

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

Beechcroft Dental Practice

32 Station Road, Wokingham, RG40 2AE

Tel: 01189783815

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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	Beechcroft Dental Practice
Registered Manager	Mr. Christiaan Miles
Overview of the service	Beechcroft Dental Practice in Wokingham provides general restorative and preventative treatments to private patients. The practice also employs specialists in periodontal treatment, implantation and oral surgery.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with four patients who had received treatment on the day of our inspection. People commented "I am entirely happy with the excellent service provided" and "I cannot recommend my dentist highly enough, superb treatment. The staff here are very kind" They told us they were confident in the professionalism of the staff. One person told us "The dentist always explains what needs to be done and the cost of any treatment. They said "there are no hidden charges".

We found the provider met the outcomes we inspected and had systems in place to monitor their compliance We saw consent was sought from people appropriately before treatment began. Clear information was provided to people about treatment options and the various costs involved. People's medical and dental health needs were accurately documented. The practice was clean and hygienic and followed appropriate infection control procedures. Staff felt well supported by management and were offered appropriate training.

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 care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Patients told us the dentist carried out a detailed examination of their oral and dental health which sometimes included taking X rays. They said the dentist explained all the possible options and the risks and benefits of various treatments before drawing up a treatment plan. Patients told us they were always given a copy of the treatment plan along with the costs involved. People told us they had been asked to sign consent forms for complex treatments including bridges, crowns and implantations. Staff were aware patients had the right to refuse treatment and could withdraw consent after it had been given.

We saw from the records that consent was sought in writing for various treatments and a record was kept on file. If cosmetic dentistry was being offered people were offered appropriate choices and were provided with a written estimate of the cost before any treatment began.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was routinely sought from the child's parent or guardian before treatment began. All of the staff had received appropriate training in safeguarding children and vulnerable adults and the service had a dentist who took the lead in such matters.

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

We looked at the practices on-line website. We saw information was provided about the services on offer, approximate costs of treatments and the experience and qualifications of the staff team. The website gave information about the practices opening times and how to contact the practice during business hours and in an emergency.

We observed the receptionists greeting people as they arrived for their appointments and dealing with phone enquiries. We observed that appointment times were discussed and arranged to suit patient's individual lifestyles and work commitments. The surgery was open until 7pm on a Wednesday for people requiring out of working hour appointments.

We spent time with the practice manager and a senior dentist who demonstrated the patient's computerised appointment and record system. We were told the surgery had an out of hours phone system that diverted calls to the on-call dentist, in cases of emergency.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw from the records of five people who attended for treatment or routine examination that they were asked about their dental and medical history. Detailed records were kept in hard copy and on-line. People were asked if their health or medication had changed since their last appointment in order to up-date their records. If necessary patients would be referred back to their GP before complex treatment commenced. Information about complex treatments was provided in writing along with the proposed cost of treatment.

Questions and explanations of treatments were discussed with children in an appropriate and child-friendly manner. People told us this included providing diagrams and intra-oral photographs.

There were arrangements in place to deal with foreseeable emergencies. Staff told us they had been trained to deal with medical emergencies and there was guidance and protocols for staff to follow. Resuscitation equipment and drugs were available on site.

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. We were told the practice was thoroughly cleaned on a daily basis and the dental nurses were responsible for cleaning the surgeries between patients. The dental chair, all surfaces and equipment were cleaned between patients.

We were shown how instruments that required decontamination were processed. Instruments and equipment were taken to the decontamination area where clean and dirty instruments did not come into contact with one another. Instruments were scrubbed and immersed in enzyme cleaners before being cleaned manually and inspected under a magnifying glass. The instruments were then bagged and labelled before being sterilised in an autoclave. The instruments were then removed from the autoclave, labelled, dated and put onto treatment trays. The service was compliant with the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

The service carried out regular infection control audits to ensure appropriate standards of hygiene were being met by the practice. The results of the most recent audits undertaken in March and November 2012 were seen.

Staff wore protective equipment whilst they carried out treatment which included a clean laundered uniform, gloves, masks, eye protection and aprons. Staff changed out of their uniform before they left the building to avoid cross infection.

Clinical waste including amalgam and sharps boxes were removed from the premises by a recognised waste contractor.

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 cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The practice had two trainee nurses who attended college regularly and were also receiving on-the-job training in the practice. We saw files that contained details and certificates of training which had been undertaken by staff. We spoke with the dental nurses who told us they had the opportunity to keep up to date with training and felt well supported by the practice.

We saw that the four qualified dental nurses undertook 150 hours of training over a five year period, 50 hours of which was verified by their registering authority, in order to maintain their registration. The training included topics such as law and ethics, radiation, medical emergencies, safeguarding, infection control and decontamination.

We saw the dentists' training portfolios. Dentists had completed 250 hours of training in 5 years, 75 hours of which was verified, in order to keep informed about new developments in the field of dentistry.

All staff had received training in the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards in 2012. They had also received training in safeguarding children and vulnerable adults, resuscitation including defibrillation and infection control in the past year.

We saw the minutes of staff meetings which had been held monthly. Staff met to discuss new policies and procedures. Staff told us they felt well supported by management and had the opportunity to feel involved in the way the service was delivered. The dentists and nurses had been appraised annually and were regularly observed in practice.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the practice had a quality assurance system in place and staff took a pro-active role in seeking feedback from patients about their experiences. A patient's survey was carried out in June 2012 and there were 100 responses. Feedback was very positive about the care and attention shown to patients. The results showed that 97% of patients rated the service good or very good.

We saw the practice had a complaints procedure in place. All complaints were investigated fully by senior management and a written response provided to the complainant. People we spoke with, told us they felt confident in raising any issues or concerns with the practice. However, none had actually made a complaint.

We saw the service kept a record of all accidents and incidents at the practice. Management audited the records regularly to identify ways of reducing the risk of recurrence. Appropriate risk assessments were in place regarding, the premises, equipment, hazardous substances and general risks to staff and people using the service. An audit was undertaken by management regularly on the quality of all the records kept at the practice.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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