

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

Finest Smile Dental Studio

114 Broadway, Southbourne, Bournemouth, BH6
4EH

Date of Inspection: 23 August 2013

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September 2013

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

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
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Finest Smile Limited
Registered Manager	Dr. Monika Steindl
Overview of the service	Finest Smile Dental Studio provides general dentistry including advice and preventative treatments for people under private arrangements. The practice employs dentists, dental nurses and a receptionist.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 23 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with three people who used the practice they told us they were pleased with the dental treatment they received and found the staff to be friendly and informative.

People experienced care, treatment and support that met their needs and protected their rights.

People who used 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.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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

The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

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

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

During our inspection visit we spoke with three people who used the services of Finest Smile Dental Studio. All of the people told us they were pleased with the level of care and the service they received from the practice.

We observed the practice was all on one level which aided access for people with mobility needs.

The practice had one dental surgery, a toilet that was suitable for people with mobility needs and a waiting and reception area. On the day of our visit, three people were scheduled to have dental treatment. With their permission we observed one of the treatments and spoke with all three people.

One individual we talked with told us, "I've been really pleased with the treatment and service I've received; everyone is very helpful and friendly". Another person we spoke with told us, "My dentist always explains what treatment I need and I'm given time to think what I want them to do, they've been very good, I have no complaints at all".

All of the people we spoke with told us they were seen promptly and confirmed the practice sent them reminder texts, phone calls or e mails the day before their appointment.

We saw there was a range of information and advice leaflets in the reception and waiting room area. For example we saw there was clear information displayed concerning the practices patient safety policy, complaints procedure and the practice out of hours and emergency phone number. There were also pamphlets available covering various dental treatments such as; tooth whitening, crowns and veneer's.

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

We asked permission to observe a person receiving their dental treatment. With the

consent of the person we observed their dental treatment. The dentist asked the person if they had any changes in their medical history and assessed the person's teeth, gums and mouth. We observed the dentist engaged positively with the person and took time to explain possible treatment options. Using a model of a mouth the dentist clearly explained different brushing techniques and checked the person understood what was required of them. We observed the dentist provided the person with information on the impact of diet on their oral health and clear information on the maintenance of good oral hygiene.

We noted the dentist and the dental nurse wore the correct personal protective equipment such as gloves, masks and aprons throughout the consultation.

Due to the small size of the practice, people's records were held on a manual system. We were shown the system which was clear, straightforward and allowed people's medical histories to be recorded effectively. The manager told us when the practices register of people increased they would look into obtaining software systems to enable people's records to be kept electronically.

We looked at five people's manual records and saw the records had been updated with the person's medical histories, soft tissue checks and on-going condition of their teeth. We saw people's records were stored securely.

We were shown several treatment plans. The treatment plans outlined the treatment options available for the person and showed the person had been given information concerning their dental treatment and how much the treatment would cost.

People we spoke with confirmed they received treatment plans and felt involved and consulted in their dental care and treatment.

This all showed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure their safety and welfare.

We spoke with all of the members of staff working at the practice at the time of our visit. Staff were knowledgeable about the procedures to take in the event of an emergency and told us they had received training in basic life support and medical emergencies. We saw training certificates that confirmed this. We saw the correct emergency medication was available along with emergency oxygen and appropriate equipment.

Staff told us they had access to all the equipment they needed and there was a sufficient supply of sterilised instruments. At the time of our inspection the practice did not have an automatic external defibrillator (AED). The manager told us it was their intention to purchase one in the future. We saw certificates that showed staff had been trained in basic life support.

We checked the practices emergency oxygen supply and found it was kept in accordance with the manufacturers regulations. We saw that procedures were in place to ensure that the use of x-rays were safe.

This all showed that there were arrangements in place to deal with foreseeable emergencies.

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

We did not speak with people who used the service about the protection of children and safeguarding of vulnerable adults.

We observed that the practice had safeguarding policies in relation to the safeguarding of children and vulnerable adults. These policies were clear, detailed and included definitions of the different types of abuse and the correct local contact information and telephone numbers.

We saw that people were protected because staff were aware of their responsibilities in relation to safeguarding of children and vulnerable adults. Staff we spoke with told us they had not had to make a safeguarding referral but were able to tell us what they would do if they were worried or concerned about a child or vulnerable adult.

We looked at the staff training records and noted staff had received safeguarding training in relation to children and vulnerable adults and additional training around the Mental Capacity Act 2005 to ensure they understood their legal responsibilities.

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

During our inspection visit we noted the practice was visibly clean, well-organised and well maintained. People we spoke with stated they felt the practice was kept clean and hygienic.

We saw there was a separate decontamination area used for decontamination instruments and that equipment was available to ensure that the decontamination process met with the requirements of the Health Technical Memorandum 01-05 (HTM 01-05). The HTM 01-05 is the guidance that dentists are required to follow to ensure that their practice is safe and minimises the risk of cross infection. The document sets out two standards of compliance for dental practices. These are, "essential quality requirements" which must be achieved and "best practice" which are ideal and desirable.

We were shown the decontamination procedure by the dental nurse who confirmed they had received training in the use of personal protective equipment (PPE) and handling of clinical waste and they were aware of the policy relating to blood-borne viruses and other cross-infection policies.

We saw that there were policies and procedures in place to reduce the risk and spread of infection. For example, we saw records that showed staff were immunised against hepatitis B and that PPE would be used to help prevent infection and cross contamination.

The practice manually washed, soaked and used an ultra-sonic cleaning bath to clean the instruments and then used an autoclave to sterilise them. An autoclave is a device used in dental practices to sterilise dental equipment. An illuminated magnifier was available to check for soiling on instruments after they had been cleaned. We observed staff used PPE during the decontamination process. We noted sterilised instruments were packaged and date stamped with the timescale in which they could safely be used and were stored safely in enclosed drawers and cupboards.

We noted the decontamination room and dental surgery had a dirty to clean workflow which meant that used and sterilised instruments were kept apart, this reduced the risk of

sterilised instruments becoming contaminated.

We saw the surface of the dental chair in the surgery was intact. We observed that the chair and surgery was cleaned between consultations as per the guidelines specified in the HTM 01-05.

Staff we spoke with were able to correctly describe the single use symbol that was used to identify dental instruments that could only be used once.

We saw single use instruments were disposed of in sharps bins. We saw that colour coded bags and sharps containers were present for the clinical waste and we were told this was collected by a registered carrier. We saw records that confirmed this was the case. We checked the storage facilities for the clinical waste and noted they were secure.

We saw records that showed the dental surgeries had a daily cleaning system in place and records that showed infection control audits were carried out. The manager showed us the practices cleaning schedules which included steam cleaning on a weekly basis as they told us this was more hygienic.

We saw records that showed the autoclaves were validated at the start and the end of each day and the ultra-sonic baths were also checked and tested daily.

This all meant that people were cared for in a clean safe environment and by staff who were aware of the need to prevent cross infection.

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

We spoke with all the members of staff at the practice on the day of our inspection. They all told us they enjoyed working at the practice and felt very well supported to carry out their roles. One member of staff told us, "I'm so lucky to work here, everyone is very helpful and we're a really good team". We were also told, "As a small team we're able to discuss day to day queries straight away, that generally works well and means everyone knows what's happening at any time"

We looked at certificates of training courses staff had completed. These showed that basic life support, infection control safeguarding of children and vulnerable adults training had been completed during the previous twelve months. This showed staff received appropriate professional development.

We spoke with a member of staff concerning their induction training. They told us it had been very thorough and they felt the training had been delivered at a high standard. We saw records that showed all staff would receive a yearly appraisal once they had been employed with the practice for a year. The appraisal identified where training needs were required and gave the member of staff the opportunity to state where they felt they could improve and what their strengths were. We saw staff would be given a mid-year review that included a personal development plan and objectives which they would be involved in setting.

Members of staff we spoke with told us they felt the practice would support them with their future training requirements.

The manager told us the practice would be holding regular team meetings. We saw one had been held and the meeting minutes were clearly available for staff to read and had covered areas such as; holiday cover and appraisals. We noted the minutes had been signed by all staff to state they had read and understood them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The manager showed us questionnaires that would be sent out to a selection of people who used the service. The questionnaires covered a range of topics such as; the waiting area, cleanliness of the premises, friendly staff and accessibility of facilities. The manager told us they had not yet sent the questionnaires out to people because they wished to increase their patient numbers first. They stated this would ensure people could complete the questionnaires anonymously.

This showed people who used the service would be asked for their views about their care and treatment and their views would be acted upon.

We saw records that showed the provider used audits and had systems in place to monitor the quality of service provided and improve patient care. We saw a number of audits were carried out during the year in accordance with the requirements of the HTM 01-05, and that these were used to inform better practice. Examples of audits carried out were; infection control, radiology, medicines and patient satisfaction. The audits we saw showed good performance against expected standards.

We saw the practice had completed risk assessments covering the environment, water hygiene and legionella. The risk assessments met the requirements as laid out in the HTM 01-05.

We saw clear information was displayed in the waiting room concerning the practices complaints procedure. We were shown the practices complaints policy. We noted there had not been any complaints made for the previous twelve month period; the manager confirmed this to be correct. We saw the practices complaints procedure was clear and noted their procedures would acknowledge, investigate, analyse and take preventative action if complaints were received in the future.

This showed the provider would take account of complaints and comments to improve the service.

We were shown the practices incident and reporting and investigation policy. The manager

told us they had not had any incidents or accidents in the previous twelve months. Records we saw confirmed this to be the case.

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.

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