Inspection Report

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

Dental 397

397A Topsham Road, Exeter, EX2 6HD

Tel: 01392879397

Date of Inspection: 19 August 2014

Date of Publication: October 2014

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

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

Details about this location

Registered Provider	Ninnuola Limited
Registered Manager	Dr Oladapo Oladunni Olufolahan Olotu
Overview of the service	Dental 397 provides general dentistry to private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 carried out a visit on 19 August 2014, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited Dental 397 on a Tuesday afternoon, met the dentist and staff on duty and toured the premises. We looked at documents related to the running of the practice. We received feedback from nine patients, either by phone or email.

People told us they were very happy with the practice. They said the whole team were polite and helpful. One person said, "They are very professional in their approach and I trust their judgment completely". Several people said they were generally nervous about going to the dentist but felt reassured and helped to relax here.

People said they had been well informed and that the dentist and team were very professional and forthcoming with information. One person said the dentist had lead them through the consent form and asked them to sign only when they were happy with everything that they had heard.

We saw that the premises offered level access. People said they liked the clean and smart surroundings. We found that systems were in place to maintain the quality and safety of the service.

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 who used this service had their privacy, dignity and independence respected and were able to understand the risks and benefits of choices available to them.

Reasons for our judgement

A typical quote was, "Staff are friendly and helpful. They discuss everything with me. I am very satisfied". People said they had been consulted about their care and treatment. One person said, "The dentist is very kind and explains what needs to be done" while another said, "The dentist and her team are very good at keeping me up to date about what is available to me".

People told us they could get appointments when they wanted. One person said the dentist understood that they had practical difficulties in coming to the practice, so the dentist accomplished as much as possible in one appointment. Another person said, "It has been perfectly alright getting appointments and I have no problem with coming and going". The practice regularly opened at 7am on Tuesdays. Evening or Saturday morning appointments could be made by arrangement. Staff told us that the dentist had come in occasionally outside opening times when a patient had been in pain and also that pharmacists had referred people to this practice when in pain.

Several people said that the dentist and staff were good at reassuring them and making them feel relaxed. One person told us they had not been to the dentist for a long time "but the dentist and my wife talked me into it – I quite enjoyed it so I shall go more often now". The encouraging attitude of the dentist and staff led to improved access to dental care for people.

The practice was on the ground floor. A parking bay was reserved for disabled visitors. Access through the front door had two small steps. Staff showed us access via the conservatory that was entirely level and described how patients who were unable to stand unaided had come this way and transferred using a mobility aid into the dental chair, that could be raised and lowered. The dentist had responded to a suggestion from a patient and fitted a grab rail in the visitors' toilet. Toothpaste and dental floss were provided for patient comfort, an illuminated mirror and liquid soap and paper towels for good hygiene. An assessment had been carried out with respect to the Disability Discrimination Act 1995,

which had shown that the staff had not yet had training in equality and diversity, so the dentist included this in the training plan. Staff told us they had not had to use the translation service, as people who could not speak English had always come with a translator.

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 ensured people's safety and welfare.

Reasons for our judgement

People told us they were happy with the dental treatment they had received. One person told us, "I have been very confident in (the dentist's) care for many years and now I feel that she has found the perfect team to mirror her enthusiasm and professionalism". Some people said they had several treatments to improve their dental health.

People told us they had been advised how to improve the care of their teeth, for example, "She told me I had a little bit of food between my teeth. I cannot use the dental floss, so she introduced me to the little brushes that you can use between your teeth" and "They have been good about oral health".

All the people who gave us feedback said they had been asked about their medical history and medicines. Staff told us that people's medical forms were checked when they were in the surgery for their appointment, to make sure this check was completed properly. One person said, "They always ask about my medical history and well-being. I feel very comfortable that they are fully aware of my medical situation on every visit".

We saw that the practice was prepared to deal with medical emergencies that might arise. There was a first aid box including eye wash kit, and medicines suitable for treating a medical emergency. A chart was kept showing the expiry dates. This was checked regularly by the nurse to ensure they would be ready for use if needed. The practice had purchased an automated external defibrillator (AED) in accordance with guidance from the Resuscitation Council (UK). There was an oxygen supply with masks for adults and children and a pulse meter which tests patients' oxygen levels. The nurse kept a book showing the regular checks on the equipment to ensure it was fit for use in the event of a medical emergency. We saw certificates showing that staff had been trained in emergency response including cardiopulmonary resuscitation (CPR) and use of the AED.

We saw that systems were in place to enable X-rays to be performed in a safe way. The dentist's training had been updated as required and she had booked further training for the team in the month following this inspection. Every dental practice with radiographic (X-Ray) equipment is required to provide a set of "local rules". These record all the working practices dentists must follow to ensure safety when working with radiation. We saw that local rules were in place to ensure the safe operating of the X-Ray equipment. This

included details of the person responsible for maintaining this safely. A Radiation Protection Advisor (RPA) to the practice had been appointed as required by the Ionising Radiation (Medical Exposure) Regulations 2000 and their name and telephone number included in the local rules, which were displayed in the treatment rooms. This meant staff had instant access to relevant safety information.

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

Reasons for our judgement

We saw the practice had policies in place to give guidance on safeguarding vulnerable adults and protecting children. The dentist had reviewed them in February 2014 to ensure they were in accordance with current guidance. A flow chart had been provided to help staff consider what they must do if they had concerns about a child's safety and welfare. Contact details were provided for Exeter and East Devon Social Services and also for the members of the local Safeguarding Adults team.

The dentist had attended training on safeguarding children and vulnerable adults and nurses had completed on-line training. They were able to describe signs of neglect that could alert them to potential abuse. They had not needed to raise any concerns at this practice.

We saw that checks had been made during recruitment to ensure that staff employed at the practice were suitable to work with children and vulnerable adults.

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

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Reasons for our judgement

We saw the practice had a policy on infection prevention and control (IPC). The policy covered decontamination of instruments, minimising risk of blood borne viruses, hand hygiene, clinical waste and personal protective equipment (PPE) – in general, visors and disposable gloves and aprons. The dentist had reviewed the policy in February 2014 to ensure it accorded with current guidance. This had resulted in provision of anti-bacterial gel instead of alcohol based hand wash. The dentist recorded her intention to replace all clinical waste bins with foot operated or sensor operated bins. There was a pedal bin in the room where instruments were cleaned and in one of the treatment rooms.

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). It set out in detail the processes and practices essential to prevent the transmission of infections and provide clean safe care.

Staff showed us the process for cleaning instruments used in dentistry. After use, they were put into a lidded box in the treatment room, then taken to the room that was dedicated for this process. Staff put on their PPE – apron, gloves, mask and visor – then scrubbed the instruments in the sink. There was a box with reverse osmosis water for rinsing. Items were then checked under an illuminated magnifier and if visibly clean, placed into an autoclave to be sterilised. They were then bagged and taken to be stored in the treatment room. Each package had been stamped with today's date. The nurse agreed to stamp the expiry date, as recommended by the HTM01-05 para 4.26 to avoid potential confusion.

We saw there was a clear flow of work from dirty to clean to avoid cleaned instruments being re-contaminated. The hand wash sink was in the clean area, but staff told us they washed their hands in the treatment room before starting the process. Staff showed us the regular tests they carried out to ensure the two autoclaves worked effectively.

All staff had received training in IPC. Staff told us how the dentist had improved standards of cleanliness at this practice. She had taken professional advice and had drawn up plans

for a new decontamination process in order to achieve best practice standards.

People told us they felt the standards of cleanliness were very high. One person said the dentist and nurse "always clean down at the end of my treatment, and they always prep the work area before my treatment. Once or twice tools have been dropped during treatment. When this has happened new clean tools have been used to continue my treatment. I have never had reason to doubt cleanliness levels anywhere at Dental 397".

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others and to assess and monitor the quality of service that people receive.

Reasons for our judgement

There were systems in place to audit the quality of the service and maintain safety. Staff showed us the checks they carried out regularly. These included a weekly check of fire alarms, a daily check of the compressor (oil and pressure), and a weekly visual check of electrical sockets. All contact details that staff might need were kept at the reception desk so they could take swift action.

Xray fluids were changed three weekly, or when visibly needing to be changed.
The dentist, with a nurse, checked ten random patient records quarterly to see whether cancer checks had been thorough. Medical history, periodontal (gums) status, soft tissue, diagnosis and progress notes for all had been checked so the dentist was assured that good recording practice was maintained.
Three monthly audits had been carried out on radiographs to check the quality of the image and record keeping.
The dentist had a business coach to provide advice and support. The dentist and staff had attended training on clinical governance that had included team building and complaints handling, to help them maintain a professional response to patients. The dentist had arranged for the whole team to attend a training session on ethics in the month following this inspection.

A suggestion box was provided in the waiting area. Staff gave us an example of a suggestion that had been made. A grab rail had been fixed in the toilet to help people who had difficulty in rising. The work was done in the week following the suggestion having been received.

The team gathered survey responses twice a year, in April and October. We saw the most recent responses, dated 14/04/2014. Questions had covered waiting times, explanation of treatment and costs, convenience of opening times, and invited suggestions about how the practice could improve. We saw the responses demonstrated overall satisfaction. A summary had not been presented. Staff said they discussed responses and suggestions in their monthly staff meetings. Staff told us that no complaints had been received. People told us they did not want to make complaints. One person said, "Believe me, I would be

the first to say if there was something wrong" and another told us, "From my observation of the standards shown I feel confident that any complaint would be dealt with fairly".

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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