

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

Dental Art Clinic

118 Bath Road, Thatcham, RG18 3HH

Tel: 01635863644

Date of Inspection: 22 March 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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	D A Clinics Limited
Registered Manager	Mrs. Barbara Alberts
Overview of the service	Dental Art Clinic is a dental practice offering mainly NHS dental treatment to patients. Treatment is provided by four dentists and a dental hygienist.
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 22 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The patients we spoke with were happy with the treatment provided by Dental Art Clinic and made various positive comments about the service.

We found that patients were given information about their treatment options and the costs of treatment. They were asked to complete a health questionnaire and were asked about any changes at subsequent visits. Patients provided written consent to their treatment and were given advice about aftercare.

The practice had appropriate infection control systems and procedures in place. Equipment was appropriately tested and serviced.

Systems were in place to safeguard people and also to monitor practice within the surgeries. Staff received appropriate training and continuous professional development to maintain and develop their skills.

Appropriate systems were in place to manage any complaints and to seek feedback from patients about their experience.

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 needs and wishes were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We found that patients were informed about their treatment options including both NHS and private treatment. Information leaflets were available to patients about the practice and treatment through the NHS. A list of NHS charges was provided in reception. Dental Art Clinic also had a website which provided additional information about the practice and the services available. There was also a guide to private dental fees for treatment. The practice manager said that patients were provided with a treatment plan which detailed the costs, where applicable. Patients signed their treatment plan when they returned for treatment, to indicate their consent. We examined a sample of patient files and found that treatment plans were in place and that patients had consented to treatment.

We spoke with some of the patients who visited the surgery. They were happy that their views had been sought and that they had been informed of any treatment options and their costs. We saw that surgery staff were welcoming and friendly and the patients we spoke with confirmed this. Patients were treated in private with surgery doors closed.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice had three surgeries for dental consultations and an additional surgery used by the dental hygienist. Two surgeries were on the ground floor and were accessible for people with impaired mobility. An accessible toilet was also provided on the ground floor. The practice manager told us that they held some appointments each day to provide for emergencies should they arise. The patients we spoke with said they had been able to get appointments when needed.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Patients were asked to complete a medical history form on their first visit and were asked at subsequent visits about any changes. New patients also had a full examination of their teeth and mouth, which was recorded on their dental record. The records showed that people were provided with a treatment plan detailing any options and the costs. People signed to consent to their treatment. Patient records were kept both on paper and on computer.

Each surgery also had X ray equipment provided, which was regularly tested and serviced. Dentists and dental nurses whose files we examined had received recent training on radiography and radiation.

Patients told us they had been given post-treatment advice by the dentist where necessary. Several patients also complemented their dentist for being "gentle". People described the practice variously as "a good service", "fantastic" and "very caring". One person said the dentist had been "very informative".

There were arrangements in place to deal with foreseeable emergencies. The practice had a defibrillator and emergency medication available. The staff had received training on medical emergencies, emergency life support or resuscitation.

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

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.

Training records showed that staff had attended safeguarding training in November 2010. No safeguarding issues had arisen for the practice.

The practice had a procedure regarding the safeguarding of children and vulnerable adults. The names and contact telephone numbers for the relevant local authority safeguarding team were available in each surgery and in the safeguarding policy/procedure file. There was also a flowchart for the reporting process. The staff we spoke with were aware of their role in reporting any safeguarding concerns to the practice manager for referral on to the local authority safeguarding team.

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 received treatment in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The two ground floor surgeries shared a single decontamination room located between them. The upstairs surgery contained the decontamination equipment for instruments used therein, though there were plans to develop a first floor decontamination room in the future. The designated infection control 'lead' person was the practice manager.

We observed the instrument decontamination process by the dental nurses and the procedure for surgery cleaning between patients. Written schedules for these procedures and the end of day cleaning process were posted in the surgeries, although the completion of these tasks was not logged or initialled. The practice manager agreed to introduce a record for the completion of these cleaning tasks.

The cleaning procedures and storage protocols for sterilised instruments were in accordance with the updated Department of Health guidance.

We saw that daily and weekly tests of the ultrasonic baths took place and were logged, as were the tests of the autoclaves. The test records for the ultrasonic cleaners were ticked rather than being initialled, as was the case for the autoclave tests. The provider used a data-logging system to upload test results for the autoclaves to computerised records. This provided a record for every cycle.

Recent infection control audits were seen for two of the dental nurses, though one was undated. The instrument decontamination practice of each dental nurse had also been appraised in June 2012. Hand hygiene audits were also completed in July 2012. Other general audits of infection control had been completed in 2012 focused on areas such as environment, decontamination and the autoclaves. One autoclave audit was undated but the practice manager said this was undertaken in February 2012. We saw service certification for the autoclave sterilisers.

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

Staff received appropriate professional development.

We examined the training records for the dental nurses and dentists in the practice. Training certificates showed that each had attended relevant training to the performance of their role. Dentists had ongoing evidence of their continuous professional development and current certification for their registration with the General Dental Council.

Training provided included radiography and radiation, safeguarding, disinfection and decontamination, medical emergencies, resuscitation and emergency life support.

A file containing key policies and procedures was available within each of the surgeries.

Dental nurse's ongoing personal development was addressed through quarterly meetings to review progress on their development goals identified within their appraisal. Dental nurses had attended performance appraisals between October and December 2012. One of the receptionists had an appraisal in November 2012; the other was due her first, six-month appraisal. A system of performance appraisals for the dentists was not yet in place. One of the dental nurses was qualified; the others were at various stages of working towards qualification. As noted, the dental nurses were also subject to a range of periodic audits and monitoring of their day to day practice.

Four practice meetings had taken place in the previous 12 months. The minutes indicated an appropriate agenda, involvement and range of discussions. In addition six 'Lunch and Learn' sessions had taken place in the previous year and there were opportunities for clinical discussion between the dentists.

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

People's complaints were fully investigated and resolved, where possible, to their satisfaction.

The surgery had a complaints procedure in place which was referred to in the practice information leaflet and posted in reception. The practice was required to provide annual returns to the Primary Care Trust with respect to complaints about NHS treatment. The last return was completed in May 2012. Complaints about private treatment would be dealt with under the practice's own complaints procedure.

We examined the records of the documented complaints received in the previous 12 months. Each had been investigated and followed up and appeared to have been resolved appropriately. There were records summarising the steps taken to investigate complaints and the resulting actions, where appropriate.

None of the patients we spoke with had had any cause to complain about the treatment they had received from Dental Art Clinic. Patients made a range of positive comments. One told us it was "a very good service" and another said they had had "no concerns at all". People were not necessarily specifically aware of the complaints procedure though each said they felt able to have raised any concerns with the dentist or the practice manager.

The views of patients had been sought by means of a patient survey in November 2012, about emergency care, with positive outcomes. The most recent general survey of patient's views was collated in June/July 2012. The results reflected levels of satisfaction mostly in excess of 98%. Patients could also provide feedback via the feedback form on the practice website.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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