

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

Moor Dental Care - Ashburton

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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
Requirements relating to workers	✓ 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	Pure Dental Care Limited
Registered Manager	Mrs. Susan Allen
Overview of the service	Moor Dental Care dental practice provides NHS and private dental treatment for adults and children. The practice is one of four in the organisation Pure Dental Care Ltd. There are four associate dentists and three hygienists.
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

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We also spoke to the practice manager and group operations manager.

What people told us and what we found

We spoke with three patients who attended the practice. They told us they thought the service they received was "excellent." One patient said "I changed dentists and it has proved a great decision. I'm delighted." Patients appreciated the patience, skills and professionalism of the dental team. Patients told us that all consultations were performed in the privacy of the dental surgery, where confidentiality was maintained.

We were told the dentist and dental nurses were reassuring, especially with anxious patients. Patients said it was easy to get both routine and emergency appointments. Patients also told us that if they needed to cancel an appointment it was easy to reschedule.

The surgery was well maintained, clean and hygienic. Patients told us they were satisfied with the level of cleanliness at the dental practice. The surgery was accessible for patients with disabilities.

Patients were given opportunities to express their opinion of the service they received.

Staff were well qualified and systems were in place to ensure staff kept their knowledge up to date. This included safeguarding and child protection. Staff only work at the practice when they have gone through pre employment checks and a recruitment process. However this process is not as robust as it could be.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with four patients who attended the practice. They told us they thought the service they received was "excellent." They said they were given clear explanations about what treatment they required. One person said "I am just starting a course of treatment. My dentist was very clear about what treatment was required and gave me several options including information about the cost. He was very clear but did not force me into any particular treatment. I thought this was very good, so I knew what to expect."

Patients told us that all consultations were performed in the privacy of the dental surgery, where confidentiality was maintained.

Patients told us the dentists took their time to explain the treatment they were receiving. We sat with three patients whilst they received their treatment. The dentists were very thorough, explaining possible complications. The dentists were also reassuring, providing instructions to the patients to raise their hand if they wanted to stop the treatment. This showed us that patients were enabled to feel in control of their treatment.

We were told by patients that appointments sometimes ran over time, but patients told us this was only for five or ten minutes and rarely a problem. One patient said "They take their time with me so I don't mind waiting a little longer than my time."

Other patients appreciated the friendly approach. One patient said "He treats me as a person rather than a patient."

Access to the practice was suitable for those with mobility difficulties because there was level access. We were told if patients with mobility issues wished to visit the hygienist on the first floor that the appointments would be changed to ensure the treatment could be provided on the ground floor.

We saw that doors were wide enough to allow a wheelchair through. However, the provider may find it useful to note that there were no grab rails in the patient's toilet. The

provider gave assurances during out visit that this would be addressed.

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

Patients who used the service told us they were very happy with the treatment and service they received from the dental practice. One person said "They are the best dentist I have ever had. I can't believe it's an NHS practice." We sat with three patients whilst they received their treatment. The dentists were polite, gentle and reassuring. All the consultations we saw included the dentist giving explanations about the treatment. One dentist showed a patient the X-ray to describe the treatment he was providing that day.

We were told the dentist and dental nurses were reassuring, especially with anxious patients. One patient said "They know I hate the dentist, but they put me at my ease."

Patients said it was easy to get both routine and emergency appointments. Patients also told us that if they needed to cancel an appointment it was easy to reschedule. Patients appreciated the text message and email reminder service provided.

Patients told us there was a hygienist at the surgery who was available for preventative treatment and oral health information.

Patients we spoke with told us they were asked for their medical history at their first appointment. Some said they were then asked for an update each time they visited. We read the dental records of two patients. The records had details of patient's medical history and notes of important information, such as allergies or specific health information. This meant staff had the information when providing treatment and knew how to keep the patient safe.

We looked at two sets of records that showed the details of discussions held with patients. These also contained information about the course of treatment the patients had agreed to have.

The practice provides NHS care. Patients told us they knew the cost of their treatment before they received it. One person said "There is a poster on the wall." Another patient said "The dentist did give me the option of having private treatment but did not pressurise me. It was useful to compare my options."

We saw that there was a range of information available for patients who used the service. This included a patient leaflet and information guides on dental treatments and oral health

guides.

Staff explained they do not use a treatment called conscious sedation at the practice. This is a way of removing anxiety of a patient using a sedative. This would require additional regulations and staff training. Staff explained any patients who require this are referred to another dentist for treatment.

We saw that the practice had emergency equipment. This included an emergency drug kit, oxygen and an Automated External Defibrillator (AED). Records showed that the oxygen and AED were checked daily to make sure they were in full working order. We saw evidence that the emergency drug kit and equipment were checked on a regular basis.

We saw that the emergency drugs were stored appropriately and checked on a regular basis.

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 that they were safe when working with radiation and that they comply with the various regulations governing radiation in dentistry. We saw systems in place to ensure the safe operating of the X ray equipment. This included details of the person responsible for maintaining this safely.

Clinical waste was well managed at the dental practice. Contracts and systems were in place for the safe storage and collection of clinical waste.

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 spoke with people using the service but their feedback did not relate to this standard.

Dentists and dental nurses we spoke with knew and understood their responsibilities to identify and report potential abuse or neglect of vulnerable adults or children (safeguarding). The staff gave examples of how they would recognise signs of abuse and explained the correct process they would follow to report their concerns. We were told that staff would report any allegations to the practice manager but also had information if they needed to report concerns to other agencies. The practice manager was also aware of the correct way of reporting allegations.

Posters were displayed in each surgery. These contained flow charts showing what procedures staff needed to follow if concerns were raised if a child or vulnerable adult's welfare was of concern. This poster also included contact details of safeguarding teams. Additional policies were available on the organisational intranet.

The practice had ensured applications for criminal records checks had made on staff. This was achieved by ensuring all staff completed a criminal records bureau check to show they were suitable to work with vulnerable adults and children.

The practice manager demonstrated an awareness of The Mental Capacity Act 2005 (MCA). This is the law that protects the rights of people who lack capacity to make their own decisions about their care and treatment. Staff had attended training in the safeguarding of children and some staff had received safeguarding adults training.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Patients told us they were satisfied with the level of cleanliness at the dental practice and said staff always wore gloves when providing treatment. Patients also said they were provided with protective goggles when treatment was provided.

We saw hand washing facilities for patients which included liquid soap and paper hand towels.

We saw the practice was well maintained and clean. Staff we spoke with had a good understanding of infection control procedures. During our observations we saw staff clean the surgeries between patients to reduce the risk of infection. We saw many cleaning schedules and audit checks to show cleaning checks were done on a regular basis.

Staff wore appropriate personal protective clothing and equipment. They demonstrated a good understanding of when it needed to be changed to reduce the risk of cross infection.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We saw that the practice was meeting best practice described in this document. The practice completed its cleaning of dental instruments in a separate decontamination room. The nurse told us that all instruments were transferred in a sealed container from treatment rooms to the decontamination room. Staff showed us how instruments were decontaminated and then went through the sterilisation process. We saw that there was a clear flow from dirty to clean to prevent cross contamination. We saw that there was a sink designated for hand washing as is good practice. In addition, there were two sinks used for decontamination purposes; one for cleaning and one for rinsing instruments. We were told that the instruments were cleaned manually in the 'cleaning' sink first before they were transferred to the sonic washer. We were told that the washer disinfects and rinses the instruments. When the cycle had finished they were then checked by an illuminated magnifier, which would check for any debris or damage on the instruments. Staff explained they were then packaged and dated with the appropriate expiry date. This shows that staff could monitor when equipment was suitable for use.

We were told the practice had filters on drainage systems to collect any amalgam, to prevent it going into the environmental waste streams, meaning harmful matter would not

be released into the environment.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Patients told us that they thought all the staff were kind and professional. One patient said "They have a great team here. It always seems such a friendly place to be." Another patient said "I am here for an emergency appointment and don't attend here usually. I must say, the receptionist was very welcoming and has put me at my ease."

We looked at three staff files. These showed staff had only been employed after submitting a curriculum vitae (CV), evidence of qualifications, having an interview and having two written references provided.

We saw that other information required had been obtained after the member of staff had been employed. We saw that the organisation were not using an application form and relied on the detail staff included in their curriculum vitae. The provider may find it useful to note that relying on the information the applicant provides may not be a robust way of assessing whether staff are suitable to work at the dentist with vulnerable people.

Staff files contained a contract of employment.

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

Patients told us they felt safe under the treatment of the dentists. One patient said "We are in good hands."

We saw effective systems in place to highlight staff training needs. There were regular programmes of mandatory training and systems for staff to update their knowledge. Records showed that all staff had received training in basic life support, fire safety and had either received safeguarding training or had sessions booked.

Registered dentists and dental nurses were expected by their professional regulator to keep their skills and knowledge up to date in order to give patients the best possible treatment and care. We saw a schedule of training and updates had been undertaken by both dentists and all dental nurses at the practice. Examples included courses and lectures, distance learning, private study, journal reading, and professional training study days.

We saw evidence that staff had annual appraisals where training needs and staff behaviours were addressed. Staff said they felt supported. Staff also told us the practice manager was "approachable and supportive." The dental nurses said the dentists were also approachable. Staff talked of a "family atmosphere" and "informal support atmosphere" so they could discuss concerns with the dentists at any time. Dentists spoke about giving and receiving peer support from the other dentists in the practice.

New staff were expected to undergo a formal induction programme. We saw this programme had checklists in place to ensure all information had been given. The most recent member of staff had also been encouraged and supported to pursue further education by studying for a dental nurse qualification.

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.

Reasons for our judgement

None of the patients we spoke with had been asked to complete a survey about the service they had received although one patient pointed out the suggestion box in the waiting area.

We saw a comments book kept at the practice where patients could write positive or negative comments. We could not find any negative comments. Other comments read "What a lovely manner. So glad to have found a gentle skilled dentist for my children." Another read "I actually enjoy coming to the dentist now. I am feeling very confident about my teeth now. I can't compliment this outfit enough."

There were complaints procedures displayed on the walls of the practice. Patients we spoke with knew who to speak with if they were unhappy about their care although one patient said "I know, but I can not imagine the need arising."

We saw the practice had conducted a patient survey in January 2012. We saw that the survey was broken down for each dentist and the receptionist to identify any trends. The responses regarding clinical care and treatment were positive.

We saw the practice was organised and well run. The practice employed a practice manager to perform administration tasks. We saw this included reviewing policies, performing environmental checks, monitoring audits of equipment and performing staff appraisals. We also saw that scheduling training was also included in this system.

Dental staff had robust systems for checking aspects of safety at the practice. Examples included calibration of sterilisation equipment, audits of X ray equipment, checks of medication and emergency treatment tests.

We saw formal staff meetings were held on a fortnightly basis. However, staff said they shared lunch together on a daily basis so issues about the practice or discussions about recent events were also discussed informally. Minutes for the staff meetings showed that staff were able to share ideas and suggest changes.

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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