

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

Nickolas Burnett and Associates Dental Surgery

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Date of Inspection: 21 May 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
Safety and suitability of premises	✓ Met this standard

Details about this location

Registered Provider	Nickolas Burnett & Associates Limited
Registered Manager	Mrs. Kathryn Burnett
Overview of the service	Nicholas Burnett & Associates Dental Surgery provides primary dental care services to people who pay privately for their care and treatment and to people who are eligible for NHS treatment.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection on 21 May 2013 we spoke with seven people who were attending appointments for treatment. Each person made positive comments about their care and treatment and said they had been treated with respect by all the staff. Some people reported they were not always treated by the same dentist and would have preferred to have been treated by the same dentist every time they had attended the surgery.

Care records showed that people's treatment had been adequately recorded.

The surgery was suitably protecting children and vulnerable adults from abuse. All staff had received appropriate training and the policies for safeguarding children and for vulnerable adults included the correct reporting arrangements that should be in place relating to the Local Authority published guidelines.

We found suitable and appropriate infection control processes were in place to ensure people were not exposed to the risks of cross infection and that the appropriate published guidelines had been followed.

The premises were visibly very clean and had recently been extensively refurbished to a high standard. We saw that there were suitable arrangements in place to reduce the risks of fire.

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.

Reasons for our judgement

All of the people who we spoke with during our visit on 21 May 2013 told us that they had positive experiences whenever they had visited the dental practice. They told us they had been treated with respect at all times by the staff and by the different dentists employed by the practice. They said they had been kept informed about all aspects of their treatment, including the fees they were expected to pay. They explained that they had made choices about their treatment.

Several people told us they had access to all the information they wanted to know about the dentist and any treatment that had been given to them. One young person said, "The dentist always explains to me what dental treatment I can have. I understood what they told me and thought it was helpful".

We observed that the dental receptionist was polite when people arrived at the surgery and was helpful to people when they were spoken to on the telephone. Dental nurses and three dentists were all seen to make people welcome and treated them with respect when they arrived for their appointments.

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

Some people made comments that they had not always been given treatment by the same dentist, although they did not say this was a negative aspect of their dental experiences.

We spoke with seven people during the inspection and their comments were of complete satisfaction with everything the practice provided. All of the people we spoke with said they knew what treatment they were going to receive each time they had an appointment. They confirmed they had been regularly asked about their general health and whether they were taking any medication.

We read four people's care notes and saw detailed and comprehensive notes that were easy to follow and understand. The care notes demonstrated that treatment had been recorded via a computer terminal by the dentist, at the point of providing treatment and advice. We saw that people's medical history and their current health status had been recorded in their computer held care notes for every appointment they had attended. This meant that the safety of people had been assured because the dentist was alerted to any health concerns, or if the person was taking any medication that had the potential to cause an adverse effect to any treatment that the dentist might provide.

We saw that the surgery had planned to provide emergency care and treatment, should this be required. We saw there was an emergency resuscitation kit and emergency drug kit should people suffer an adverse reaction to any treatment. The resuscitation kit included appropriate drugs, an oxygen supply, two suitable sized mouth masks and an eye wash kit, plus an automated external defibrillator (AED) to use if any person suffered a heart attack.

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

The practice had a suitable safeguarding policy for children and vulnerable adults.

All staff had received training to enable them to protect children and vulnerable adults from abuse.

When we spoke with staff they demonstrated they could confidently and appropriately report abuse to the Local Authority, should they suspect abuse had occurred. Staff assured us they would act independently to ensure that people would be protected from abuse.

We saw written evidence, relating to safeguarding two people, that the surgery had been working with the Local Authority to ensure the protection of children and vulnerable adults.

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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

The practice had a suitable and comprehensive infection control policy, which identified a named person to lead and be responsible for infection control within the practice.

The four clinical treatment rooms were each fitted with modern equipment. The rooms were very clean and had suitable storage space for instruments that were to be used that day. All instruments kept in the treatment rooms were stored in purpose built storage cabinets and each treatment room had a dedicated sink for hand washing. Single use instruments had been disposed into suitable safe storage boxes, before being collected by a waste disposal agent.

We saw there was a plentiful supply of personal protective equipment which included gloves, aprons and eyeshields in the four treatment rooms and in the dedicated decontamination room.

The separate and dedicated decontamination room was used to wash and sterilise all instruments used in each treatment room. The room had been marked into 'clean' and 'dirty' areas and a workflow from dirty to clean areas was indicated. The process that we observed and checked demonstrated that the surgery was adhering to the most recent Department of Health published guidelines for infection prevention and control.

The decontamination room had purpose built storage cabinets for sterilised instruments that had been bagged and labelled with dates for re-use, as recommended by Department of Health (DoH) published guidelines. We saw there were two autoclaves and an automatic cleaner and lubricator for hand held instruments with moving internal parts. Hand scrubbing and rinsing process were in place that ensured that each instrument was clean before being put into the autoclave for sterilisation.

All staff working in the decontamination room wore suitable personal protective equipment such as aprons, eye shields, facial masks and gloves.

We noted that there was an effective system in place because each dental nurse had been trained in infection control and was capable of carrying out the correct decontamination

processes. Whilst one nurse was responsible on a daily basis, another nurse would support them if required to ensure that the decontamination programme was continuous and that there was not a build up of dirty instruments.

We found that appropriate audits had been carried out daily, weekly, monthly and quarterly as well as annually, for the validation tests of the autoclaves (sterilising machines) and the daily routines for cleaning the room. Records showed that the autoclaves had each been serviced regularly, Overall, this meant that infection control was being safely managed and achieved and that DoH guidance to dentist for preventing infection was being followed.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

One person said of the dental practice, "It is very comfortable and relaxing. It is always clean and tidy".

We found that the premises accommodated four clinical surgeries, a decontamination room, a reception area and a dedicated waiting area and suitable toilet facilities. The dental surgery was on two levels. People who use wheelchair were offered treatment on the ground floor. The premises had been recently completely refurbished and were exceptionally clean had a plentiful supply of natural light to all rooms. The surgery was fitted with modern equipment throughout.

We found that a fire risk assessment had been prepared and regular fire alarms testing had been carried out. The boiler and pressure plant equipment had been regularly serviced and inspected under the 'Pressure systems safety regulations 2004'.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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