Inspection Report

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

Mayfield Dental Centre

High Street, Mayfield, TN20 6AW

Date of Inspection: 12 June 2013 Date of Publication: 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Timothy Glynn
Overview of the service	Mayfield Dental Centre is a small dental practice situated in the heart of Mayfield village. The practice is located on the ground floor, providing access to disabled persons including spacious adapted toilet facilities. The service provides dental care, treatment and advice, preventative dentistry, cosmetic dentistry, implants and anti-snoring appliances.The team comprises of one dentist, two dental nurses, four hygienists, one practice manager and one receptionist.
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 12 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with the dentist, the practice manager, two dental nurse, one hygienist and four patients who used the service. We consulted records held in the practice.

People told us that they were fully involved in the planning of their treatment. The dentist discussed different options available with people and enabled them to make informed decisions about their care. One patient told us, "The dentist is very patient and always explains everything, he is very informative". The dentist reviewed and updated the care plans at the beginning of each visit. Another patient told us, "I actually enjoy my visits, I can relax and totally trust the team to take good care of my teeth ". Treatment was delivered appropriately in line with patients' care plans.

We saw that the service maintained appropriate standards of cleanliness and hygiene throughout the premises. The practice employed a daily cleaner. Staff told us, "The decontamination process is followed throughout the day and taken very seriously". One person who used the service told us, "The practice always looks so clean and smells fresh".

Audits were carried out to identify how the service could improve. We found that the service had an effective incident reporting system and a complaint policy with clear procedures.

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 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

People who use the service were given appropriate information and support regarding their care and treatment.

We saw that patients had access to clear information about the practice, the fees and their complaints policy which were on display in the reception area. We spoke with four patients who all said that they were fully involved in the planning of their treatment. The dentist had discussed the advantages and disadvantages of different options available with them and had enabled them to make informed decisions about their treatment. One patient told us, "The dentist is very patient and always explains everything, he is very informative". Another patient told us, "The dentist always talks with me before and during the treatment so that I understand what he does and I have a say, he listens to me". This indicated that the provider enabled patients to participate in making decisions relating to their care and treatment.

We saw that the practice had a portable ramp to facilitate access to the premises for disabled persons. The toilet facilities were fully adapted to accommodate wheelchairs and push chairs. The dentist and hygienist described to us how they ensured older people were made comfortable in the chair with a pillow or blanket, or provided care while patients remained in their wheelchair if they preferred. This meant that the service ensured that care and treatment was provided to patients with due regard to their individual needs.

Patients were provided with a questionnaire inviting them to comment on their care and treatment when they left the premises. We saw that patients returned completed questionnaires in a dedicated box in reception at their next visit. The practice manager was emptying the box regularly and acted on comments and suggestions. The dentist told us that during the initial assessment of patients' needs, they established what they wanted to achieve. For example, some patients preferred the treatment to focus on pain reduction, others on function to enable them to eat, and others on the way their teeth looked. Following an examination, the dentist proposed different options relating to the goals patients wanted to achieve. This indicated that the service took into consideration

the wishes that were important to patients.

We looked at ten patients' records which included care plans that had been agreed. There were entries which confirmed that the dentist had discussed options with them. NHS care and private care, with relevant fees, was discussed and patients' consent was sought before care and treatment began. Informative leaflets about NHS and private care, as well as different courses of treatment and fees and aftercare, were provided at each visit. This demonstrated that the service provided appropriate information and support to patients about their care and treatment.

The dentist told us, "Each patient is involved with their treatment, their choices are presented and I respect their wishes". A patient told us, "We discuss my treatment in the privacy of the surgery, and I have time to consider my options before we go ahead with anything". This indicated that the service ensured that the environment allowed privacy in which the support needs of patients were met.

We saw that computerised records were protected with a security and back-up system to respect confidentiality.
Patients' records in hard copy format were stored securely. This indicated that the need to maintain confidentiality was taken into account by the 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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We spoke with the dentist who explained each step of the process involved when people first came to the service. The dentist described how people's needs were assessed to reflect their wishes and how care plans were written. We looked at ten sets of clinical records. All included details of people's allergies, a summary of their medical history and current medication, a clear assessment of needs and a treatment plan to meet these needs.

We saw that treatment plans had been discussed with people who used the service and their consent was recorded before the care and treatment had begun. There were records of suggestions made and discussed. The dentist and hygienists reviewed the care plans at the beginning of each visit to check whether anything had changed, and updated the care plans accordingly. We saw correspondence where the dentists had outlined all options for the patients to consider, summarising their assessment and their proposed plans of action. We followed two cases where the dentists had referred patients to specialised consultants appropriately for othodontal treatment to a satisfactory outcome. This indicated that the service assessed people's needs, planned and delivered care and treatment in such a way as to meet the identified needs.

We spoke with four patients who were treated at the practice. All told us that they were satisfied with the care they had received. One patient told us, "I have been going there for years, but since the dentist has taken over the practice last June, it got even better.". Another patient told us, "I have needed complex work done, and I could not be happier with the way the treatment went".

We saw recommendations for regular oral hygiene techniques in some patients' care plans. Some patients were referred to an informative website about diet and healthy lifestyle which showed the effect of a sugary diet on teeth. Some patients were provided with a diet sheet and the dentist discussed healthy lifestyle alternatives with them to promote oral health. We saw that children were provided with themed games to encourage them to brush their teeth and maintain good tooth brushing routines. The practice was

involved in the community, visiting schools to provide information and promote good oral health. This indicated that the practice encouraged the prevention and early detection of ill health wherever factors presented a risk to patients' health and welfare.

The service had procedures in place for dealing with emergencies. We found that the provider had a business continuity policy and disaster recovery strategy plan. This addressed the steps that were to be taken in case of fire, flooding, equipment, heating or electrical failure, pandemic, and staff illness. The practice had dealt with a recent water supply failure due to road works and had ensured patients' care was not compromised. We saw that there were clear evacuation plans for people to follow and that all staff practised regular fire drills. We noted that smoke detectors were in every room and that fire protection equipment was in place and regularly serviced. Training records indicated that all staff were appropriately trained in fire emergency response.

We saw training records that indicated that staff had been trained in dealing with medical emergencies. This included resuscitation and basic life support for adults and children. There were oxygen, a first aid kit, and an emergency drugs kit clearly accessible to staff. We saw records indicating the drugs were checked weekly and replaced before they were outdated. An emergency cord was situated in the toilet facilities. There was a collapse routine diagram in evidence to remind staff of the steps to follow for resuscitation.

The dentist and practice manager told us that they had a system in place to call on part-time staff in case of severe weather or staff sickness. However, the practice was able to meet foreseeable emergencies with their permanent staff and four-wheel drive vehicle. They told us that the practice had a reciprocal arrangement with another local dentist although this had not been used to date. There was an emergency contact number for patients to call out of hours if needed, clearly displayed. The dentist told us that people who were in pain were prioritised during the appointment process. Spaces for emergency appointments were planned each day. One person told us, "I have always been seen the same day if I call them first thing and tell them I am in pain". This indicated that the service had procedure in place for dealing 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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found that the practice operated in line with Department of Health guidelines. These guidelines provide primary care dental services with best practice on cleaning processes of medical equipment. The recommended infection control audits were carried out on a daily basis and appropriately recorded. This indicated that the provider had effective systems in place, designed to prevent and control the spread of health care associated infection.

We inspected two surgeries, the reception area, decontamination room, patients' toilet facilities, storage room and office. The practice employed a cleaner daily. We found the premises were cleaned to a high standard and well maintained. The practice manager showed us recent improvement and refurbishment to the premises. One patient we spoke with told us, "The practice always looks so clean and smells fresh". We saw evidence of a cleaning log and rotas which demonstrated that the practice had been cleaned daily. We observed a dental nurse wiping all used surfaces in the surgery after each patient. This indicated that the provider maintained appropriate standards of cleanliness and hygiene in relation to the premises.

Staff we spoke with had a good knowledge of hand hygiene and used full appropriate personal protective equipment. We saw clear notices about hand cleaning techniques displayed in the decontamination room, surgeries, and toilet facilities. We saw records that indicated that all clinical staff had been vaccinated against Hepatitis B. Staff followed good hygiene practices: they wore clean uniforms, washed their hands thoroughly and followed a system to ensure that reusable items of equipment were only used for one patient before being cleaned and sterilised. This included placing instruments in individually sealed pouches after the sterilisation process.

We saw records confirming that all staff had received training in infection control. A dental nurse was the lead for infection control. We observed the nurse following the practice's decontamination routine throughout the day. The dental nurse described each step that was taken after each treatment had taken place in the surgery and in the decontamination area. The dental nurses told us, "The decontamination process is followed as often as possible in the day and taken very seriously". This included removing the instruments that had been used, wiping down all the surfaces, changing gloves and hand washing the

instruments in the first instance. The decontamination process that was followed included washing each instrument again thoroughly, checking them under a magnifier, and placing them in devices used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

We saw that sterilised equipment and used items had been kept separate and that clean items were stored in hygienic conditions to reduce the risk of contamination. We saw records indicating that sterilizing equipment was serviced regularly. This indicated that the provider maintained appropriate standards of cleanliness and hygiene in relation to the equipment and reusable medical devices.

We viewed the practice's disposal of waste procedures and saw that the system was efficient in its recording and auditing. Clinical waste, hygiene waste and dental amalgam waste were separated in line with best practice guidance. The practice used an amalgam separation unit for removal of amalgam and mercury waste from waste water. All wastes emanating from this unit were contained and disposed of securely, in accordance with environmental agency rules and regulations. This confirmed that the practice correctly disposed of hazardous and non-hazardous waste.

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 patients received.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. We saw that the practice held a system of internal audits undertaken by the practice manager to identify how the service could improve. The last audit addressed how the practice complied with Health and Social Care Act 2008 regulations and other legislation in every aspect of the practice. Recent audits were completed addressing the practice's response in medical emergencies, replacement of drugs held on the premises, cleaning rotas, policy updates and results from patient questionnaires. The practice manager was in the process of transferring all audits to a computerised process to maximise efficiency.

We saw evidence that all recommendations for improvements following audits were communicated to the staff at practice meetings. For example we saw that a patient's comment concerned a particular piece of equipment in the surgery that was too small. We found that this has then been discussed during practice meetings and that the piece of equipment had been replaced with a larger one.

The practice manager ensured that all policies were regularly updated. For example, the policy on decontamination was updated with the latest recommendations and the staff was appropriately informed. Practice meetings were held every month and the staff were invited to comment on how the practice was run. The staff were able to include any concerns they may have to the agenda for discussion. Changes to any policies or protocols, infection control, incidents, safeguarding children and vulnerable adults and patient feedback featured at each practice meetings' agenda. This means that the practice identified, monitored and managed risks to patients.

We found that the practice had an effective incident reporting system, and a complaint policy with clear procedures. The patients we spoke with told us they were aware of the practice's complaint procedure. They told us, "There is a procedure somewhere I know but it would never come to that as I can talk with my dentist if I have any concerns"; and "I communicate well with the practice and would never hesitate to complaint but I never had the need". No complaints nor incidents were recorded since the provider's registration with the Care Quality Commission.

We saw that the service used a system of questionnaires to assess patients' satisfaction. These were given to each patient before they left the premises and were returned in a dedicated box in reception. The practice manager had analysed patients' comments to determine how satisfied they were after their treatment. The audit indicated 99% satisfaction with care and treatment, staff and premises. We saw that the practice also held a 'testimonial book' where patients and visitors inviting them to offer comments and suggestions. Recent comments included, "The team at Mayfield are lovely, a wonderful practice"; "Nervous patient! Good treatment as a result"; "Magic man! Fantastic pain-free treatment": "Useful hygiene info from the dentist and hygienic". A child stated, "The dentist complimented me on my teeth and now I can't stop smiling". This indicated that the service regularly assessed and monitored the quality of the services provided.

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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