

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

New Road Dental Practice

10 New Road, Saffron Walden, CB10 1LP

Tel: 01799521265

Date of Inspection: 09 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Simon Beckwith
Overview of the service	New Road Dental Practice provides private and independently funded dental treatment for adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

When we inspected New Road Dental Practice on 09 January 2014 we found that people were provided with information about their treatment and they were asked for their consent. One person told us, "They are very good, very informative. I was given a temporary filling and lots of information about the two options to deal with my problem." Another person said, "I can ask lots of questions and [the dentist] always has time to talk it through."

People's needs were assessed and treatment was planned and delivered in line with those individual needs. This included an assessment of people's general health, their medical history and the use of photographs and x-rays where appropriate. One person told us, "I always get asked about my medical history at each visit." Another person said, "[The dentist] shows me a blow-up photograph of my teeth [on a screen in the surgery] so I know precisely what I need."

The practice operated a decontamination cycle in accordance with Department of Health instructions on decontamination. There was also a recently updated infection control policy in place that staff had read and understood.

Staff were supported to deliver safe treatment through appropriate training and an effective appraisal system.

The provider had an effective system of governance in place that protected people from unsafe practice. This system involved the efficient management of practice policies and procedures and a range of audits.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When we inspected New Road Dental Practice on 09 January 2014 we found that people were provided with information about their treatment and they were asked for their consent.

The provider had a policy on consent which had been updated in March 2013. We saw that all of the staff had signed the consent policy on various dates through 2013 to indicate that they had read and understood it. We noted that consent processes had been discussed at a staff meeting in June 2013. Staff told us they understood the policy on consent, including the arrangements for obtaining consent from children or people who might have limited capacity.

We spoke with the principal dentist and the practice manager and they explained their general approach to consent. They told us that they always ensured people had sufficient information to make a decision about the treatments they required. They said this included a full explanation at the time of the examination about the treatment options, the costs and the risks and benefits. We noted that there was also information about different types of treatment available in leaflet form in the reception.

We found that people understood their treatment options and that they were given time to consider what was the right treatment for them. We asked people who were visiting the practice about the information they were given to help them to understand their treatment. One person replied, "They are very good, very informative. I was given a temporary filling and lots of information about the two options to deal with my problem." Another person told us, "I can ask lots of questions and [the dentist] always has time to talk it through."

We looked at the computerised records of people who were visiting the practice on the day of our inspection. We saw that the information provided to people had also been recorded on their notes together with a clear statement showing they had agreed to proceed with the treatment. People had also signed a written treatment plan to indicate their agreement

to the treatment and the cost involved.

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

Our judgement

The provider was meeting this standard.

Treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We found that the layout and environment of the practice promoted the provision of personalised treatment. For example, the reception area was separated from the waiting area. This meant the receptionist was able to speak confidentially to people before and after their examination. We also noted that there was a specific entrance that enabled access to the practice for people who used wheelchairs.

People's needs were assessed and treatment was planned and delivered in line with those individual needs. The principal dentist explained the treatment pathway experienced by people they treated. This began with an examination that included an assessment of people's general health and their declared medical history which was updated at every visit. The provider also took photographs and x-rays where appropriate. One person told us, "I always get asked about my medical history at each visit." Another person said, "[The dentist] shows me a blow-up photograph of my teeth [on a screen in the surgery] so I know precisely what I need."

We looked at people's records which confirmed that a detailed assessment of their dental needs had been carried out and recorded. They also contained treatment plans that reflected people's individual needs.

We noted that people were given the opportunity to discuss their long-term dental health with the dentist. One person told us, "[The dentist] is very good with preventative advice." We noted that such advice had also been recorded on people's notes.

We found that there were arrangements in place to deal with medical emergencies. All of the staff undertook annual training in cardio-pulmonary resuscitation and the use of an automatic external defibrillator (AED). Emergency oxygen, medicines and an AED were accessible and were checked monthly by the practice manager.

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 treated in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection with the practice manager being the designated lead for infection control. The practice had an infection control policy that had been updated in March 2013. This had been signed by staff at various dates since that date to indicate they had read and understood it. One staff member told us, "We take infection control very seriously and we are all responsible for it."

We saw that the practice operated a single, dedicated, decontamination room. The room contained two zones which were clearly marked as 'dirty' and 'clean' areas. A staff member demonstrated the instrument decontamination procedure followed in the practice. This procedure began and ended with the safe transport of instruments to and from the decontamination point. The process included a manual scrub, an automatic clean with a washer-disinfector and a visual examination. The process was completed with a high temperature sterilisation cycle using machinery that was properly maintained and audited.

The cycle was repeated several times throughout each day depending on the number of people seen by the dentists and the number of instruments used. The decontamination cycle and the packaging and storage of instruments were in accordance with Department of Health instructions on decontamination.

We noted that the physical environment was clean and that there were arrangements in place for the safe disposal of clinical waste. People's perception of the practice was one of a clean and safe environment where staff worked hygienically. One person told us, "It's scrupulously clean. They always wear gloves, masks and glasses."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were treated by staff who were supported to deliver such treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development that was relevant to their role. We saw certificates that showed that the dentists and the dental nurses undertook continuing professional development (CPD) that ensured they maintained their professional registration.

We saw that such CPD events took various forms. This included professional updates through the use of journals as well as more formal training arranged through the education units at two local hospitals. The practice also made in-house training available which was provided by the independent dental organisation with whom they were associated.

We saw that there was a yearly schedule of training maintained by the practice manager. For example, we noted that radiography training had been booked for February 2014 and safeguarding training for March 2014. We noted that training in key subjects was also made available for all non-clinical staff as well as those who were clinically qualified.

All staff received a formal annual appraisal. We saw staff records which showed that appraisals were objective driven and focused on performance and personal development. The staff records also showed that team meetings were held every month when issues that affected the practice were communicated to and discussed with the staff team. We noted that staff members took it in turns to chair the meetings. This promoted their leadership skills and improved their knowledge of the way the practice was run. Staff members we spoke with told us they felt valued and supported by the provider.

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

The provider had an effective system of governance in place. This ensured they could monitor the quality of service people received and identify, assess and manage risks to people's health, safety and welfare. The practice manager was responsible for co-ordinating activity within the governance system. They ensured that policies were updated and communicated to staff. For example, we noted that the practice policies had been updated on various dates throughout 2013 and that staff had signed to indicate they had read and understood them.

The practice manager was also responsible for ensuring that staff training and CPD was scheduled. They maintained records of CPD so that the provider could take an overview of staff training and skills at any given time.

We saw that appropriate audits were carried out throughout the practice. For example, we noted that an infection control audit had been carried out in December 2013 using a self-assessment tool based on Department of Health guidance. Another audit was due to be carried out in May 2014. Information that assisted in this audit was taken from daily and weekly checks of the infection control practices and decontamination equipment. Such checks were recorded on a wall-chart which made them easy to collate and review.

The provider had an effective complaints system and took account of comments made in order to improve the practice. For example, we noted that a complaint about machinery noise had resulted in some modifications being made to a compressor in one of the treatment rooms.

The provider sought feedback from people who were using the service by means of a suggestions box in the reception area. People we spoke with told us they had not been formally asked for feedback but were aware of the suggestions box and would use it to make any suggestions if they felt it appropriate. We noted that comments received through the suggestions box were overwhelmingly positive. The provider explained that the system had recently identified an issue in relation to the efficient use of appointment slots. As a result, they had just begun to send text reminders to people of their appointments and to

call people who had lengthy appointments to ensure they were not missed.

We noted that the record of the staff meeting of September 2013 showed that staff had been asked for their feedback about the practice web-site. Potential improvements had been suggested and discussed. This showed that the provider was responsive to the views of staff as well as to those of people who were using the service.

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

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
