

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

## Greenhill Dental Practice

1 Dorchester Road, Weymouth, DT4 7JR

Tel: 01305779050

Date of Inspection: 13 December 2012

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

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Mielie Limited
Registered Manager	Mr. Michael David Bradley
Overview of the service	There are two surgeries in the practice, which sees adults privately and children-only on the NHS. Access is available for wheelchair users or patients with disabilities, by means of a portable ramp which is placed in front of the access from the street.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

*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

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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 13 December 2012, 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, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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People that we spoke to on the day of our visit told us that treatment options were explained and that they were aware of the costs that would be incurred. We were told that staff were friendly and welcoming and that appointments were easy to make. People confirmed that their medical histories were taken prior to treatment being commenced and that this was updated at the start of each new course of treatment. One patient told us that she was "very happy with her treatment" and that "they are helpful and they listen to you".

We also looked at patient feedback gathered through surveys and comment forms and noted many favourable comments. These included "a hand rail by the front door would be nice" and "somewhere to hang coats". It could be seen that both these comments had been acted upon.

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

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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.

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### Reasons for our judgement

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We saw that opportunity was provided for patients to provide feedback about the treatments they had received. We were shown the contents of the comments box, and saw that these comments were acted upon. One suggestion was for the provision of a handrail making it easier to enter the building. Another comment suggested it would be nice to have somewhere to hang coats. We observed that both these comments had been acted upon.

We saw that a patient satisfaction survey had also been done and the results analysed at the regularly held practice meetings.

We observed patients in the waiting room and reception and saw that the patients were spoken to in a polite and courteous manner. One patient we spoke with, who had been at the practice for three or four years said "We have always been very happy with our treatment, always found the practice clean and comfortable and the staff helpful".

The waiting room was spacious, but gave no privacy. Staff told us that, if required, an alternative room could be used for confidential discussions.

Patients were given appropriate information and support regarding their treatment. Leaflets were available to patients describing future treatment options. This demonstrated that people were able to make informed choices about their treatment.

**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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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of five patient record cards. These recorded that medical histories had been updated and that treatment options were discussed. We saw that all patients were given a written treatment plan. This was confirmed by the patients that we spoke with on the day of our visit. They told us that their medical histories were updated and that they understood the treatment offered and costs involved. This showed that the dentist was following the correct clinical guidelines, that patients could give an informed consent to the various treatment options available to them and that they were being respected and involved in their choice of treatment. They confirmed that it was easy to make an appointment and found the environment clean and comfortable.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate equipment. We saw evidence that the staff had undergone resuscitation training in November 2012. A robust checking system was in place to ensure all equipment and drugs were in date.

Staff confirmed that they had enough equipment to be able to carry out their roles effectively, and that they were encouraged and supported in their continuing professional development. Risk assessments had been done, as part of ongoing training. We saw evidence of the risk assessments relating to the handling of clinical waste, cross infection and the use of clinical materials within the practice.

**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.

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**Reasons for our judgement**

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We noted that the designated Infection Prevention and Control Lead was one of the dentists in the practice.

We saw the individual training files to show that staff were trained in the prevention and control of infection, and that this was ongoing. This included the use of personal protective equipment, hand hygiene, the policy for exposure to blood-borne viruses and the handling and disposal of clinical waste. Infection prevention audits were done quarterly and we could see that any areas of concern were addressed.

We were shown the decontamination procedure. It was observed that the autoclave was in a corridor and that the current structure of the building was inadequate to provide a decontamination room. This provided a potential hazard to both patients and staff members, because of the risk of injury and inefficiency of the decontamination process. The practice owner was aware of this and had commenced drawing up plans to do building work to create space for a decontamination room, which would enable the practice to move towards "Best practice" as defined by the Department of Health guidance on the prevention and control of infection. We were also told that plans were in place to introduce a policy regarding uniforms or dress code, so that outdoor clothing was not worn in the clinical environment.

We saw evidence that between August and October 2012 an audit had been done on the management of clinical waste. Evidence was also seen to show that a Legionella water test had been done in January 2011 and that training in hand hygiene was regularly assessed. These demonstrated that the correct procedures were in place, that all staff practised correct hand-washing techniques and that the storage and handling of clinical and environmental waste was being done correctly.

**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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We saw records relating to staff induction, registration and indemnity. These showed that all members of staff had received proper training as part of their induction. It also showed that they were properly registered with the relevant professional body and properly insured. We noted that a member of staff has been appointed to look after information governance and that training was given to all staff. We saw certificates to show what courses the dentist and staff had recently been on. We saw from the training files for each staff member that there was in place a structured approach to all training.

Staff received appropriate professional development and were given support and encouragement towards their continuing professional development. We saw records showing that staff received training on dealing with complaints, data protection, customer service and health and safety awareness. It was also seen that training was given in gathering patient feedback and analysing the results, which would then be discussed at practice meetings. It was noted that a staff satisfaction survey had been carried out, analysed and the findings acted upon.

Regular practice meetings were taking place. The staff indicated that they were well supported and that it was easy to raise an issue if required.



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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Patient's clinical records were accurate and fit for purpose. It was observed that these records were written contemporaneously, and that confidentiality was being observed. We noted that a member of staff had been appointed to look after information governance and that training was given to all staff.

Staff records and other records relevant to the management of the services were accurate, fit for purpose and easily accessible.

We saw records relating to the practice equipment including those relating to the autoclave and compressor (pressure vessels) and radiographic equipment. We saw evidence that the fire extinguishers had been serviced in June 2012. All these were kept securely and could be located promptly when needed.

Records were kept for the appropriate period of time and then destroyed securely.

## 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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