# Inspection Report

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

# The Barn Dental & Cosmetic Clinic

The Avenue, Odstock, Salisbury, SP5 4JA

Tel: 01722414285

Date of Inspection: 16 January 2014

Date of Publication: January 2014

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 |
| **Safeguarding people who use services from abuse** | ✓ Met this standard |
| **Cleanliness and infection control** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Dr Alistair Gallagher |
| Overview of the service | The Barn Dental and Cosmetic Clinic is a small practice situated in a village on the outskirts of Salisbury. They provide dental and cosmetic treatments for private patients. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 16 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

During our inspection we spoke with three people attending the practice for appointments. They described the service as "very good" and "always very welcoming."

People confirmed they were well informed of the options available to them. People said they knew how much their treatment would cost. One person said "there is no shock on the day."

People said they were asked about their medical history and if there had been any changes, which the dentist needed to know about.

We observed people were greeted in a friendly manner by the staff. We heard people being offered refreshments whilst they waited to be seen. People said spoke positively about their experiences of the reception staff and clinical staff. One person said "I would never want to leave the practice as they look after me very well."

The practice had appropriate drugs and equipment available in the event of a medical emergency. Staff had attended training on medical emergency procedures in April 2013.

The practice had policies and procedures to safeguard children and adults. Staff were aware of the policies and documentation was available for staff to make a referral to the local authority.

People told us they were very happy with the standard of cleanliness at the practice. One person commented, "I have no concerns about cleanliness."

People said they although they had not had reason to make a complaint, they were confident any concerns would be dealt with appropriately by the practice.

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

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

### Reasons for our judgement

During our inspection we spoke with three people attending the practice for appointments. They described the service as "very good" and "always very welcoming."

We met with one dentist and two dental nurses during our visit.

We observed people were greeted in a friendly manner by the staff. We heard people being offered refreshments whilst they waited to be seen. People said spoke positively about their experiences of the reception staff and clinical staff. One person said "I would never want to leave the practice as they look after me very well." We observed a dental nurse explaining to someone on the telephone they could not give out confidential information. This meant the dental nurse was aware of the importance of maintaining people's privacy and confidentiality.

People confirmed they were well informed of the options available to them. People said they knew how much their treatment would cost. One person said "there is no shock on the day." Some people told us they had dental insurance, which covered their treatment. All options and treatment plans were detailed in the individual's records.

The dentist we spoke with said they ensured people had time to consider the options available to them. They said they used models, leaflets, a tablet computer and drawings to explain procedures to people.

People said they were asked if they would like to see their X-rays. One person said this helped them to understand the treatment needed. Another person told us they felt there was always a good reason to have an X-ray taken.
They added they were "curious" and liked to look at the X-ray.

We saw people had the opportunity to comment on the service provided. There was a suggestion and comments book in the waiting area. The dental nurse told us the book was new so there were no entries to date. A patient survey had been completed during May

and June 2013.

The practice was accessible for people with mobility needs. All treatment rooms were on the ground floor and there was also a disabled toilet for people to access. The practice had an electric front door, which enabled easy access for people. The practice had completed a disability discrimination assessment in May 2013. The dentist told us they allowed more time for people with specific needs. This meant people were enabled to fully understand the information being given to them.

We saw there was plenty of information available to people throughout the practice. There was a practice information leaflet which provided information about both of the dentists at the practice, including their qualifications and registration numbers. The leaflet also described the treatments and facilities at the practice, what they could expect from their first visit to the practice and the opening times.

We asked if there was an option for people to speak about their treatment in private if they wished to do so. The dental nurse showed us the separate care co-ordinator room where people could discuss their treatment in private. There was comfortable seating and a computer, which meant staff could also access electronic records from this room.

**Care and welfare of people who use services** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

People said they could make appointments easily. One person described how they had called the practice at 6p.m to make an emergency appointment and been seen at 6.45 p.m. the same evening. They said they were usually seen the same day they had telephoned the practice.

We looked at electronic records of children and adults. We saw a good audit trail of people's treatments, advice given and decisions made. We saw there was a system to alert the dentist or dental nurse to important information about the person, such as whether they had a pacemaker fitted or were on certain medicines. We saw there was recorded justification for the use of X-rays and the X-rays had a quality scoring recorded.

The provider was the named lead for radiography at the practice. The practice had three X-ray machines and there were local rules displayed beside each machine. The dental nurse told us the local rules had been updated following a recent radiography audit. We saw there was a radiography protection file, which confirmed the Health and Safety Executive had been informed that X-rays were carried out at the practice. The X-ray machines had a service booked for February 2014.

Records showed and people told us they were given oral health advice. People told us they were advised to visit the hygienist to maintain healthy teeth and gums. The electronic records of one child demonstrated they had been given advice on flossing and cleaning their teeth. We saw there were information leaflets throughout the practice for people to read or take away with them.

The practice had appropriate drugs available in the event of a medical emergency. The practice had an oxygen cylinder but not an Automated External Defibrillator (AED). The provider might find it useful to note that best practice guidance recommends the practice has an AED. We saw the equipment and drugs were checked monthly by a dental nurse. Staff we met with told us they attended training in medical emergencies. The dental nurse said the last training had been in April 2013 and they were in the process of booking training for 2014.

There was a service agreement to ensure the safe disposal of waste products. We saw the correct procedures for the disposal of clinical waste had taken place.

We saw a works place governance audit had been completed by the dental insurers a couple of days before our visit.  The audit had resulted in some recommendations to signage, which had been actioned. The post assessment document recorded the record keeping as "well organised and legible." The practice had been re-accredited following the audit.

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

## Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Reasons for our judgement

The practice had policies and procedures to safeguard children and adults. Staff were aware of the policies and documentation was available for staff to make a referral to the local authority, if needed.

We talked to the dentist and dental nurses about their experiences of making a safeguarding referral. The dentist told us they had never had to make a safeguarding referral since being at the practice. However, they were able to describe a situation they experienced when they had just qualified and the actions they took. Staff we spoke with had a good understanding of what constituted possible abuse or neglect and what they should be aware of.

We saw staff had attended safeguarding training and a refresher course had been booked for May 2014. Staff told us they had not attended training in the Mental Capacity Act 2005 (MCA). The dental nurse said they would check with the training provider to ensure the course covered the MCA. The dentist confirmed the practice did not have many people attending the practice who lacked capacity to make a decision. The dentist said one person with a diagnosis of dementia always attended the practice with their husband. This meant any decisions were made in conjunction with the person's relative and was in their best interests.

We saw there was a safeguarding policy at the practice for children and vulnerable adults. There was a policy displayed which confirmed the practice had a zero tolerance to any violence. The dental nurse told us they never used restraint at the practice. They said they sometimes held people's hands to reassure them.

**Cleanliness and infection control** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

## Reasons for our judgement

People told us they were very happy with the standard of cleanliness at the practice. One person commented, "I have no concerns about cleanliness."

We examined cleanliness and infection control in conjunction with the Department of Health's 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

We observed the treatment rooms and communal areas to be clean and uncluttered. There were policies and procedures in place to guide staff. The policy had been updated in April 2013.

We saw the last staff training in infection control was during October 2013.

The dental nurses took responsibility for cleaning the treatment rooms. They completed open and close of day checks, which ensured all tasks were completed. The provider might find it useful to note we found dust on the arm of the dental lamps in two of the treatment rooms, directly above the dental chairs. External cleaners cleaned communal areas.

Dental nurses explained the procedure used between each person to reduce the risk of cross infection. This included wiping down surfaces, the dental chair and work surfaces and cleaning the spittoon. We saw there were disposable covers on the head rest of the dental chair and the computer keyboards. Dental water lines were flushed through at the start and close of each day, between each patient and at the beginning of each session. Regular checks were completed on the dental water lines and findings were logged.

We noted the last infection control audit had been completed by the dental insurers. During our visit the dental nurse downloaded a copy of the HTM01-05 quality audit tool to be used for future audits. The provider might find it useful to note HTM01-05 recommends infection control audits are completed every six months.

We observed one dental chair was ripped in two places. The dental nurse explained this

chair had been withdrawn from use until it had been repaired.

Separate hand washing facilities were available in the treatment rooms but not in the decontamination room. Antibacterial hand gel was available along with paper towels. However this was not wall mounted as recommended in HTM01-05. There was written guidance on the correct hand washing techniques, located by the basins.

The lead dental nurse for infection control demonstrated the process taken to ensure infection control within the practice. There was a separate decontamination room which was tidy and clean. There was a clear dirty to clean workflow identified for staff to follow. There was guidance on the wall for staff to follow, which explained the process for both manual cleaning and wearing the appropriate protective clothing.

Dirty instruments were transported to the decontamination area in ridged lidded boxes. The dental nurse told us dirty instruments were scrubbed in a solution under water and then rinsed in a separate sink before going into the ultra-sonic cleaner. Brushes used for cleaning were sterilised and replaced, as necessary. Instruments were then checked under the illuminated magnifying glass for debris. Instruments were then placed into the autoclave to be sterilised. The autoclave digitally recorded the cycle and records were maintained to show the efficiency of the machines. Once sterilised, instruments were bagged, sealed and dated with an expiry date. We saw the autoclave had been serviced 18 December 2013.

The ultra-sonic cleaner had quarterly foil tests and weekly checks of efficiency. The dental nurse said the ultra-sonic cleaner was new and had not needed a service.

The dentist and dental nurses were supplied with personal protective equipment (PPE). Dental nurses confirmed they had adequate supplies available to them. People we spoke with confirmed staff wore protective clothing.

Clinical staff took responsibility for laundering their own uniforms.

The dental nurses told us all staff had been vaccinated against blood borne viruses (Hepatitis B) in line with the practice's policy.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

## Reasons for our judgement

People said they although they had not had reason to make a complaint, they were confident any concerns would be dealt with appropriately by the practice.

One person told us "I have never made a complaint but I definitely would as a lot of money is involved." Another person said "I have never needed to make a complaint. I have no problems here."

We saw there were policies and procedures in place to deal with any concerns or complaints raised. We observed documentation regarding a concern raised. Records showed the matter had been dealt with in an appropriate and timely manner.

We noted there was information available for people on how to raise a concern or make a complaint, in the waiting area. This provided people with information about the practice's code of practice for handling complaints.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

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

### Responsive inspection

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

### Routine inspection

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

### Themed inspection

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

## Contact us

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