

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

## Cherwell Heights Dental Care

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Date of Inspection: 12 February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Cherwell Heights Dental Care
Registered Manager	Dr. Edvina Muksinovic
Overview of the service	The practice provides routine and complex dental care for patients of all ages. The practice sees patients under private contract. The practice has surgeries on the ground floor.
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
<b>Summary of this inspection:</b>	
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
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Supporting workers	11
Records	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke to three patients who received treatment on the day of our visit. All the patients we spoke to were very satisfied with the quality of care received. One person said the staff are 'very friendly and during treatment you are always in control'. We found the staff very professional and helpful and this was confirmed when we spoke to patients.

The three patient's commented on how friendly, polite and caring the practice staff were. One patient on the day of our visit said she was 'very satisfied with the standard of care'. Another patient commented if he could use two words it would be 'very professional'.

All three patients commented on the cleanliness of the practice. One person said 'the cleanliness is always excellent' We found the practice very clean and tidy this was confirmed through observing patient feedback survey. All three people we spoke to would recommend the practice to their family or friends.

We found that all three patients were given appropriate information and choices about their treatment options and the associated costs. The prevention of dental problems was always emphasized by the dentist and other staff. One patient commented that with respect to dental health the practice philosophy is 'prevention is better than cure'. This was confirmed when reviewing clinical records. All three patients commented how easy it was to make an appointment. They said they only had to wait a short while for an appointment even when they had problems.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People who use the service understood the care and treatment choices available to them.

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### Reasons for our judgement

The practice used a variety of methods for providing patients with information. These included a practice website and patient information leaflets and a regular patient newsletter. The practice used a continuous patient satisfaction survey and a patient suggestion box to capture information. This information included cleanliness and tidiness of the practice, practice waiting times and the level of customer care provided by all practice staff. The survey also asked for patients' individual comments using a patient comment book. We saw that the results obtained showed a high level of satisfaction with the quality of service provided. People who used the service said that the service was very professional, friendly and welcoming. This demonstrated that feedback from people who use the service can be used to improve the quality of care provided.

People who use the service were given appropriate information and support regarding their care or treatment. We spoke to three people who used the service and were all very happy with the standard of care provided. They all described how helpful and friendly the practice staff were. People were happy with appointment waiting times and the cleanliness of the practice. All three were given very clear treatment options which were discussed in easy to understand language by the dentist. The people we spoke to also confirmed that they understood and consented to treatment.

Each person we spoke to was aware they were treated under private arrangements. We also saw that the practice had a comprehensive website. This gave details of out of hours care, the types of care offered and details of professional charges. Although people were aware how to complain, the people we spoke to never felt the need to complain.

Maintaining patient confidentiality was an important aspect of patient care for this provider. Compliance with all aspects of the Department of Health Information Governance Tool-kit was observed. This demonstrated the practices' commitment to the management of patient confidentiality and that people who use the service could be confident that their personal information was properly protected.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured patients' safety and welfare. We saw by examining patient records that a written medical history was obtained prior to the commencement of dental treatment in all cases so that staff were always aware of any risks to patients and would ensure that they were safe during a consultation.

A quality assurance system was in place to monitor the quality of x-rays taken as required by current radiography guidelines. This was supported by a reviewing a number of patient records. This meant that patients are protected from unnecessary exposure to radiation.

We looked at four treatment records. The records contained details of the condition of the gums and soft tissues lining the mouth. These were carried out at each dental health assessment. The records also contained photographs of the patient's initial oral condition and at various points during their treatment plan. This means that the patient could be made aware of changes in their oral condition. The patients dental recall interval was determined by the dentist using a risk based approach based on current NICE guidelines and was set following discussion of these risks with the patient. This meant that people's care and treatment reflected relevant research and guidance.

We spoke to the dentist who was aware of the Mental Capacity Act and explained how they would manage a patient who lacked the capacity to consent to dental treatment. This means where people did not have the capacity to consent, the dentist acted in accordance with legal requirements.

There were arrangements in place to deal with foreseeable emergencies. We were told and saw evidence, that staff underwent yearly team training in dealing with medical emergencies in the dental chair. This was facilitated by a suitably qualified person from a training organization. There was a range of suitable equipment including an Automated External Defibrillator, emergency drugs and oxygen available for dealing with medical emergencies. This was this was in line with the Resuscitation UK guidelines. The emergency drugs were all in date and the drugs were securely kept along with emergency oxygen in a central location known to all staff.

The practice manager showed us a file of risk assessments covering all aspects of clinical governance. These were very well maintained and up to date. This means that patients are at a reduced risk of untoward occurrences.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The dentist informed us that patients were involved in all the discussions about treatment options. The dentist reported that at the beginning of each treatment session the treatment and options would be verbally reinforced. We saw an example of an innovative way of explaining treatment options. This was by the use of a special camera which takes various images of the mouth. By using this method the dentist provided detailed explanations of the treatment and treatment options in a way that patients can understand. We were told by the dentist that written consent forms and treatment plans were used. We saw that this evidence was supported by details contained in the clinical record. This process was confirmed by the three patients we spoke to.

People's care and treatment reflected relevant research and guidance. The dentist we spoke to told us that they followed national guidelines in relation to the assessment of 3rd molars and antibiotic prophylaxis. This was supported by discussions with the dentists when reviewing patient records.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We noted that the practice was very clean and well maintained. The three patients we spoke to told us that the practice was always very clean and tidy when they visited. This was supported by results of the patient satisfaction survey in relation to the questions on cleanliness of the surgeries and waiting areas.

The practice manager told us the provider was the designated infection control lead. The day to day responsibility for maintaining infection control was delegated to a senior dental nurse. All staff had undergone update training in infection control. A current quarterly audit of infection control had been carried out which was in line with current guidelines.

The practice had a decontamination policy which was observed by us. This was supported by a series of practice protocols in relation to infection control. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01-05 Essential Requirements for infection control were maintained.

Decontamination of the dental instruments was carried out in a separate decontamination room. The practice had a 'best practice requirement action plan' in place satisfying the HTM 01-05 guidelines. The senior dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. It was clearly observed by us that clean and dirty instruments did not decontaminate each other. When instruments had been sterilized they were pouched and stored until required. All pouches were dated with an appropriate expiry date of 21 days. The senior dental nurse told us that regular checks were made to ensure that the expiry dates were not exceeded. This was supported by the use of a stock rotation protocol which we observed. The senior dental nurse showed us that systems were in place to demonstrate that the autoclaves were working effectively. The practice manager showed us the latest pressure vessel testing certificates for the autoclave and compressor. We were also shown the maintenance contract for the autoclaves. This means that decontamination equipment is maintained to the standards set out in current guidelines.

All surgeries had the appropriate personal protective equipment available for staff and patient use. This means that patients were protected from the risk of infection.

The dental water lines were maintained in accordance with current guidelines. Flushing of the water lines was carried out in accordance with current guidelines and supported by an

appropriate practice protocol. The practice had a current Legionella risk assessment in place.

The segregation, storage and disposal of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines. We observed that sharps containers were well maintained and correctly labelled. This means that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development. The practice manager told us that the practice ethos was that all staff should receive appropriate training and development. This was demonstrated by the provider commitment of making the time available for professional development through a rolling programme of professional development. This included training in information governance, CPR and infection control, child protection and adult safeguarding. This means that patients are receiving high quality care using a team approach.

An external company was used to facilitate team training in medical emergencies. We were shown examples of minuted regular staff meetings which demonstrated an effective medium for cascading training and information to practice staff. We were also shown certificates in staff files that demonstrated staff had attended appropriate training for their role.

The practice manager showed us their system for recording staff training. We were shown the personal files for various staff grades. These contained details of continuing professional development, current CRB certificates, current GDC registration, immunisation status and current professional indemnity cover where applicable. We saw evidence that staff had undergone an induction programme to the practice. Practice staff also had an annual appraisal. This means that staff have received appropriate professional development.

## Records

✓ Met this standard

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

Peoples records were kept securely and could be located promptly when needed. The patient records were computerised records, which were secured by password access only. The practice used manually processed x-rays, these were of a very good quality and were suitably mounted. The practice also used paper records for maintaining written signed and dated medical histories, x-rays, consent forms and treatment estimates. These were kept in filing cabinets in a lockable secure room.

People's personal records including medical records were accurate and fit for purpose. A sample of four patient records were observed. The clinical entries were entered by the dental nurse via dictation by the dentist, who later checked the entries. Each record contained details of a current medical history, gum condition and soft tissue condition. The records contained comprehensive details of the treatment provided. Records from the dental hygienist contained detailed advice as to how patients could minimise their dental problems. The records also contained evidence that discussions of treatment options had taken place between the patient and the dentist.

We were shown the radiation protection file which contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. The clinical records we saw showed that dental x-rays were justified, reported on and quality assured each time. This means that the practice is acting in accordance with national radiological guidelines.

We saw evidence that the practice manager maintains a full range of general operating policies and procedures for the practice. We saw evidence of well maintained clinical governance files including COSHH and Health and Safety which demonstrated that the practice staff are fully conversant with protocols and procedures. This means that records relevant to the management of clinical services were accurate and fit for purpose.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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