

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

## Dolphin Dentalcare

216c Wareham Road, Corfe Mullen, Wimborne,  
BH21 3LN

Tel: 01202601640

Date of Inspection: 28 January 2014

Date of Publication: March  
2014

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Supporting workers** ✓ Met this standard

## Details about this location

Registered Provider	Dr. Johan Kotze
Overview of the service	Dolphin Dental Practice provides general dental treatment including diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures. The practice provides private dental options to people in Ferndown and surrounding area
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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Supporting workers	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## 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 28 January 2014, 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

---

The practice had two dentists and two dental nurses who provided dental treatment. We spoke with seven people to gain their views and experiences of the service and treatment received from their dentist. All people were complimentary about the service they received. One commented, "I work away for long periods but they are always able to accommodate my appointment for the period I am at home." Another person said, "I am happy with the dentists they explain everything clearly."

People told us they could express their views and make informed decisions about their treatment. We looked at four individual dental treatment records. Three out of four records showed the reasons why treatment was recommended, people's agreement to treatment choices and any oral health advice given.

There were procedures in place to clean and sterilise dental equipment to minimise the risk of people getting an infection. Staff had received regular training to prevent the risk of infection. Staff were aware of their responsibilities in reducing the risk of infection within the practice.

Staff felt well supported by the provider and practice manager. One staff member said, "I am happy working here, it's a really good place to work."

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](http://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 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 used the service understood the care and treatment choices available to them. We spoke with seven people who used the practice. One person told us "I have been coming to this dentist for many years and they are all so kind to me. The dentist explains exactly what is wrong and the choices I had if I needed treatment." Another said "All the staff are first rate very friendly and helpful. They answer any questions I might have."

People were given appropriate information and support regarding their treatment. In the waiting area, we saw people had access to information on how to complain and dental treatment fees. The practice had a website which included information for people on the service and treatment provided.

We saw evidence of treatment plans in people's dental records and that people's medical history had been updated at each visit. These had been signed by each person.

The practice was in a single floored building. This allowed ease of access to people with mobility restrictions.

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

---

**Our judgement**

---

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

---

**Reasons for our judgement**

---

People we spoke with told us that when they visited the practice they were greeted by reception staff in a friendly and respectful manner. One person said, "They are really helpful at this practice. I have received good dental treatment from the dentist." Another person said "The dentist has always discussed my treatment options with me and I decide which treatment plan I feel happiest with."

People understood the treatment choices available to them. People told us their treatment was always explained clearly to them prior to, and during their treatment. One person said, "The dentist always tells me what he is doing and the options I have." Another said, "I have trouble understanding the choices of treatment sometimes. However the dentist always takes time to explain the options so I can choose the best for me."

People were able to express their views and were involved in making decisions about their treatment. People told us the dentist explained their choices, the cost of treatment and their options when they needed a course of treatment. One person told us, "The dentist explains as they go along and discusses any treatment options. I am always given a treatment plan once we have decided." Another said, "I always know the cost of my treatment if I need any." We saw from four people's dental records that treatment plans were completed and signed by the person.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who used 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 were protected from the risk of abuse because the provider had taken reasonable steps to prevent abuse from happening. All of the five dental staff spoken with showed a good knowledge of what their role was in protecting vulnerable adults and children from abuse. They gave us examples of what would concern them, such as bruising or if someone was acting out of character. They told us that if they were concerned they would discuss this with the practice manager. They also knew who they could contact outside the organisation if required. For example staff knew to contact Dorset County Council adult services if they had a concern regarding a vulnerable adult attending the dental practice.

The provider had a policy for protecting vulnerable adults and children from abuse. This described clear procedures to follow if staff were concerned and who to contact internally and externally. Staff were aware of where they could access this policy and would refer to it if they were concerned. All the staff told us that they had attended safeguarding training for children and vulnerable adults. We saw from the staff files that all staff had attended training in the last year.

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

---

**Our judgement**

---

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

---

**Reasons for our judgement**

---

We saw the practice and treatment rooms were clean, and well decorated. All clinical equipment was well maintained. One person who used the service told us "It is lovely and clean, I have never been concerned and used this practice for many years."

There were two sinks available in the treatment room and we saw that the dentist washed their hands prior to examining each patient. The dental equipment, surfaces and patient safety glasses were cleaned between appointments using an appropriate technique and waste was disposed of safely.

The dental staff told us how they reprocessed dental instruments to ensure they had been sterilised appropriately. We were told that instruments were reprocessed within the decontamination room. The instruments were initially manually cleaned. There was an illuminated magnifier to inspect instruments before being loaded into decontamination equipment to complete the sterilisation process. This process currently meets the essential requirements described in the HTM01-05: Decontamination in primary care dental practices 2013.

In order to demonstrate compliance with the essential quality requirements of HTM01-05. Dental practices must have valid quality assurance systems in place to assess decontamination procedures and have a plan which sets out how they will achieve compliance with best practice. The dental practice had audits of decontamination procedures in place. We saw from these records that audits and regular checks of equipment had been completed.

We saw a maintenance contract for the decontamination equipment was in place. Records showed the equipment had been regularly serviced and tested annually to ensure its compliance with the requirements of HTM01-05.

We saw that single use instruments were disposed of into sharps bins and appropriate contracts were in place for the collection and disposal of clinical wastes by registered waste contractors.

**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**

---

We spoke with four members of the dental team. They told us they felt well supported by the provider and practice manager to carry out their role to an appropriate standard. The qualified staff had completed training to demonstrate continuous professional development (CPD). Equipment that enabled staff to carry out their roles appropriately and safely was available and we saw that the practice had a process in place to manage the ordering of equipment. One staff member said, "When you need something it's there the next day, nursing support is good, any issues are just sorted."

Staff told us the provider supported them to complete their CPD. We looked at four staff files that showed training had been completed for infection control, safeguarding children and vulnerable adults, record keeping, complaints and radiology.

## 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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---