

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

Wyndcott Dental Centre

Wyndcott Dental Centre, Birchwood Park Avenue,
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Tel: 01322662493

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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	✗ Action needed
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr. Vishalanand Bhunjun
Registered Manager	Mr. Jason Haulkhory
Overview of the service	This practice comprises four surgeries all on the ground floor. The practice offers both NHS and private dental care.
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 25 January 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

People expressed their views and were involved in making decisions about their care and treatment. We spoke to three patients during our visit. Everyone we spoke to was satisfied with their care and made comments such as "everything is fine" and "I have recommended them to my family and now my children and grandchildren all attend"

We were told that the practice was a Foundation Trainer Practice, which meant that it accepted dentists who have just completed training and who are mentored by a more experienced clinician. Practices that provide mentoring in this way are required to demonstrate that they have achieved suitable standards.

There were not effective systems in place to reduce the risk and spread of infection.

We were shown how each individual member had a training record showing what areas had been covered. The training record included the policies of the practice and when each team member had read and signed these. Records were kept securely and could be located promptly when needed. Staff records and other records relevant to the management of the services were accurate and fit for purpose.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 22 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

We spoke to three patients during our visit. Everyone we spoke to seemed satisfied with their care and made comments such as 'everything is fine' and 'I have recommended them to my family and now my children and grandchildren all attend'. We saw a written comment made by a patient thanking the staff and dentist for their 'calming and professional approach to treatment'.

Patients who used the service were given appropriate information and support regarding care and treatment. We saw that information displayed on two large screen televisions in the waiting area described which staff worked in the practice and what types of treatment can be provided. Information was also available about how to make a complaint and patient charges for NHS or private care. We were shown a patient information leaflet which provided comprehensive information about services. The provider may wish to note that the leaflet does not include the General Dental Council (GDC) registration numbers of any of the clinical team as required by the General Dental Council.

Patients were supported to promote their independence. We saw that a permanent ramp had been provided recently to allow easy access for wheelchairs and there was a suitably equipped toilet to accommodate wheelchair users. The reception desk was split level. This meant that people in a wheelchair can make eye contact with the receptionist. We observed that confidentiality was maintained carefully when speaking to patients on the telephone. This meant that patient's diversity, values and human rights were respected and their personal information was protected.

A staff member explained what they would do in the event of suspected abuse or a safeguarding concern and showed us where the local telephone contact details are kept.

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

Patient's needs were assessed and care and treatment was planned in line with their individual care plan. One of the dentists showed us in a set of records that medical histories were checked at every visit and copied into the computer record. We observed patients being asked to complete medical history information when attending for appointments.

The dentist recorded the risk of tooth decay or gum disease and then explained treatment options to the patient. This helped to decide upon the most suitable interval between further appointments and followed the National Institute for Health and Care Excellence (NICE) guidelines. We were told that the practice is a Foundation Trainer Practice, which meant that it accepted dentists who had just completed training and who are mentored by a more experienced clinician. Practices that provide mentoring in this way are required to demonstrate that they have achieved suitable standards. Wyndcott Dental Centre achieved a satisfactory assessment in August 2012.

There were arrangements in place to deal with foreseeable emergencies. We asked about how staff would handle a medical emergency and were shown that all the team (except the manager) had received cardio pulmonary resuscitation training (CPR) on 19 December 2012. Emergency drugs were regularly checked along with oxygen and records kept of this. The provider may wish to note that we observed that the emergency drug kit did not include buccal midazolam and that one item (Glucogel) was seen to have expired in October 2012. The manager immediately re ordered these items during our visit.

We asked if there had been any risk assessments made to consider the necessity to provide a cardiac defibrillator since the practice offers conscious sedation. The manager told us that no risk assessment had been done, but that they would ensure that it was carried out immediately. The sedation was provided by a visiting specialist who brought specialist sedation equipment and drugs and was accompanied by a sedation trained assistant.

Emergency drugs and equipment was kept in a dedicated x ray room which also contained dental materials, some of which were marked as hazardous. The provider may wish to note that there was currently no means of locking this room and no sign-age to indicate that oxygen was stored here. This would mean that in the event of a fire, emergency crews

would not be aware of a potential hazard.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidelines had not been followed.

People were cared for in a clean, hygienic environment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with the manager who told us that the administration manager was the named infection control lead and that all the nurses have a clear understanding of the Department of Health's guidance on decontamination in dental services, known as HTM 01-05

We saw that there was a clear system in place which ensured that instruments were decontaminated, examined, sterilised and stored consistently. However we noticed that the boxes used for transporting dirty instruments do not have a locking mechanism as suggested by guidance in HTM 01-05. This meant that there would be a risk if dropped that dirty instruments could spill out.

We were shown that instruments were washed under water with a long handled brush and with the operator wearing the recommended personal protective equipment. We did not see a thermometer to measure the water and temperature and the manager confirmed that the decontamination room does not have a hot water supply connected. This may mean that cleaning chemicals are not being used according to manufacturers recommendations and may therefore be less effective.

In the decontamination room the instruments were rinsed, but not dried or inspected under an illuminated magnification device before being placed unpouched in the autoclave. It is recommended in HTM 01-05 that instruments are inspected prior to sterilisation to ensure that they are visually clean. The autoclave was checked daily to ensure that it was working satisfactorily. We were shown the daily record of checks which were performed and told by the nurse that the water was changed and that the equipment was not used if it displayed a failure light. We noted however that no other checks were recorded to indicate that each cycle had been successful. We saw that a second autoclave had been labelled 'not in use' following an earlier failure.

We saw that a washer disinfector had been installed, but the nurse told us that it was not in use because the cycle time was too long. HTM 01-05 guidelines say that use of a

washer disinfectant is recommended to improve cleaning and reduce the incidence of sharps injuries, however it is not mandatory except where a practice operates to 'Best Practice' standards.

We asked about the labelling and dating of sharps bin and clinical waste bags and the Provider confirmed that these are not labelled with the EWC (European waste code) and there was no information displayed describing the correct segregation of waste. The manager showed us that waste was safely stored in a secured yellow bin awaiting collection and we were able to see the waste consignment notes which confirm this.

We saw in the surgeries how staff prepare the surgery each day and all contaminated areas were cleaned between patients. We observed that this was being done while we spoke to one of the dentists. The surgeries all looked clean and we saw they were marked as 'clean' or 'dirty' areas. We were told that the surgery is cleaned professionally daily and the cleaner used a schedule to demonstrate that this has been done. We saw that each surgery and the decontamination room had dedicated hand washing sinks, however not all these areas displayed a laminated hand washing protocol. We were later shown certificates that hand hygiene training had been provided on 12 June 2012.

We saw that water bottles used on the dental equipment had been left to drain in those surgeries not in use. The manager showed us that there had been a legionella assessment performed, but there was no evidence that the risk of legionella contamination of water lines was controlled by any other methods. The manager had decided to adopt a monitoring and dosing system in future to control this risk.

We observed that all hand instruments had been pouched and dated 21 days and an initial indicated who had undertaken the decontamination processing. There was a system to check that these instruments were reprocessed before the expiry date. We were shown that all single use instruments are discarded after use and that only endodontic files (used when root canal treating teeth) are occasionally reprocessed and labelled for re use solely on the same patient. We noted that some burs were reprocessed and kept in drawers without being pouched. The provider may wish to note that it was not possible to be certain when these burs had been sterilized and that they may represent a risk of cross infection if they have been contaminated. We asked to see how the standards of infection prevention were monitored and were shown that an audit had been performed showing that they had achieved between 90-100%. The provider may wish to note that the Department of Health has issued an audit which should be performed quarterly and the results retained for two years and available for inspection. The manager confirmed that the audit had only been completed annually and the full results could not be retrieved from the computer. The manager downloaded the current version of this audit and indicated that it would be completed today.

Overall we judged that there were not effective systems in place to reduce the risk and spread of 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

We asked the manager about how the staff have been supported with training and were shown how each individual member had a training record showing what areas which had been covered. The training record included the policies of the practice and when each team member had read and signed these. The records included hand hygiene, infection control, health and safety, fire drill and cardiopulmonary resuscitation.

We asked about safeguarding and child protection and the manager confirmed that this had been discussed at a practice meeting, but they were arranging for level 2 training to be provided for all of the team as soon as possible.

We saw that a policy described how the Mental Capacity Act had been considered within the practice and this was to be further discussed and documented at the next staff meeting. We observed that an agenda had been posted describing the scope of the next practice meeting and we were shown minutes of earlier meetings.

There were four nurses working at the practice, three of whom were trainees on a local training scheme. One of the nurses who was awaiting their final exam results described to us the induction process they had experienced when they first started working at the practice 18 months ago. We saw details of a training grid on the computer which gave details of the dates training had been provided. This showed that staff received appropriate professional development.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We saw that paper records were kept in cabinets which were been locked when unattended and all computer records were password protected.

Patient's personal records including medical records were accurate and fit for purpose. We were shown that patient's medical histories and correspondence were scanned on to the computer system. We were told and one of the dentists showed us how medical records were updated at every visit and how a patient record audit confirmed that these details were recorded by all of the clinicians.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We were shown that up to date staff employment information was kept securely on the computer.

The manager showed us a radiograph quality audit had been performed in 2012 and we noticed a laminated notice regarding diagnostic criteria for radiographs in one of the surgeries. This demonstrated that the x ray quality was regularly monitored and that x rays were taken at appropriate intervals.

We were shown how the record of equipment maintenance was incorporated into a practice virtual compliance system which was used to ensure that equipment was validated at the correct intervals. We looked at pressure vessel certificates which were within date and documentation described the critical testing of the x ray equipment. We examined the radiation protection file and saw up to date Local Rules and critical testing of x ray equipment. This described the safe use of x ray equipment.

We also saw that other equipment such as the autoclave and compressor had been regularly serviced. We saw a wall planner which was used to organize staff leave and an Employers Liability Assurance Certificate which expires on 15 January 2014. We asked the manager how risks had been assessed and were shown records of fire and electrical risk assessments and how staff participated in fire drills. A record showed us that the fire equipment was serviced in June and portable appliances tested (PAT) also in June 2012.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Cleanliness and infection control
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person had not ensured that people were protected against identifiable risks of acquiring an infection. There was not effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of infection. Regulation 12 (1)(a)(b), (2)(a) (c)(ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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