

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

## Quay Health

21-23 Denby Road, Paignton, TQ4 5DB

Tel: 01803527091

Date of Inspection: 23 June 2014

Date of Publication: July 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Smile Care Paignton Ltd
Registered Manager	Mrs Anna-Maria Crewes
Overview of the service	Quay Health Dental Practice provides both private and NHS dentistry to approximately 2,500 people. It is situated in Paignton town centre.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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Quay Health Dental Practice employed a practice manager, two dentists, a hygienist, four dental nurses and two receptionists on the day of our visit. This town centre practice was open during office hours from Monday to Friday. Opening times were displayed at the front entrance, on leaflets located at reception and on the practice website.

We spoke with four people during our visit who attended for treatment. All of them had attended the practice for several years and described it as a caring and responsive service. One person told us "It's very friendly and they always listen, I give them ten out of ten."

The practice had measures in place to deal with foreseeable emergencies. Staff had received first aid training and all required emergency equipment was up to date and easily accessible.

We spoke with four staff during our visit. All of the staff we spoke with told us that they had received training in safeguarding vulnerable adults and child protection. Patients told us they felt safe at the practice.

The practice was clean, tidy and well organised. One patient said "It's extremely well looked after." We found that the practice maintained high standards of infection control.

We found effective systems were in place to monitor the quality and safety of treatment being provided. We found that the practice was well led. The service identified, reviewed and managed potential risks.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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This town centre dental practice had metered parking at the front. A ramp provided level access to the front entrance. One of the four treatment rooms was on the ground floor. This meant that people with limited mobility could access the practice.

We spoke with four people who used the service during our visit. All of them were satisfied that their dentist discussed the options available with them and offered them choices. One person told us "It's very friendly and they always listen, I give them ten out of ten."

During our inspection we observed a treatment taking place at the practice. We saw that the dentist had a warm professional manner which set patients at ease. We heard the dentist outline all of the treatment options available to the patient and listen to their views. We saw they kept the patient informed, and offered them informed choices. Afterwards, the patient told us they were pleased with their treatment.

We saw that the dentist used models and diagrams to explain treatment choices to patients in different ways. This meant that patients with different learning styles could make informed choices about their treatment.

People's privacy was protected at the practice. The reception desk was set back from the waiting area, which meant that people's personal information could not be overheard or viewed. Computers at the practice had privacy screens and were password protected. The computer at reception was behind a desk and turned away from public view. People told us that they could speak to their dentist in private in the treatment room if they wished.

We looked at the practice information file in the waiting room. This contained information such as how to make a complaint and policies on confidentiality, data protection and consent to treatment. In the same file, we saw the provider had policies in place which covered equality and diversity, disability, and discrimination. This helped the practice to ensure that it took regard of people's diverse backgrounds in terms of race, sex, disability

and religion. We spoke to staff who told us they had read these policies and knew where to find them. Staff we spoke with told us that they had received training in these areas. All of these policies had been reviewed within the last twelve months.

We looked on line and saw that the practice also used its website to keep patients informed. Staff told us that the practice also used on line social networking media to keep people informed, involve people in discussions and receive feedback.

We saw that the patient record system kept individualised records. Patient records contained names, contact details, next of kin, GP details and any warning signs such as allergies and medical conditions. For example, we saw records which had warning signs for smoking and latex allergies. Staff showed us additional notes relevant to each patient which had been recorded. For example, patients who received medication which could affect their treatment, or patients who wished to be treated in the ground floor treatment room. This meant that care was person centred according to each individual's needs.

Staff told us that this practice offered home visits if patients were unable to attend the practice for medical or mobility reasons. The practice manager told us that an on call system at the practice provided a seven days a week, 24 hours a day dental service.

The practice had access to a multilingual language line and an interpreter service for deaf patients. Staff could speak a variety of European languages. Information was available in large font sizes. This meant that the practice had considered people's communication needs.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We spoke with four people who used the service. All of them stated that their needs had been met by appropriate treatment. One person told us that they had made an emergency appointment within the last twelve months. They said "I rang at 9am with an emergency and I saw a dentist by 11am the same day, so I was very happy." The dentist told us that they provided an out of hours emergency service to registered patients.

We observed a treatment taking place at the practice. We saw that the dentist treated people safely and appropriately. We saw that the dentist obtained people's consent prior to treatment. The dentist explained all of the options available. The patient chose from the options available and the treatment was carried out.

The dentist kept the patient informed of what was happening throughout the procedure. The patient appeared set at ease by the dentist's friendly manner. The dentist checked the patient's medical history prior to examination to ensure accuracy and take into account any changes. After the treatment the person told us they were very pleased with the service.

The practice belonged to the British Dental Association good practice scheme. This committed the practice to a standard of good practice set by this professional association. One of the dentists told us they had just completed a Master's degree in restorative dentistry. This meant that the dental staff kept up to date with the latest developments in dentistry.

Dental nurses told us about their attendance at bi monthly dental training forums such as the Torbay Continuing Professional Development forum. This forum provided regular updates on a range of dental topics. The forums in March and May 2014 had covered oral cancer checks and maintaining continuous professional development. We saw evidence that the July 2014 forum was due to cover the anatomy of the head and neck and to link this with dental treatment choices. This meant that the practice ensured that they kept up to date with the latest published research and guidance about dentistry.

Local Rules detailing safety procedures must be displayed on or near x-ray equipment in line with Ionising Radiations (Medical Exposures) Regulations 2000 (IR (ME) R). We saw

that these Local Rules were on display, together with the name of the Radiation Protection Supervisor. This was in line with best practice.

We looked at three people's treatment records. These included one child and two adults. These showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We saw that all of them included patient signatures, names and dates which indicated that consent for treatment had been obtained. Parents or guardians had signed on behalf of children where appropriate.

There were arrangements in place to deal with foreseeable emergencies. For example, the position of first aid equipment made it easily accessible. The practice was following guidance issued by the UK Resuscitation Council. For example, we saw that the practice had emergency equipment bags containing all the required emergency equipment. We checked these and found their contents to be in order.

We saw training records indicated that all staff had received face to face first aid training in March 2014. This included training on the Automated External Defibrillator (AED). An AED is an emergency device which supplies an electric charge to help resuscitate people.

Staff told us that fire detection devices and alarms were tested weekly. Staff told us that they practised a fire drill every fortnight. This meant that risks to patient safety were reduced by regular evacuation procedures.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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All of the staff we spoke with knew and understood their responsibilities to identify and report potential abuse or neglect of vulnerable adults or children. They told us that they understood how to identify signs of abuse and that if they had any suspicions the steps they would take. Staff showed us that they had a clear process to follow. We saw that this included the contact details of the local authority's safeguarding team.

The minutes of staff meetings indicated that safeguarding procedures were regularly discussed with all staff. Staff had received protection of vulnerable adults and safeguarding training in June 2014. All of the people we spoke with told us they felt safe at the practice and had confidence in their dentist.

We saw that safeguarding policies were in place at the practice. These included a child protection policy reviewed in February 2014 and a vulnerable adult policy reviewed in July 2013. Staff had read these and knew where to find these policies.

We found that staff had received training in the Mental Capacity Act 2005 (MCA) in December 2013. The MCA provides a legal framework that protects people who lack the mental capacity to make decisions about their life and welfare. The MCA ensures that when people are unable to express their wishes and decisions, a legal framework protects people's rights. Staff we spoke with understood their responsibilities under safeguarding and the MCA.

We saw that management and clinical staff files contained evidence that Disclosure Barring Service (DBS) checks had taken place as part of their recruitment process. These checks helped to ensure that the risks associated with staff unsuitable to work with vulnerable people were reduced.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We found the practice to be clean and tidy. We asked patients their views on cleanliness at the practice. One patient said "It's extremely well looked after." Another patient said "They have high standards of cleanliness here."

During our inspection we saw that clinical areas were spacious, well lit and well organised. We saw that dental chairs were well upholstered and free from rips or tears. Floors were covered in tough, easy to clean vinyl. Staff told us that the practice was cleaned at the start and end of the day.

We observed a treatment taking place. We saw that the person who received treatment was provided with a bib to protect their clothing and a visor to protect their eyes during treatment. We saw that the dentist and dental nurse wore protective equipment during procedures. The surgery was clean and well organised. We saw that the dental chair, equipment and surfaces were cleaned using an appropriate technique in between treatments and that waste was disposed of safely.

The patient's toilet on the ground floor had hand wash and paper towels and hand washing guidance for people to follow. We saw that there laminated cards on display which provided hand washing guidance in staff areas. Staff hand washing facilities included hand wash and paper towels.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health and updated on 1 April 2013, set out in detail the processes and practices essential to prevent the transmission of infections. We saw that staff were meeting expected practice and that the required equipment checks were performed. This included cleaning dental instruments in a separate decontamination room.

Staff demonstrated the sterilisation process to us in the clean and modern decontamination room. Dental nurses demonstrated a good understanding of the recommended practices. Personal protective equipment was in use including gloves, masks and aprons.

We saw that there was a clear flow from dirty to clean to help prevent cross contamination. We saw that the room had two sinks for cleaning instruments and a third sink for hand washing. This met best practice HTM01-05 guidelines.

Staff showed us how dirty instruments were cleaned, checked for any debris or damage and then placed in an ultrasonic cleaner. We saw that instruments were inspected under a working surface mounted illuminated magnifier which made it easier to see residual contamination. We saw that there was an autoclave for hand pieces and a second autoclave for all other instruments. This meant that hand pieces received oiling after sterilisation, in line with best practice.

We saw that all instruments were dated with the appropriate expiry date. This showed that systems were in place to help ensure equipment was safe and hygienic to use on people. There was an effective storage facility until instruments were required again.

We saw evidence that daily, weekly and monthly equipment checks were in place. We saw that the autoclaves had been serviced in September 2013.

We saw that the practice was using an infection prevention control audit tool. The most recent audit had taken place in February 2014. This audit had identified that hand washing training should be provided to staff. Staff told us that this had been completed and we saw evidence to confirm this. This showed that the practice constantly sought to improve its infection prevention control measures. The manager told us that the next audit would take place by August 2014, in line with the recommended six monthly audit guidance from the Department of Health.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw evidence that the practice had systems in place to monitor and improve the quality of service. For example, we saw that the practice had an annual improvement plan in place which listed planned improvements over the period April 2014 to March 2015. These included a full redecoration programme of all rooms and corridors at the practice.

We saw that planned improvements from the previous financial year had been carried out. These included staff training in potential exposure to blood borne infections, new hand cream dispensers and removal of ceiling fans in the decontamination room. Other planned improvements which had been completed included safeguarding training which had taken place in December 2013.

There was evidence that the practice sought feedback from its staff at meetings and acted upon this feedback. We looked at the minutes of the last staff meeting held in June 2014. Items discussed included timekeeping, patient feedback, patient record card audits, infection control and health and safety. Staff told us that their views were listened. Staff members had requested a more efficient printer for administration purposes and this had been put in place by the provider.

There was evidence that daily, weekly and monthly checks on equipment in the decontamination room took place. Daily cleaning records reflected the clean and tidy appearance of the whole practice.

Staff told us that the practice kept up to date with the latest developments in dentistry via its membership of the British Dental Association (BDA) good practice scheme. We saw evidence that the dentists had attended regular courses on general dentistry and cosmetic dentistry. The practice belonged to the Devon Local Professional's Network, which shared up to date developments in dentistry with its members.

The practice gained written feedback from patient surveys. We looked at a summary of the April 2014 survey to which there had been 25 respondents. The results indicated high levels of satisfaction with the service. 100% of respondents found it easy or quite easy to

contact the practice. 3% of respondents complained about the waiting time, this had been reduced from 7% at the previous annual survey and showed that feedback was listened to.

The practice also gained written feedback from patients through questionnaires which were available in the waiting room. These could be deposited into a post box. We looked at 10 of these. We saw one person had written "Great service". Other comments included "Polite, friendly staff". Less positive feedback included "Improve information about the practice" We saw these comments had been acted upon. There was a comprehensive information file about the practice in the waiting area. The practice also maintained a website and a presence on social media websites.

We saw that complaints were recorded and a code of practice for patient complaints was on display in the surgery. This included details of how to make a complaint and how to escalate it to the NHS Devon complaints team, Patient Advice Liaison Service or the Parliamentary Health Service Ombudsman should patients wish to do so.

We saw a complaints policy was in place which had been reviewed within the last twelve months. The manager showed us their complaints audit log dated April 2014 – March 2015. Only one complaint had been received this financial year. We looked at the complaints and saw that the manager had dealt with them within a reasonable timescale and had provided a full answer to the complainant.

We saw evidence that regular audits had been carried out. These included a radiography audit in January 2014 which examined the quality of x-ray photographs and provided a useful learning tool for dentists to improve techniques. Other audits included a patient record card audit, a clinical waste audit and a risk of injury from falls audit. We saw that relevant actions had been taken, for example ensuring that non slip surfaces were in place and that walkways remained unobstructed.

Clinical governance meetings between the practice manager, the dentists and the provider took place at the practice every six months. The most recent clinical governance meeting had taken place in June 2014. Items discussed included audit findings, staff training and risk assessments. These meetings helped the practice to manage and assess risks to the safety of people who used the practice.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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