. We spoke with six patients who used the service and who had agreed to discuss their experiences of the service with us. We also spoke with the provider, practice manager, receptionist and the two dental teams providing services throughout our inspection.

Patients who used the service were given appropriate information and support regarding their care or treatment. Patients spoke positively about the treatment provided and told us they were satisfied with the information provided at the practice. They said they received treatment that was explained clearly to them by the dentists. One person told us, "I'm given information from check-up through to the last day of my treatment. I always know what to expect."

Patients told us they had signed a document at the practice at the time of treatment to indicate their consent to the planned treatment. During our inspection we viewed eight patients' records, these included treatment plan records which showed dentists discussed treatment options. 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, "They gave me clear information about managing my oral health." Another patient told us, "There are leaflets in the waiting room which tell me about how to care for my teeth and gums as well as the cost of treatment." This showed people had access to information relevant to their oral care needs.

Patients 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 involved including the number of visits required. We saw copies of their treatment plans and heard patients being offered appointments at times which suited them. We saw information displayed in the practice that detailed the NHS charging bands and costs for private treatment. The providers' page on the NHS

Choices web site detailed accessibility to the practice for people with disabilities and other facilities available in the practice.

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 patient satisfaction survey forms were displayed in the waiting room. The results of completed forms we saw were positive and made suggestions for improvements. Examples of comments were; "Staff are friendly and helpful," and "The dentist was excellent." We looked at the NHS Choices website for the dental centre and saw the practice manager responded to all comments made. This showed that the provider listened and responded to the views of people about the service.

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. People we spoke with told us 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 which would also benefit other patients.

We asked patients if they had ever overheard confidential patient conversations when waiting for, or when receiving treatment. Patients told us they had not overheard private conversations when visiting the practice. They said they considered their privacy was maintained whilst receiving examinations or treatment at the practice as doors were closed and appointments were not interrupted.

The practice was situated at street level and close to a main bus route meaning accessibility was easy for the majority of patients. The provider had recognised the limited accessibility for some patients and had planned minor improvements to support people who found access difficult. The provider had arrangements in place to offer existing patients from another of their practices to attend this practice as it had easier access for people with restricted mobility. Patients could still see their usual dentist at that 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 routinely checked their medical history and any changes to their health at check-up appointments and before treatment. We checked records of eight people who had been seen in the practice during our inspection or recently. The records showed patients were consulted about changes to their medical history before their examinations and any changes were noted before treatment commenced. This showed treatment was provided based on latest patient knowledge.

Patient records showed that treatments were based on the patient's need. Full mouth assessments were completed which resulted in a diagnosis. Treatment options and advice were provided and the dentists checked for good oral health as well as decay. One patient who was visiting the practice told us their examination was, "Thorough and comprehensive." 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.

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. This meant people could access treatment when they needed it. The reception staff told us an answer phone message explained how patients could access out-of-hours treatment for emergencies, in the local area. This information was also available within the practice and on their NHS website.

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 the provider did not provide this 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(NICE). Information was held in their files or had been made available to everyone in the practice from the practice manager. 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, they had completed their annual training updates for first aid, using the oxygen equipment and using the practice's defibrillator. The practice had emergency resuscitation equipment for both adults and children. Oxygen and medicines for use 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. However, we saw some syringe and needle packs had passed their recommended use by date. We spoke with the practice manager about this and they arranged for immediate replacements and updated their checklist to include syringe pack checks. This meant there were arrangements in place to deal with foreseeable emergencies.

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. The provider told us they employed a cleaner to clean the surgeries each day and we saw the dental nurses cleaned the surgeries after each patient, which was routine practice. 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) and routinely washed their hands when re-entering the surgeries. Staff made PPE available to patients such as aprons and safety glasses.

We looked at the consulting rooms where patients were examined and treated. The rooms and equipment appeared clean and were clutter free. The nurses explained 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 they saw the nurses cleaning the surgery equipment at the end of their appointment. They told us the waiting room and other public areas appeared clean when they visited for their appointments. This showed appropriate infection control procedures were in place and patients were happy with the environment they were treated in.

The provider had assessed their facilities at the practice in relating to meeting government essential standards for decontamination in dental practices. A recent audit showed essential standards could be maintained with the current environmental facilities at the practice. The practice had an action plan for improving facilities. This included painting main corridor areas, repairing one of the chairs used by staff in surgery two and carrying out general day to day repairs such as resealing wall to surface edges over the next three months.

We examined the facilities for cleaning and decontaminating dental instruments. We saw instruments were cleaned and decontaminated in dedicated hygiene areas. There were clear flows from 'dirty' to 'clean' with separate entrance and exit doors and separate hand washing facilities. One of the dental nurses showed us how instruments were decontaminated and sterilised. Instruments were kept moist prior to washing which is good

practice. A separate sink was used during the rinse stage of decontamination when hand washing instruments. The process the nurse described and demonstrated followed the current guidance recommended in the Department of Health's HTM 01 – 05, 2013 guidance document for dentists and dental practices. This meant patients could be reassured their treatment was provided using clean equipment.

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 standard surface mounted sterilisers. Once cleaned the equipment was placed in date stamped sealed view packs which provided sterility of instruments for twelve months. Equipment checks were carried out during each surgery session 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 the 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 regular removal of clinical waste. The waste storage bin was secure and outside the rear of the premises. We saw the differing types of waste were appropriately segregated at the practice. However the provider may like to note, a waste bin in the decontamination room used for paper towels contained used PPE gloves and did not have a lid.

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

The patients we spoke with made positive comments about all the staff employed in the practice. They told us they felt safe due to the skilled and professional manner of the staff and valued by the way staff respected and reassured them.

There were effective recruitment and selection processes in place. The provider undertook checks before staff began work and followed their recruitment policy. In the five staff files we checked we saw recruitment checks for the dentists, which included those for the disclosure and barring service (DBS) as well as two references. General Dental Council (GDC) registration and registration numbers were recorded for all dentists, hygienists and dental nurses. These were also published on the providers NHS Choices website which meant patients could check staff registration information. We spoke with the practice manager about DBS checks for dental nurses and the receptionist as we had spoken with them about this requirement when inspecting one of their other practices. They told us these had been applied for but had been rejected as the wrong forms had been used. New forms had been completed and the checks were now underway. This showed the provider had taken appropriate action to ensure staff were appropriately employed.

We saw application forms or CV's which explained staff employment histories and qualifications. There were documents showing the interview questions staff were asked before being employed. Professional indemnity for all dentists, nurses and therapists was also in place. Identification and other documents indicated individuals' legal entitlement to work in the UK where the person was from overseas and included UK Border Agency documentation. This showed appropriate recruitment checks took place.

In 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 innoculation checks and certificates relating to training undertaken by staff; for example, infection control, first aid, health and safety and safeguarding vulnerable adults and children. This showed once 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 safe care and treatment.

We spoke with the dental nurses; they 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 four weeks undertaking basic induction training and working alongside existing staff. They told us the induction included safe working practices and their responsibilities within the practice; hygiene and infection control and basic first aid. They explained 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

Patient records we held mainly on the provider's recognised computer based record system. There was very little paper documentation held in the practice. Previous paper records had been archived appropriately and were stored securely. Information was available in the practice about how patients could access their own patient records.

Patient's personal records were accurate and fit for purpose. We looked at eight computer based records; they had been well maintained and were up to date. Records highlighted risks such as allergies or current medical treatments. The provider told us 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 email, or text messages. Patients told us they received reminders about appointments in the way they chose. This showed that the provider took steps to ensure patient information was current, well maintained and appointments kept.

We heard how the practice's receptionist and dental team checked patient's personal information to ensure it was accurately recorded. They told us they updated records as required. Medical history information was checked with patients at recall appointments or before treatment; patients signed a document to indicate this check. In all the records we looked at we saw how medical alerts were highlighted to ensure dentists were aware of any concerns. For example, where a patient was allergic to certain antibiotics or had a diagnosed heart disease, this was indicated on their file.

Records indicated that where an X-ray was required a radiographic justification record was made in the patient's record. This ensured patients did not receive unnecessary exposure to X-rays. We saw soft tissue examinations were recorded as well as risk assessments for caries, gum disease and oral cancer. Basic periodontal examinations were recorded for all patients and these were one of the indicators used by the dentist to determine future appointments. Records showed that recall appointments were based on risk assessment and need and not just for standard annual or six monthly check-ups.

We saw records were kept securely and could be located promptly when needed. Prescription pads were held securely in a locked area of the practice and were not pre-

signed, which was good practice. 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 provider's computer system were password protected to ensure patient information remained confidential. Computer screens used by staff faced away from the public to prevent breaches of confidentiality whilst enabling the dental team to update records immediately. This ensured that records were up to date and reflected the treatment provided.

We saw records were kept in regard to maintaining safety in the dental practice. These included recording regular emergency response equipment checks. Records relating to the hygiene and maintenance of the practice were also routinely updated. Other records showed the safe disposal of waste, use of sharp objects such as needles and stock control were maintained in line with the provider's policies. We saw records that showed fire alarms and fire extinguishers were checked regularly. Records relating to staff recruitment were less well organised and information such as references, training certificates and application forms were not in one location. The provider may like to note that staff records were difficult to audit because of the way they were stored.

Certificates showed water supplies to medical equipment met current safety guidance standards; daily and weekly checks were also recorded. Records of accidents were recorded in accordance with the provider's policy and were routinely checked by the provider; actions taken to avoid repeat incidents were recorded. Records of complaints and the actions taken were also maintained by the provider. This showed the records of day to day management of the practice were routinely maintained and patients benefited from a well-run practice with effective recording systems.

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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