Inspection Report

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

Smile Horizons t/a Grapes Dental Surgery

Smile Horizon Limited, Grapes Dental Surgery, 12 Straits, Easton, Portland, DT5 1HG

Tel: 01305820534

Date of Inspection: 24 February 2014

Date of Publication: March 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Smile Horizons Limited
Registered Manager	Miss Andre Rosling
Overview of the service	Smile Horizons t/a Grapes Dental Surgery is located in Portland, Dorset, and provides a range of dental treatments and services for private fee paying adults and children as well as a small number of NHS services.
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

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 February 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

We did not speak with any people as part of this inspection. There were appropriate policies and procedures in place to gain consent and the provider had suitable emergency planning procedures in place.

The environment was clean and well maintained. Infection control procedures were in place and were being followed. Equipment was suitable maintained and serviced.

We found that people were cared for by a sufficient number of staff that had been through the appropriate recruitment checks.

There was an effective complaints system available, in case anyone wished to raise a complaint, and records were appropriately maintained.

Feedback collated by the surgery was mostly positive. Some comments included "The staff are very efficient and courteous, the dentist was effective" and "Everybody was welcoming and staff were happy to engage in conversation".

Comments around waiting times were positive with people not waiting more than one day for an appointment.

People were happy with the way staff explained treatment to them. They said "The dentist was very clear in what needed to be done" and "The dentist took time out to explain what they were about to do".

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The practice mainly provided dental treatments and services for private fee paying people of all ages and a small number via the NHS. The practice manager told us they saw approximately 20 to 30 people per day. There were three dentists and one hygienist who all worked various shifts.

During each visit, all people who received treatment were asked to complete a record form and declaration which included their personal and medical details. During each visit, the dentist updated the person's medical history information.

All people who received treatments were given a paper copy of their treatment plan, which included information about the treatment to be provided and details of fees and charges. People were also required to sign a paper copy of their treatment plan which the practice retained as evidence of their consent to treatment.

The practice manager told us that the treatment options and services available were explained to people prior to receiving treatment, so they could make an informed decision.

The practice manager, who was also a nurse, told us they sought verbal consent from people who used the service prior to commencing treatments and that consent to provide treatment to children was obtained from their parents or legal representatives. Where people lacked the capacity to make their own decisions, consent was sought from their representatives.

During the visit, we looked at two peoples' medical records, which showed that staff involved people who use the service and treatments were offered in accordance with peoples' individual needs and preferences. The records we looked at showed that verbal and written consent had been obtained prior to commencing treatment.

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

The practice opened for routine appointments from Monday to Friday during various hours. The practice manager told us that if a person needed an emergency appointment, they ensured an appointment would be given within 24 hours. Time slots were allocated on a daily basis specifically for emergency appointments.

Procedures for care and treatment were carried out in line with published research and good practice guidelines such as those from the National Institute for Health and Clinical Excellence (NICE). Staff working at the dental practice had the relevant qualifications and experience to deliver the service provided.

The provider used an IT database system to store records such as peoples' personal information, appointment history, consultation notes, medical history records and referral letters. The practice manager told us that all the required paper records, such as NHS treatment records, were retained for traceability for the appropriate time period.

We looked at two peoples' medical records, which contained information such as a person's basic contact details, medical history, X-rays, referral letters and treatment records. These were generally complete and up to date and showed that people who used the service received treatment and services in a way that maintained their safety and well-being.

Equipment was in place to deal with medical emergencies, such as drugs and treatment pack, oxygen cylinders and a defibrillator. The provider should note that not all of the emergency equipment was checked and maintained by the staff on a routine basis. Staff training records showed that the majority of staff had received life support and medical emergency training.

The provider had processes in place to deal with emergencies that could affect the provision of services. There was a business continuity plan in place which helped to identify and mitigate the risks arising from emergencies to people using the service.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

The practice consisted of two treatment rooms, an equipment decontamination room and a reception room with waiting area. There were patient information leaflets that explained the care, treatment and choices available for people that used the services. At the time of inspection, only one treatment room was in use as the second needed to be refurbished.

The areas in the dental practice were well maintained and the environment, where treatments were carried out, was clean and appropriate. Policies and procedures for infection prevention and control were in place. We saw that staff had attended training in infection control. We saw the appropriate application of required infection prevention and control procedures and techniques in place in the areas we observed.

Staff we spoke with understood the importance of infection prevention and control, including decontamination, and could clearly describe their own roles and responsibilities within this area. The practice manager was the overall nominated infection prevention and control (IPC) lead. However, it was not fully clear if they were aware of the specific responsibilities of the IPC lead such as overseeing local infection prevention and control policies, producing an audit programme to ensure policies have been implemented, and producing an annual statement with regard to compliance with good practice on infection prevention and control.

The dental nurse told us that preparations were undertaken prior to using the treatment rooms. This included checking all the water lines in the dentist's chair and performing appropriate cleaning cycles before and after use. We were informed the treatment rooms were cleaned by the clinical staff between each patient using appropriate equipment to agreed standards.

Staff using the treatment rooms had systems in place to ensure that clean and used (dirty) dental instruments and equipment were kept separate in sealed containers. During our discussions with the dental nurse, we found they were aware of implementing government guidance on decontamination within dental practices.

The dental nurse showed us, and explained to us, the process for managing used

instruments within the treatment rooms to ensure clear and separate areas for clean and dirty instruments. There was a dedicated decontamination room which had a clear pathway where contaminated (dirty) instruments followed to become clean. We were told the dental nurse's rinsed and washed the instruments and then used an ultrasonic bath to remove any debris before instruments were checked under magnification. Autoclaves were then used to sterilise instruments to the approved level of sterilisation. Clean instruments were stored in sealed packaging and date stamped according to national guidelines. The staff we spoke with had the required levels of competence and training in relation to these areas.

Validation of the technical dental equipment such as autoclaves and x-ray machines was in place and recorded on a daily basis. We also saw evidence of external servicing. There were risk assessments and routine checks in place to minimise the risk of Legionella. Although we did not that the water outlets were not always being flushed in the unused treatment room.

The IPC lead carried out infection control audits, which included references to Decontamination Health Technical Memorandum (HTM-01-05: Decontamination in primary care dental practices).

The practice had a policy in place to prevent exposure to blood-borne viruses and we saw staff had received the appropriate immunisation. The majority of hand-wash sinks we saw had elbow operated mixer taps, in accordance with current best practice guidance. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the decontamination and treatment rooms.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The practice manager told us that during recruitment, they carried out full enhanced Disclosure and Barring Service (DBS) checks (previously known as Criminal Records Bureau (CRB) disclosure checks) on new recruits before they commenced employment. She told us that references were available for the last person to be recruited; however, staff recruited prior to this may not have full references as they had been employed for over 20 years.

We looked at three staff files, one for the dental nurse, one dentist and one trainee dental nurse. These showed that DBS checks had been carried out before staff commenced employment. There was evidence of interviews taking place as well as a work history being recorded. However, the provider should note that formal reference checks were not in place for all staff employed at the practice. References hadn't been obtained for the dental nurse and the dentist.

The practice manager told us that if a new recruit had a prior conviction on their disclosure check, they would carry out an assessment to determine if the person was suitable for employment and document this on their staff file.

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.

Reasons for our judgement

The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. The policy included contact details for the people to report concerns within the service or to external agencies. The complaints policy stated the timelines that would be followed if a complaint was received including the investigation and response timelines.

We saw standardised records and forms in place for staff to document any complaints raised, including what actions to take to address any issues raised. The practice manager was the named person who would oversee all formal complaints. Details on how to make a complaint were displayed in the waiting room area.

The practice manager told us they had received no formal complaints in the previous 12 months.

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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