Inspection Report

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

Amesbury Dental Care

Unit 1, Stonehenge Walk, High Street, Amesbury, SP4 7DB

Tel: 01980623004

Date of Inspection: 20 November 2013

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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	Gowtham Makam
Registered Manager	Mr. Gowtham Ramakrishna Makam
Overview of the service	Amesbury Dental Care provides treatment mainly under the NHS. The practice offers some private cosmetic treatments such as tooth whitening.
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 unannounced 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 20 November 2013, 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

On the day of our visit we were able to speak with two people who had attended the practice for routine appointments. One person said they had attended their first appointment a week ago. They described the practice as "having very acceptable standards."

People told us they were involved in all decisions relating to their treatment. They said they were asked whether there had been medical changes the dentist would need to be aware of. People said they were made aware of the cost of treatment in advance.

People said they could make appointments easily. One person told us the receptionists were "helpful" and it was "easy to make an appointment."

The practice had policies and procedures in place to ensure children and vulnerable adults were protected. The provider was the lead person for safeguarding at the practice and staff had attended safeguarding training. The practice manager told us further safeguarding training would be arranged for early 2014.

The dental nurse explained how infection control was managed within the practice. They told us they had received infection control training as part of their qualification course work. People we spoke with told us they were happy with the cleanliness of the practice.

Systems were in place to respond to any concerns or complaints. People's views on the service had been sought by satisfaction surveys. There was a copy of the complaints policy on display in the reception.

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

On the day of our visit we were able to speak with two people who had attended the practice for routine appointments. One person said they had attended their first appointment at the practice a week ago. They described the practice as "having very acceptable standards."

People told us they were involved in all decisions relating to their treatment. They said they were asked whether there had been medical changes the dentist would need to be aware of. People said they were made aware of the cost of treatment in advance.

People had been asked for their views of the service within a patient survey carried out in September 2013. We saw 21 people had responded to the survey. 19 of the 21 people asked said they had their treatment explained to them by the dentist. One person had commented "they have always been very good and explained things as I ask a lot of questions." Another person said "this is the first dentist who has really listened to me."

The practice manager had carried out an internal audit in July 2013. The audit followed "the patient journey" and looked at what people's experiences of the practice was like.

The practice had an equality and diversity policy in place. The practice was accessible to people with mobility difficulties. There was a disabled toilet on the ground floor.
One dentist described how they allowed additional time for some people. They told us how they had allowed extra time to do a filling for someone with dementia. They said they went through the procedure with them "step by step."

We noted there were information leaflets in the reception. These included a price list and various treatment options. Information was available on how to raise a concern or make a complaint, if needed.

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 told us the receptionists were "helpful" and it was "easy to make an appointment." Another person told us they had been kept waiting for 20 minutes and they felt "it would have been nice to have been told there was a delay." Within the patient survey we saw one person had said "waiting times are minimal and staff do a great job."

We were able to talk with both of the dentists and the dental nurse during our visit. We were told and saw within electronic records, people were given oral health advice. We saw consent forms had been completed by people prior to receiving certain treatments. A dentist told us people could always change their minds at any time, if they wished.

We observed appropriate drugs and equipment were available that could be used in the event of a medical emergency. A dentist and the practice manager took responsibility for checking the drugs and equipment daily. Records of the checks were maintained. The practice manager told us they carried out three monthly simulated medical emergency exercises to refresh staff with emergency procedures. We were told all staff received annual training in emergency procedures. The practice manager told us they were planning to book all staff onto refresher training early in 2014. The practice had a medical emergencies policy in place.

The dentist was the named lead for radiography within the practice. We saw there was a Radiological certificate of examination in place dated January and May 2013. An audit quality of radiograph's had been completed in October 2013. The provider may find it useful to note the local rules were not displayed by the X-ray machines as recommended.

As a result of a completed health and safety audit in August 2013, we saw new health and safety signage had been purchased. There was a health and safety policy and risk assessment in place; however neither was dated so it was difficult to ascertain if they were current.

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 resonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The practice had policies and procedures in place to ensure children and vulnerable adults were protected. Staff were aware of the policies and where they could access information if they were concerned about someone's safety. There was guidance for staff on the local safeguarding protocols 'No Secrets'.

The provider was the lead person for safeguarding at the practice and staff had attended safeguarding training. The practice manager told us further safeguarding training was to be arranged for early 2014.

We talked to the dentists about their experiences of making a safeguarding referral. One dentist described how they had reason to make a referral at a practice they had previously worked at. The dentist told us they recorded any concerns regarding people's wellbeing or possible signs of neglect and would report to the local authority.

Practice meeting minutes demonstrated child protection had been discussed with the staff team. A whistleblowing policy was in place.

We saw there was a policy on adults who lacked the capacity to make a decision for themselves. This detailed the five principles of the Mental Capacity Act 2005 (MCA). The dentist showed us a consent form for people to confirm they agreed to treatment.

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." Another person described how the dentist had asked them to pick up their own denture, rather than risk cross infection.

We examined cleanliness and infection control in conjunction with the Department of Health '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 airy.

The practice manager told us the dental nurses carried out all of the cleaning within the practice. We saw they followed an opening and close of day check list. This ensured all cleaning tasks were completed.

The 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 light and cleaning the spittoon. We saw there were disposable covers on the head rest of the dental chair and overhead light. We noted fixtures and fittings were in a good state of repair. Dental chairs and dentist stools were clean and free from tears or rips.

Separate hand washing facilities were available in the treatment rooms and the decontamination room. Antibacterial hand gel was available along with paper towels. There was written guidance on the correct hand washing techniques, located by the basins. Hand washing basins did not have plugs, as recommended.

The practice manager was the lead for infection control within the practice. They showed us infection control audits which they completed in January and November 2013. As a result of the audits the practice manager had an action plan on how they intended to meet essential standards. The practice manager told us they scored the practice as 99 per cent compliant at the last audit.

We saw all staff had attended regular infection control training. We noted staff had signed

the infection control policy to confirm they had read and understood it.

There was a separate decontamination room, used by all clinical staff. The dental nurse talked us through the decontamination process. Instruments were transported in a lidded box to the decontamination room. There were two separate basins for cleaning and rinsing instruments, before being placed in the washer disinfector. Instruments were then checked under the illuminated magnifying glass for debris. Instruments were then placed into the autoclave to be sterilised. The autoclaves automatically recorded the cycle and this information was logged. Sterilised instruments were dated with an expiry date. There was a clear dirty to clean workflow identified for staff to follow.

The dental nurse told us they took responsibility for ensuring the cleanliness of the autoclaves. We saw the autoclaves had been serviced in December 2012 and were due to be serviced again in February 2014, in line with manufacture's guidelines.

The dentists and dental nurses were supplied with personal protective equipment (PPE). Dentists and dental nurses confirmed they had adequate supplies available to them. People we spoke with confirmed staff wore protective clothing. Dentists and dental nurses took responsibility for the daily laundering of their uniforms.

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

Systems were in place to respond to any concerns or complaints. People's views on the service had been sought by satisfaction surveys. Within a survey people had been asked if they felt the opening hours were to their satisfaction. 100 per cent of people responded positively.

The practice manager told us within feedback forms some people had made reference to the amount of times the dentists had changed within the practice. The practice manager had responded to this by reassuring people that one of the dentists was the owner, so was settled at the practice. We saw they had empathised with people and added "we can understand the frustrations of the past."

People we spoke with said they had not had reason to complain. One person said they would feel confident to raise any issues of concern directly with the dentist.

Another person described how they were planning to discuss with the dentist, how the experience could be improved for them by not having the dental chair too far back.

There was a copy of the complaints policy on display in the reception. There was also a code of practice for people's complaints. The confidentiality policy had been reviewed during April 2013.

There was a complaints log, maintained by the practice manager. The manager told us they completed a monthly audit of the complaints log.

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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