Inspection Report

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

Pinhoe Dental Centre Limited

402 Pinhoe Road, Exeter, EX4 8EH

Tel: 01392466113

Date of Inspection: 31 October 2013

Date of Publication: January 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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Pinhoe Dental Centre Limited
Registered Manager	Mr. Benjamin Jones
Overview of the service	Pinhoe Dental Centre Limited is registered to provide primary dental care for people who require dental procedures. The practice provides NHS and private patient care. There were seven dental surgeries in the practice. The practice is situated in Exeter, Devon.
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'.

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 31 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, 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

There were six dentists providing services to patients on the day of our inspection. Each dentist was supported by a dedicated dental nurse and patients were welcomed to their appointments by a receptionist. There was a dedicated decontamination room nurse throughout the inspection. The practice manager and human resources (HR) manager provided management support during the inspection.

We spent time in the practice looking at five key standards of quality and safety for the way the practice provided its services. We found that the provider ensured their services were safe, caring, responsive, effective and well led through a team of qualified and experienced staff.

The patients we spoke with told us, "The staff are friendly and professional, they make me feel important" and "I feel very safe here, the team works together to make a comfortable atmosphere". Patients told us their dentist kept them informed about the treatment they needed and involved them in decision making. Where a choice of treatment was available we saw from records and heard from patients how they were able to make informed choices about the treatment they needed.

We saw that treatment was provided following a full mouth assessment which included checks for caries, gum disease and oral cancer. Patients told us their treatment was delivered in private and they were treated with respect by all the staff. Where children had appointments we saw they were accompanied by their parent/guardian. Where a person had a tooth removed they told us it was done "Painlessly and professionally" and following appropriate information and advice. This showed people's safety was ensured.

Cleanliness and infection control was carried out in accordance with current guidance. Records relating to the management of the practice were complete and regularly checked. Patient records were up to date, indicated medical alerts and changes to people's medication and showed the treatment plans patients required to maintain effective oral

health. Signed treatment plans were scanned into patient records on a secure patient record system.

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

People who use the service understood the care and treatment choices available to them. Patient information about the service was displayed on noticeboards in the reception areas and on the provider's website. We saw information included cost of treatment on the NHS and privately. Information was also available about how to raise a complaint about the practice both internally and through the General Dental Council and NHS. Information about oral healthcare, paying for treatments as well as a continuous slide show about general dental care was available in the waiting areas. The registered manager told us they were able to provide information in other appropriate formats and languages. This meant patients had information available to them to support decisions about their care and treatment.

People expressed their views and were involved in making decisions about their care and treatment. In the patient records we looked at we saw notes which showed how the dentists involved patients in their treatment and planning. For example, we saw that where treatment was required to replace false teeth the patient record stated this was discussed and we saw from records how information leaflets had been provided.

The patients we spoke with told us that they were able to take part in decisions about their care. For example, one patient told us "I'm kept well informed by the dentist each time I visit. They explain things clearly and I've been given leaflets about the care I need". Another patient told us what they thought about the recently introduced television slide show in the waiting area, "Brilliant in telling me how to look after my teeth!". Patient feedback from practice surveys and comments showed how they had been involved with decisions about their care and treatment. For example, comments we saw stated, "I find the centre provides an efficient, welcoming, professional service that I am happy with"; and "How about child friendly information?" We saw this was provided in the surgeries we looked at. These comments showed patients were able to express their views about the treatment they needed and that they would be listened to.

People who use the service were given appropriate information and support regarding their care or treatment. Patients who used the service told us they understood the risks and benefits of their treatment. For example, a patient who needed treatment to fill the gap where a tooth was removed told us; "The dentist explained the choices and benefits and risks between a couple of options; then spoke about what was best for me. Now here I am ready to receive the treatment".

People's diversity, values and human rights were respected. The reception layout and the way the reception staff interacted with patients, enabled them to maintain confidentiality when patients arrived at the practice. The staff understood the need for privacy, dignity and confidentiality, ensuring that patients were greeted politely and by preferred name. When patients were taken into the surgeries we heard staff welcoming and reassuring them. Doors were closed and if staff needed to enter a surgery they knocked on the door until they received a response. Patients told us that staff kept them informed and talked to them in private as appropriate.

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. In the six patient records we looked at we saw treatment plans were based on full mouth assessments. The plans indicated the number of visits and the length of time between visits. Where NHS and private treatment was received the treatments were separately detailed, costs were made clear and patients had signed their treatment plans. Patients told us they understood their treatment plans and what would happen after their appointments. One patient we spoke with told us, "I know I have three return visits for the treatment, after that I'll be able to eat more easily. I'll need a check-up every six months after that". Other patients made similar comments. This meant patients understood about the treatment they received and had clear treatment plans.

We saw how medical histories and risk assessments for patients were routinely reviewed at check-up appointments. The patients we spoke with told us how they completed forms about their health when signing up to the practice and how the dentists checked this before each examination took place. We saw this information was recorded in each patient's dental record and showed regular updates took place. However, the provider may like to note that although records were now up to date, half the records we looked at showed that updating medical histories was poor prior to 2013.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Information was provided in the waiting room about when it was not appropriate to provide treatment, for example where patients were unwell or who had cold sores. Where adverse events occurred we saw the incident had been investigated, and recommendations had been implemented to ensure improved procedures were followed in future.

The patients we spoke with told us they were able to get treatment when they needed it. We saw that emergency appointment slots were available each day and saw how these slots were booked and treatment was provided to those patients needing urgent support. Where support was needed for oral hygiene we saw how patients were referred to the dental hygienist. We saw from records how the hygienist advised and supported patients to improve their oral health. One family we spoke with told us, "They even put on an extra

family session in oral care". This showed how the dental team planned and delivered treatment in a way which was intended to ensure patient's safety and welfare.

The registered manager told us the practice was a registered teaching school for dental nurses. We saw they had a library of resources available to inform dental care and support. Patients care and treatment reflected relevant research and guidance. The dentists we spoke with were aware of recent updates to clinical guidance from the Royal College of Surgeons England Faculty of Dental Surgery, the General Dental Council and from the National Institute for Clinical Excellence. We saw how this information was shared electronically and during staff meetings.

There were arrangements in place to deal with foreseeable emergencies. We saw records which showed staff were appropriately trained to deal with medical emergencies that might occur within the practice, including dealing with a collapsed patient. The accident book showed that incidents were responded to according to guidance and that patients were supported safely. The staff training records we looked at provided evidence of cardiopulmonary resuscitation training for all registered dental professionals. Emergency drugs and equipment, including oxygen, were regularly checked and recorded and were available to all surgeries that were in use. We saw how staff had key responsibilities in all aspects of the practice including one person who was appointed for first aid.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the provider had a detailed policy for hygiene and infection control. They employed a cleaner to ensure all public and surgery areas were cleaned each day and we saw they used a recognised colour coded cleaning equipment process. We saw how the dental nurses cleaned all surgery equipment between patients and maintained safe and uncluttered working areas.

There was suitable and adequate provision of hand hygiene facilities including specific hand-wash basins, liquid soap and disposable hand towels. We saw all staff followed the provider's hand hygiene policy and were able to describe their roles in infection control across the practice. We saw the correct use of personal protective equipment (PPE) and heard from patients how they saw all dental staff wearing PPE when they provided treatment. All the patients we spoke with told us they found the practice clean and tidy. One patient told us, "It even smells clean here"; another person said, "It's spotless here, I've no concerns at all"; whilst another said, "I've been coming here for twelve years and its always clean and tidy". These comments showed patients were happy with the level of cleanliness provided.

We examined the facilities for cleaning and decontaminating dental instruments. Instruments were cleaned and decontaminated in dedicated hygiene area. We looked at cleaning of instruments for all the surgeries and found there were clear flows from 'dirty' to 'clean.' The dental nurse with lead responsibility for hygiene and infection control showed us how instruments were decontaminated and sterilised. There were separate hand washing and dental instrument cleaning areas. A separate sink was used during the rinse stage of decontamination when hand washing instruments. The process the nurse described and demonstrated followed the guidance recommended in the Department of Health's HTM 01 – 05 decontamination guidance document for dentists and dental practices.

The nurse showed us how they used an illuminated magnifier to check for any debris or damage throughout the cleaning stages. We saw the practice used non vacuum sterilisers. Once the equipment was placed in date stamped sealed view packs they provided sterility

of instruments for up to twelve months. Equipment checks were carried out during each surgery session and recorded to ensure the equipment was in good working order. These checks meant patients could be assured that dental equipment used during examinations and treatment met current hygiene standards.

We saw the practice kept records of correct waste segregation, secure storage of waste and waste removal. A recognised company was contracted to remove clinical waste regularly. We saw single use items were used once and disposed of safely.
However, the provider may wish to note that clinical waste stored securely in the locked garage was not stored in containers which might prevent access by vermin.

The dental nurses showed us completed records of decontamination equipment maintenance; there were records of daily tests and checks of the autoclave and sterilising units. X-ray machines had installation and calibration certificates. In the staff records we looked at we saw that all dental nurses and dentists had completed training in infection prevention. This showed the provider had taken steps to ensure appropriate standards of hygiene and infection control.

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

Appropriate checks were undertaken before staff began work. We looked at the provider's recruitment policy to ensure it included all aspects of appropriate recruitment. We looked at the records of four staff employed at the practice including the most recently appointed person. We saw how recruitment checks, including disclosure and barring service (DBS) checks were made and two references were gained for three of the four employees. The provider may wish to note that for the most recently appointed member of staff references were not available in their file. The provider told us this was an oversight due to the person having been known to the practice for many years as a patient and that a relative was also employed by them. They told us they would gain references for all staff in future. We saw evidence of General Dental Council (GDC) registration and registration numbers for all dentists, hygienists and dental nurses. Staff files contained examples of application forms, interview questions and professional indemnity for all dentists, nurses and therapists. Copies of innoculation checks were held in the staff files we checked.

There were effective recruitment and selection processes in place. In all the files we looked at we saw there were copies of job offer letters as well as contracts and terms and conditions of the post. In the dentist and dental nurses files we looked at we saw evidence of their continuous professional development records. We also saw copies of certificates relating to training undertaken by staff once employed; for example, infection control, first aid, health and safety and safeguarding vulnerable adults and children. This showed when staff were recruited they received the basic training required to ensure a safe working environment was maintained. This ensured that patients were supported by staff with the right skills to maintain a safe environment.

The patients we spoke with made positive comments about the staff employed in the practice. Some of the comments made included, "I've found the staff very approachable, friendly and professional throughout the thirty-one years I've been coming here"; "The dentists and nurses are fantastic with my kids"; "The staff are friendly and professional, they make me feel important" and "The dentist is simply the best". These comments showed that patients were satisfied with the staff who worked in the practice.

The four dental nurses we spoke with told us about their recruitment process as well as initial induction training before commencing their job. For example, one dental nurse told

us they spent a minimum of two weeks undertaking basic induction training and working alongside existing staff. They told us the induction included safe working practices and their responsibilities regarding their new role and how they were mentored by more experienced nurses before supporting dentists alone. This meant that appropriate staff recruitment and induction support processes were in place. This also ensured the practices staff were suitably skilled and knowledgeable about the support they offered.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patient's personal records including medical records were accurate and fit for purpose. The six electronic and paper records we looked at were maintained well and up to date. Records highlighted risks such as allergies or current medical treatments. Electronic records were regularly backed up throughout the day to prevent records from being deleted. Records indicated how patients liked to be reminded about appointments, for example by text messages, letters or phone calls. The patients we spoke with told us they received reminders about appointments in the way they chose. This showed that the provider took steps to ensure information about patients remained current.

We saw evidence that the provider carried out record audits to check that the right information was recorded and that information was up to date. We heard how reception staff and dental nurses checked patient's personal information to ensure it was accurately recorded and saw them updating records as required. The patients we spoke with told us they were asked about their personal information routinely by the providers' staff. Medical history checks were completed by patients at recall appointments or before emergency treatment.

In all the records we looked at we saw how medical alerts were highlighted to ensure dentists were aware of any concerns. For example, where a patient was taking medication to thin their blood or was taking medication to control their epilepsy this was recorded. We saw that soft tissue examinations were recorded as well as risk assessments for caries, gum disease and oral cancer. Appointment records showed that recall appointments were based on risk assessment and need and not just for standard annual or six monthly check-ups.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. In the four staff records we checked all information related to recruitment and registration was in place and current. Checks on decontamination equipment was completed daily and monitored through routine audits carried out by the practice manager. Maintenance records showed routine repair or replacement of damaged items. These checks showed records were routinely audited to ensure they contained the most up to date information about the practice.

Records were kept securely and could be located promptly when needed. Prescription pads were held securely in the practice manager's office and were not pre-signed. Where paper records were needed we saw patient paper records were stored in a secure area of the practice to protect confidentiality. The electronic patient records on the providers' computer system were password protected to ensure information was held securely. Computer screens used by staff faced away from the patients to prevent breaches of confidentiality. This ensured that records were easily available but held securely to ensure patient privacy.

Records were kept for the appropriate period of time and then destroyed securely. We saw that the provider had a current records management and access policy which outlined a description of the systems in place for storing patient records for current and archived records. We saw information in the waiting rooms about how patients could apply for access to their records. The provider told us they kept records for NHS patients for six years, which is in line with contractual arrangements and no longer than the 30 years as described in the Code of Practice on Retention/Disposal of Records under the NHS. This meant that patients could access their records where they requested to do so and that records were held no longer than required.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk