

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

## Causeway Dental

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Date of Inspection: 01 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	Causeway Dental
Registered Manager	Mrs. Rachel Murray
Overview of the service	The practice provides routine dental care for patients of all ages. The practice sees patients under NHS regulations and under private arrangements.
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'.*

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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 1 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. Care and treatment was planned and delivered in a way to ensure people's safety and welfare. We found the staff very friendly and helpful. None of the patients ever felt the need to complain. One patient commented that the practice scores 'ten out of ten for the standard of care'.

The three patient's commented on how friendly and helpful the practice staff were. One patient said her dentist 'was very good with children, creating a very relaxed atmosphere and trusting'. All three said they would recommend the practice to friends and family.

All three patients commented on the cleanliness of the practice. One person said 'she the cleanliness of the practice was very good'. We found the practice clean and tidy and was confirmed through patient feedback survey.

We found that all three patients were given appropriate information and choices about their treatment options. The prevention of dental problems was always emphasised by the dentists and other staff. One patient commented that 'prevention is always emphasised, with the hygienist always helpful and encouraging'. All three patients commented how easy it was to make an appointment. They said they only had to wait a couple of days for an appointment when they had problems. Appointments always ran to time.

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

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### Reasons for our judgement

The practice used a variety of methods for providing patients with information about their care. This included the use of a practice website as well as patient information leaflets which were available in the patients waiting area. The website contained examples of patient testimonials demonstrating high levels of satisfaction with the service.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. To capture patient feedback a suggestion box was available in the waiting area. A complaints log was also maintained by the practice to capture any problems experienced by patients. An example of this was the difficulty for patients obtaining car parking near to the practice. This resulted in new patients being advised of current parking information when they join the practice. This prevents inconvenience and worry to patients whilst they were waiting and during their treatment sessions.

People who use the service understood the care and treatment choices available to them. We spoke to three people who used the service. They were all regular attending patients. All three were given very clear treatment options which were discussed in easy to understand language. They confirmed this was always reinforced at the beginning of each treatment session. The people we spoke to confirmed that they understood and consented to treatment. This was confirmed by observing the patient records and the use of the appropriate NHS forms.

The three people we spoke to 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. Each person we spoke to was aware if they were treated under the NHS regulations or privately. We saw a practice notice board displayed in the waiting room which gave details of the NHS fee bands charges.

There was also information on how patients could complain and details of out of hours cover if they needed urgent care out of hours. 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.

**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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The 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. This information was also transferred into the computer records system to ensure staff were always aware of any risks to patients.

We looked at three treatment records. The records contained details of the condition of the gums and soft tissues and lining the mouth. These were carried out at each dental health assessment. The patients dental recall interval was determined by the dentist using a risk based approach based on current NICE guidelines. The recall interval was set following discussion of these risks with the patient. This means that people's care and treatment reflected relevant research and guidance.

The dentists' informed us that patients were involved in all the discussions about treatment options. We saw this evidence was supported by details contained in the clinical record. The appropriate use of NHS forms used in the consent process was observed. This process was confirmed by the three patients we spoke to. Children were treated in the same way. The dentists' 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. This means that people's care and treatment reflected relevant research and guidance.

Radiographs when taken were in line with current dental radiography guidelines. The radiographs observed were of a good quality and were always reported.

Both of the dentists we spoke to were 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 provider acted in accordance with legal requirements.

There were arrangements in place to deal with foreseeable emergencies. We were told, and confirmed from certificates that staff underwent yearly team training in dealing with medical emergencies in the dental chair. There was a range of suitable equipment, 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. The practice used two sets of emergency oxygen one on each floor in a central location known to all staff. This means that the risk to people during dental procedures was reduced and patients are treated in a safe and secure way.

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

**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 clean and well maintained and the surgeries were very clean and free from clutter. The three patients we spoke to told us that the practice was always very clean and tidy when they visited.

People were protected from the risk of infection because appropriate guidance had been followed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 Essential Quality Requirements for infection control were maintained. This means that the practice can demonstrate that they are compliant with current infection control guidelines.

The practice manager told us she was the designated infection control lead. 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. All staff we spoke with recognized the importance of maintaining good infection control procedures. All staff had undergone update training in infection control. This supported the ethos of the practice in their commitment to regular update training.

The practice manager demonstrated the decontamination process this validated the various practice protocols in place for infection control. They showed us the process from taking the dirty instruments through to clean and ready for use again. The practice used manual cleaning for the initial phase of the decontamination process within each surgery. This was followed by sterilization of the instruments in an autoclave. It was clearly observed by us that clean and dirty instruments did not re-contaminate 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 practice manager 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 practice manager demonstrated to us that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively. We saw the latest pressure vessel testing certificates for the autoclave and compressor and the maintenance contract for the autoclave thus demonstrating that it is safe and effective for use. This means that decontamination equipment is maintained to the standards set out in current guidelines.

The draws in each surgery was inspected by us in the presence of the dental nurse. These were very clean and tidy and free from clutter. All of the instruments were pouched and it was obvious which items were single use. All surgeries had the appropriate personal protective equipment available for staff and patient use.

Flushing of the dental water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for inspection.

The treatment of sharps waste was in accordance with current guidelines. We observed that sharps containers were well maintained and correctly labelled. The practice sharps injury protocol was clearly understood when talking with practice staff. This meant that staff were protected against contamination by blood borne viruses.

**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. Staff received appropriate professional development.

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### **Reasons for our judgement**

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Staff received appropriate professional development. The provider told us that the practice ethos was that all staff should receive appropriate training and development. An external company was used to deliver team professional training. This company provided training in medical emergencies and infection control. Child protection training was carried out using an on line format. We were shown certificates in staff files that demonstrated staff had attended appropriate training for their role. This demonstrated that the provider was supporting the staff to deliver care and treatment to a high standard. The practice also held weekly clinical case study forums whereby dentists bring clinical cases for group discussion. This enables the dentists to share experience and knowledge to bring solutions to difficult clinical problems. This means that patients can be assured that they are receiving appropriate standards of clinical care.

The provider showed us their system for recording training that had been attended by staff working within the practice. We were shown the personal files for various staff. These contained details of continuing professional development, current CRB certificates, current GDC registration and current professional indemnity cover where applicable. There was also an appraisal record in staff personal files. The practice uses regular monthly staff meetings as a vehicle for cascading information to all staff members. This means that patients can be assured that they are receiving the appropriate care from properly trained, supported and qualified staff.

## Records

✓ Met this standard

**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 risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. Records were kept securely and could be located promptly when needed.

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### Reasons for our judgement

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Records were held securely and could be located promptly when needed. The patient records were computerized and secured by password access only. Information such as written medical histories, referral letters and NHS forms were scanned and stored in paper files and stored in lockable filing cabinets.

Peoples personal records including medical record were accurate and fit for purpose. A sample of three patient records were observed. The clinical entries were completed either by the dentist or the nurse following dictation by the dentist. Each record contained details of a current medical history, gum condition and soft tissue condition. The written medical history was signed and dated by the patient. The records contained details of the treatment provided which included details of the local anaesthetic given along with batch numbers and expiry dates. The records also contained evidence that discussions of treatment options had taken place between the patient and the dentist.

Staff records and other records relevant to the management of the service were accurate an fit for purpose. We were shown a well maintained radiation protection file. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. These included critical examination packs for each x-ray set along with the three yearly maintenance logs. A copy of the local rules was displayed with each x-ray set. This means that the practice is acting in accordance with national radiological guidelines and patients and staff are protected from unnecessary exposure to radiation.

A current public liability insurance certificate was displayed in accordance with current Health and Safety legislation. We also saw that statutory signage was also in place. This means that the practice conforms to current health and safety legislation and patient safety is assured.

We saw evidence that the practice manager maintained a range of general operating policies and procedures for the practice. We saw evidence of a maintained information governance file which demonstrated that the practice staff were fully conversant with

information governance protocols and procedures. The file also demonstrated that staff had received proper training in all areas of information governance. This means that staff understood the principles of confidentiality and the processing of sensitive patient data.

## 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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