

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

Woodbury Dental and Laser Clinic

149 High Street, Tenterden, TN30 6JS

Date of Inspection: 18 July 2013

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
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr Vasant Vadgama
Overview of the service	Woodbury dental and laser clinic provides general dentistry and reconstructive dentistry to adults and children. The clinic treats private patients only.
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
<hr/>	
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	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 18 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three patients. All were very pleased with the quality of care they received. One patient was, "totally satisfied" and felt that "... respects confidentiality". Others comments included, "options are always discussed", "... will give you options and a recommendation" and (of the principal dentist) "...enthusiasm for teeth is unchanged".

Patients said they were treated with dignity and respect. We saw there were steps in place to protect their confidentiality.

Patients said their treatment plans were always explained and discussed with them, including choices about treatment and costs.

We found that there were effective systems in place to reduce the risk and spread of infection.

There were measures in place to monitor and improve the quality of service.

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 and dignity were respected.

Reasons for our judgement

There was a range of patient leaflets that gave information relating to the prevention and treatment of dental conditions. These included advice about keeping gums and teeth healthy and about the effect of diet on teeth. We heard a staff member giving advice to a patient on how to use some oral hygiene equipment.

The practice responded to patients' needs. There was system to notify patients that their next appointment was due. This had been by text message or e-mail as appropriate and was sent out as a "batch" at the beginning of each month. For some patients this meant they might go seven months without being notified of the need for an appointment and this concerned them. The notification system was changed so that the reminder messages now go out daily one calendar month before the appointment is due.

We saw that patient records contained a treatment plan and that the plans had been signed by the patient. The plan showed the proposed dental work, the number of visits required and the total cost of the treatment. The treatment was set out in detail and in stages so that the patient could plan for the time and costs involved.

Although patients in the waiting room could hear staff on the reception desk those staff were careful not to repeat confidential information. The appointment system ensured that there was rarely more than one patient waiting at any one time.

The practice was moving towards a fully computerised record system although there were still older paper records. The computer records were secure and password protected. The paper records were held in a secure way so that only authorised people could access them. The dentist obtained permission for the retention of confidential information. For example during a one consultation a photograph was taken. We heard the dentist explain why it had been done and ask, "Do you mind if I put this on the file". The patient agreed.

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 patient's safety and welfare. Patients said that their medical history was discussed at every visit. We saw that on arrival patients were asked to fill in a medical history questionnaire. On the electronic patient record there was a "red flag" on the front page to notify staff about problems such as allergies.

We observed a patient receiving treatment. The dentist discussed any changes to the patient's medical history before any treatment. The dentist and the patient discussed in detail the treatment and the options. The patient could see a large television screen. The dentist displayed some x-rays of previous work and explained how the healing process was progressing.

At each stage the dentist explained the processes that were being undertaken and the reasons for them. At the conclusion the patient used a mirror and dentist talked through the work that had been done as the patient examined it. The dentist gave advice about effective dental hygiene and its importance. We saw that the records reflected the work that had been done. The work was in line with the treatment plan which the patient had agreed.

There were arrangements in place to deal with foreseeable emergencies. There were emergency treatment arrangements including emergency medication and access to medical oxygen. Staff had received training in responding to emergencies.

The practice had an arrangement so that a complete mobile dental clinic would be provided within 48 hours on the site in the event of a catastrophic event such as major fire. The computer records were backed up on two separate servers installed in different locations making it highly unlikely that both would be affected by the same event.

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.

Reasons for our judgement

The service had procedures for cleaning and decontamination, which followed national guidance on infection Prevention Control (IPC). Equipment was cleaned and sterilised in an appropriate environment. Patients told us they always found the practice clean and had no concerns over cleanliness or infection control. There was information available to patients using the service, and visitors, about the control of infection.

Most clinical staff had had comprehensive training in infection control. One member of staff, who was new, had had some training and more was planned.

The practice had a designated sterilisation area, this was newly installed. There was a system to ensure that reusable items of equipment were only used for one patient before being reprocessed by being decontaminated and sterilised. There were "dirty" and "clean" cupboards that could be accessed from the treatment room and the sterilisation area. This meant that equipment could move through the dirty and clean process without being transported around the practice. This reduced the risk of cross contamination. This system only applied to one treatment room at the time of the visit but it was being extended to both treatment rooms.

We saw dental nurses cleaning instruments. The instruments were thoroughly hand washed and inspected for any debris. We saw that equipment was sterilised in an autoclave (a device used to sterilize equipment by subjecting it to high pressure saturated steam). Nurses were careful to change gloves when moving between clean and dirty procedures. A second examination took place after the instruments had been sterilised. The provider might find it useful to note that the table mounted magnifying glass which would have assisted in the visual examination had not been installed in the new sterilisation area.

There was a system for safely handling, storing and disposing of clinical waste so that it was unlikely to result in cross contamination.

Staff followed good hygiene practices. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable gloves, aprons and face masks. There were hand cleaning gel dispensers at frequent

points in the service. We saw that pedal or knee operated bins were in place throughout the service which reduced the risk of cross contamination. There were disposable covers in use in the treatment rooms to prevent equipment such as computer keyboards from harbouring infection.

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. Dentists, hygienists and dental nurses were required to comply with specific continuing professional development (CPD) or training requirements to maintain registration to practice with the General Dental Council (GDC). All the staff had completed this training, which is in five year cycles. Areas where CPD had been completed included, health and safety, medical emergencies, radiography, safe waste disposal and IPC.

Staff were able, from time to time, to obtain further relevant qualifications. We saw that a staff member had been sponsored, by the provider, to undertake a dental nurse training course. The provider had paid for the course and allowed paid time off for its completion. There was a contract between the provider and employee to support this.

There was no formal system of regular supervision meetings between dentists and nurses, however the nurses work under the direct supervision of their respective dentists. Nursing staff told us that they felt supported in their work. We were told of examples where dentists had given supervision and advice, such as on infection control. All new staff went through an induction process and we saw that records had been kept of this.

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

Patients told us that they were asked their views about the service and some were asked to complete a patient feedback forms. Not many patients completed questionnaires though the responses very almost invariable positive.

However we did see that the practice responded to patients' views. For example there was the introduction of a staggered lunch break for staff so that the reception was continuously staffed. Others included changing the content of the television programmes in the waiting from dental advice to a variety of sports and changing the type of magazines available in the waiting room.

The provider sought staff views. There were regular staff meetings. These involved clinical and non-clinical staff. The minutes were signed by those participating. Subjects that were discussed included training, updating on new treatments and the need for new non-clinical staff to spend time observing in the treatment rooms.

We saw that there was a record of identified risks and issues with action plans in place where needed. We were shown examples of audits. One concerned x-rays, we saw that it was undertaken in company with a supplier who monitored dosage remotely. As a result of the audit there had been three refinements of the software that was used to manage the machinery. We saw that contracts for clinical waste had been reviewed.

The management structure for decision making and accountability provided guidance for staff. The provider had engaged an external consultant to prepare and produce a staff handbook which supported this accountability. Staff were aware of how to raise concerns and confident their concerns would be listened to.

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.
