Inspection Report

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

Coombe Dental Care

120 Coombe Road, Salisbury, SP2 8BD

Tel: 01722341291

Date of Inspection: 24 January 2014

Date of Publication: February 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
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Coombe Dental Care Limited
Registered Manager	Miss Belinda Vohra
Overview of the service	Coombe Dental Care is a small dental practice located on the outskirts of Salisbury. The practice treats predominately private patients but also some NHS patients.
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'.

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 24 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 six people attending the practice for appointments. They told us their dentist was "calm and confident" and "I find her very easy to talk to."

We met with the receptionist, the provider/dentist and two dental nurses. We saw photographs of all people employed at the practice were displayed in the reception area.

People confirmed they were given information about the treatment options available to them. They said they were shown X-rays and models and pictures to demonstrate treatments and choices clearly. One person said their dentist "always explained things very well."

People said they were asked about their medical history at each visit. The dentist told us this ensured they were aware of any changes that might impact on treatment.

We observed people were welcomed at the practice. People said they could make appointments easily and those people requesting emergency appointments were seen the same day.

The practice had policies and procedures in place to safeguard children and adults. Staff were aware of the policies and where they could access information if they were concerned about someone's safety.

People told us they had no concerns in relation to the cleanliness of the practice. One person said "I think the whole place is tidy and pristine, so are the staff."

Staff we spoke to said they were well supported by the provider.

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 six people attending the practice for appointments. They told us their dentist was "calm and confident" and "I find her very easy to talk to." The majority of people we met with had been attending the practice for many years.

We met with the receptionist, the provider/dentist and two dental nurses. We saw photographs of all people employed at the practice were displayed in the reception area.

People confirmed they were given information about the treatment options available to them. They said they were shown X-rays and models and pictures to demonstrate treatments and choices clearly. The provider had a comprehensive assessment tool they completed with people on their first appointment. The assessment provided a health score of potential risk for individuals and formed the basis of their treatment plan. One person said their dentist "always explained things very well." Another person told us "all my options are explained.

One person we spoke with said "she (provider) explains all options, it's very very clear I have choices. She will check I understand and if I want to ask questions. One time I was given a quiz which ultimately showed if I really understood some treatment. No complaints whatsoever."

We observed people were welcomed at the practice. People said they could make appointments easily and those people requesting emergency appointments were seen the same day. People spoke positively about the reception staff. One person said "reception is first class."

We noted there were information leaflets available throughout the practice for people to read on different treatments, procedures and oral health advice. The provider said people could take information home to read before they made any decisions about their treatment. One person told us "I was given a really good information booklet, which had simple language and pictures, which really explained my treatment."

There was information outside of the practice which displayed the names of the dentists and their qualifications. Out of hour's information and treatment costs were available within the practice. There was information on how to raise a concern or make a complaint on the wall in the reception area.

We saw people had been asked to complete a satisfaction survey in October 2013. The majority of the comments received were positive. There was also a suggestion box located in the waiting area.

The practice had completed a Disability Discrimination Audit. No actions were found as a result of the audit. There was a risk assessment for the whole practice, which was reviewed annually. The layout of the practice enabled people to access the treatment rooms and toilet easily. The practice had an equality and diversity policy. The provider said they allowed extra time for people who might have specific needs. This included people with a diagnosis of dementia and people with a learning disability. The provider told us people usually came with a relative or carer, which put them at ease.

There was an office on the first floor which provided an area where people could discuss any concerns or issues in private and away from the communal reception area, if they wished to do so.

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 we spoke with were positive about the treatment they received at the practice. Comments included "she (provider) treats me extremely well. I would be hard pressed to find any issues," "she is very thorough and is gentle in her manner" and "I feel safe and have confidence with what is going on."

One person said they visited the practice every three months, due to a health condition. They told us "she (provider) gives brilliant care; she makes sure you are comfy and also gives brilliant after care."

Another person told us "I was impressed; I felt safe and had great confidence with what was going on. X (provider) brought in an extra dental nurse and the surgery looked like a mini operating theatre. I left with a goody bag to help me when I went home. This included a very soft toothbrush, all the medicines I needed such as antibiotics, an ice pack, mouthwash and toothpaste recommended by the dentist."

People said they were asked about their medical history at each visit. This ensured the dentist was aware of any changes they needed to know about which could impact on treatment. We saw this information was detailed in people's electronic records.

The practice had appropriate drugs and equipment available in the event of a medical emergency. We saw the equipment and drugs were checked monthly by a dental nurse and there was a record of expiry dates for quick reference. The dental nurse explained the expiry dates were also recorded electronically and staff were then alerted when medicines needed to be replaced. This equipment included an oxygen cylinder, suctions and an Automated External Defibrillator (AED). Staff we met with told us they attended annual training in medical emergencies. The provider told us they had recently attended a five hour core course on emergency procedures. We noted organising dates for medical emergency training formed part of the staff team meeting.

We looked at electronic records. We saw a robust 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. A clinical record audit had been completed by the provider on 24 December 2012.

We were told people going onto a private dental plan could use a tablet computer in the reception area prior to seeing the dentist. This meant the dentist was aware of any issues or potential complications re health, lifestyle or diet prior to people coming in for their appointment. People told us they were given oral health advice and this was also documented in records. The dentist told us people received a soft tissue screening assessment at each visit which was recommended practice.

People said they could make appointments easily. One person told us they had attended as an emergency appointment on the day of our visit. They said "I called this morning and am here now."

Only trained specially people took responsibility for radiography within the practice. There was a radiation protection file which contained all the required information relating to radiography. We saw the X-ray machines had been serviced in 2012. Local rules were displayed next to the X-ray machines and there was a risk assessment in place. People told us they were invited to look at their X-rays, if they wished to do so. People said they did not feel there was an excessive use of X-rays. We noted an X-ray audit had been completed in January 2014. This meant 10 random X-rays had been checked to for quality and justification.

There was a policy in place and instructions on actions to be taken, if a needle injury occurred. We saw all incidents and accidents were recorded appropriately. Minutes from a staff meeting demonstrated the reporting of incidents to the Health Safety Executive had been discussed.

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

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 happening because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we met confirmed they felt safe using the practice. One person told us "she (the provider) gives excellent advice and I completely trust her."

Another person we spoke with said "She (the provider) is very good with my wife who has a memory problem. I feel my wife can still consent and if she couldn't the dentist would stop."

The practice had policies and procedures in place to safeguard children and vulnerable adults. Staff were aware of the policies and where they could access information, if they were concerned about someone's safety. We saw there was a flow charts and contact details for local safeguarding teams. This meant if necessary, staff could contact the appropriate people in a timely manner.

Staff we spoke with demonstrated they understood what signs might alert them to possible abuse having taken place. No one at the practice had made a safeguarding referral but were confident in the protocols they needed to follow.

All staff at the practice had completed safeguarding training. They told us this had include training on the Mental Capacity Act 2005 (MCA). One dental nurse said they had "learnt a lot" at the training.

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 had no concerns in relation to the cleanliness of the practice. I think the whole place is tidy and pristine, so are the staff." Another person commented, "The environment is always clean."

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 well lit, clean and uncluttered. One treatment room had a fluffy toy situated above the dental seat. We reminded the dental nurse, soft toys were not recommended in treatment rooms. The dental nurse immediately removed the toy.

The dental nurses took responsibility for cleaning the treatment rooms and communal areas. They completed open and close of day checks, which ensured all tasks were completed. We observed there to be some dust in both treatment rooms, which we discussed with the provider. The provider said they would ensure these areas were included in the daily cleaning schedule in the future. Equipment and overhead lights were found to be clean and dust free.

The provider might find it useful to note a couple of floor tiles were cracked at the doorway to the decontamination room. This could pose a potential risk in relation to infection control as they could harbour germs or be difficult to clean properly.

Dental nurses explained the procedure used between each person to reduce the risk of cross infection. This included wiping down surfaces and the dental chair and light and cleaning the spittoon. We saw there were disposable covers on the head rest of the dental chair and handles of the overhead light. Dental water lines were flushed through between each patient and at the beginning of each session.

We noted regular infection control audits had been completed. The audit completed on 21 June 2013 by the provider had resulted in a 98 percent score towards meeting best

practice standards. An action plan was developed as a result of the audit. The lead dental nurse was the named person responsible for infection control within the practice. All staff had attended infection control training on 4 January 2013.

Separate hand washing facilities were available in the treatment rooms. Antibacterial hand gel was available along with paper towels, however this was not wall mounted, as recommended in HTM01-05. There was also a plug in the handwashing sink, which is not recommended in the guidance. There was pictorial guidance on the correct hand washing techniques, located by the basins.

The lead dental nurse demonstrated the process for decontaminating instruments. There was a clear dirty to clean workflow identified for staff to follow. The dental nurse explained the process for manual cleaning. They told us brushes used for scrubbing instruments were regularly sterilised and replaced weekly.

Dirty instruments were transported to the decontamination area in ridged lidded boxes. The dental nurse told us dirty instruments were placed in a solution under water and scrubbed before being rinsed in a separate sink. Instruments were then checked under the illuminated magnifying glass for debris. Instruments were then placed into the autoclaves to be sterilised. The autoclave digitally recorded the cycle and records were maintained electronically to show the efficiency of the machines. Once sterilised, instruments were bagged, sealed and dated with an expiry date. We saw the autoclaves had been serviced during July 2013.

The dentists 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. One person said "the place is spotless."

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

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People we spoke with were complimentary about the staff working at Coombe Dental Practice. Comments included: "I feel the dentists and nurses are excellent," and "She (the provider) is the best."

The staff we met with told us they enjoyed working at the practice. They said they were supported well by the provider. We observed staff shared lunch times together. The dentist told us they often used this time to discuss any issues or concerns.

The provider said they were fortunate they did not have a quick turnover of staff. Many of the staff at the practice had been there for a number of years. This meant people had the opportunity to build relationships and trust with the staff.

We saw certificates which confirmed staff had attended various and on-going training. This included; confidentiality, safeguarding training, infection control and hand hygiene. We saw records of continuing professional development undertaken by clinical staff.

We saw regular practice meetings had taken place. We saw on the meeting minute's latex risk, hazardous waste, significant events and confidentiality were amongst the topics discussed.

Arrangements were in place to ensure all staff received an annual appraisal of their work practices. Dental nurses and the reception staff had completed a personal development plan.

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.

✓ **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. 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:

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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