

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

## The Dental Surgery

384 Topsham Road, Exeter, EX2 6HE

Tel: 01392873899

Date of Inspection: 19 July 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr. Nicholas Dee Shapland
Overview of the service	The Dental Surgery provides dental treatment for patients who pay privately for their treatment. There are two dentists who work at the surgery, which is based in Exeter, Devon. The surgery opens on weekdays with emergency cover outside of normal hours.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 July 2013, sent a questionnaire to people who use the service and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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This was The Dental Surgery's first inspection since registering with the Care Quality Commission. During our inspection we checked and were assured that people using the dental practice had access to examinations in private. We asked people how they were involved in their treatment planning and whether they were invited to give feedback about their experiences. We met and spoke with staff and checked records. We found patient and staff records were completed well. We toured the premises and were satisfied people received safe and effective treatment in a clean environment.

Following the visit we contacted, with their permission, some people who had attended the practice the week of our visit. We sent an email questionnaire to four people and received three responses. We also spoke to three other people by telephone. People expressed high levels of satisfaction with the practice. Comments included;

"I am always involved in any decisions made about my treatment."

"They text or ring me to check everything is ok from the visit the day before."

"Friendly, clean, helpful, obliging, caring?I could go on!"

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

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### More information about the provider

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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

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### 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.

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### Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. We received comments from six people registered with the service. They told us they were satisfied with the treatment provided at the practice. They said they received treatment that was explained clearly to them by the dentists. People also told us they had signed a document at the practice at the time of treatment to indicate their consent to that treatment. During our visit we viewed four patients' records which included treatment plans for individuals. We saw people's consent to treatment had been recorded.

People who used the service understood the care and treatment choices available to them. They confirmed if they required more complex treatment they were given a treatment plan. The treatment plan detailed what the course of treatment was and how much they would need to pay. We saw information displayed in the practice that detailed costs for treatments. We saw there was a patient information leaflet for enquiring or new patients; this included fees for specific examinations and treatments. The provider told us that a web site for the practice was currently under construction. When complete this would detail the range of services on offer and fee levels.

People expressed their views and were involved in making decisions about their care and treatment. People told us that the provider gained feedback by asking them verbally at the end of their appointment if they had any comments or concerns. People also said they received a phone call or text the day after treatment to check on their well-being. The provider also used surveys to gain people's views. Surveys were carried out annually. We looked at the results of the patient satisfaction survey carried out in October 2012, which involved approximately 50 patients. The responses were overwhelmingly positive. We read staff meeting minutes which showed survey responses were discussed and action agreed within the staff team to make improvements at the practice as a direct result from comments within the surveys.

We asked people if their privacy was maintained when receiving dental treatment. They said they considered that their privacy was maintained whilst receiving examinations or

treatment at the practice. When we visited we saw that consulting room doors were kept closed when people were being examined by the dentist on duty. People also confirmed that the staff were helpful and friendly. One person wrote, staff are "unfailingly so."

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us the dentists checked their medical history and any changes to their health before an examination. We looked at four people's records who had recently visited the practice. The records confirmed people had been consulted about any changes in their medical history before their examinations. We saw records made by dentists demonstrated discussion of on-going treatment and oral health advice. For example, dietary advice and assessment of the mouth, gums and teeth and smoking cessation advice for patients that smoked.

There were arrangements in place to deal with foreseeable emergencies. Records showed, and the staff we spoke with confirmed, that they had completed recent first aid training. The practice had emergency resuscitation equipment for both adults and children. Oxygen and medicines for use in an emergency were available at the practice. Records were completed to show that daily checks were completed to ensure the equipment and emergency medication was safe to use.

We checked the provider's radiation protection file as x-rays were taken and developed at the practice. We also looked at x-ray equipment in use at the practice and talked with staff about x-ray use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw the provider's records for radiation protection had been assessed by an independent expert within the required timescales and had been found to be maintained in good order.

For accessing out of hours treatment for emergencies the receptionist told us that an answer phone message detailed how to access emergency treatment. Each day the practice was open emergency treatment slots were made available for people with urgent dental needs. This meant people could access treatment when they needed it.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The provider had assessed the building with regard to people with mobility needs. The practice was accessible for people with limited mobility or for people who used wheelchairs. Consulting rooms were all on the ground floor. The rooms allowed

space to accommodate a person using a wheelchair and a carer, if required. There was an accessible patient toilet at the practice. The reception desk was at a suitable height for people using wheelchairs to sign their records and speak to the receptionist at eye level. The practice manager told us that there were some wheelchair users registered at the practice and that they were able to meet their dental needs.

The provider had considered additional needs of other disabled people. For example there was a loop system at the practice to benefit people who used hearing aids when conversing with staff. Consideration had also been given to the needs of people with visual impairment in the layout of the premises. We spoke with the provider who showed they also had a good awareness of the cultural or spiritual needs that could impact upon patient informed choice with dental treatment.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. When we visited the practice we spoke with staff about the cleaning routines and infection control training. Practice staff had undertaken relevant training in infection control within the last year. Staff told us their competencies in the workplace in good infection control techniques were monitored and recorded through clinical supervision.

The provider had assessed their facilities at the practice in relating to meeting government HTM 01-05 standards for decontamination in dental practices. The provider had completed regular self-assessments in relation to published best practice guidance. The audits indicated that the facilities and management of decontamination and infection control was managed well. We examined the facilities for cleaning and decontaminating dental instruments. We found that there were clear flows from 'dirty' to 'clean.' One of the dental nurses showed us how instruments were decontaminated and sterilised. 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 in each treatment room which provided sterility of instruments for the recommended 12 months. Equipment checks were carried out during each surgery session and recorded to ensure the equipment was in good working order.

We read the practice policies and procedures for management of infection control. The provider had a copy of the Department of Health's Infection Control Code of Practice guidance. The provider had given responsibility for infection control to a member of staff. We spoke with this person who showed good awareness of the code's principles and requirements for auditing of practice and the recording of cleaning processes.

We observed how waste items were disposed of and stored. The provider had an on-going contract with a clinical waste contractor. We saw that the differing types of waste were appropriately segregated, labelled and stored at the practice.

We looked at the consulting rooms where patients were examined and treated. The rooms and equipment appeared clean. The nurses explained that they had cleaning duties between patients and at the end of treatment sessions. We observed nursing staff cleaning areas between patient appointments. There were completed records for cleaning

schedules. Each person we contacted to comment on the practice said the practice appeared clean when they visited.

We saw staff members had supplies of gloves, masks and eye protection. We also saw that consulting rooms had eye protection supplied for patients. Staff had facilities to wash their hands in dedicated 'clean' sinks which demonstrated good practice in preventing the spread of infection. Staff told us the importance of good hand hygiene was included in their infection control training sessions.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We looked at the recruitment files for the two staff who had been employed since the practice registered with the Commission. We saw an application form was completed for each staff member. This included details of previous employment. Two references were sought for each applicant. We noted the reference request form did not specifically solicit information from the referee regarding the applicant's suitability to work with vulnerable groups. The form also did not ask the referee to sign and date it. We discussed this with the provider who agreed to include this information in an amended document to improve the robustness of the recruitment process. We received copies of the amended information within two working days of our inspection visit.

Appropriate checks were undertaken before staff began work. Photographic proof of each applicant's identity was obtained and disclosure and barring checks were undertaken prior to staff starting work. These showed checks were undertaken to ensure each employee was permitted to work with vulnerable people. We saw detailed interview records to ensure applicants possessed the right aptitude for the role they had applied for. The provider had not developed a checklist to confirm all recruitment checks prior to staff starting employment. However, we discussed this and following our inspection the provider sent us a checklist they had developed, to act as a prompt to ensure all required documentation was in place. The provider took a positive approach to amending written recruitment processes for new staff by taking action where we highlighted areas in which minor improvements could be made. All appropriate recruitment checks were carried out as required by the regulations.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. This was detailed at the reception desk and in the patient information handbook. People we contacted said they had not found it necessary to raise concerns or a complaint. They also told us they believed their concerns would be taken seriously by the provider and investigated fairly. One person wrote that if they had a concern they believed it would be "respected and handled well if the occasion arose."

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People's complaints were fully investigated and resolved, where possible, to their satisfaction. The provider had a complaints policy, which included timescales for the acknowledgement of a complaint and investigation into issues. We read and reviewed the provider's complaints log. We saw the provider had a clear system for recording concerns and complaints, tracking the investigations of such and showing the outcome of complaints investigations. We saw outcomes of concerns raised were discussed at staff meetings as learning episodes in order to improve quality of service at the practice.

## Records

✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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Records were kept securely and could be located promptly when needed. We looked at a number of records that the service maintained. We found they were stored securely. Staff we spoke with understood the need for confidentiality. Electronic records were password protected, which meant only staff with authorisation could access confidential records. The electronic records were firewall protected to prevent them being accessed inappropriately. Computer screens used by reception staff faced away from the public to prevent breaches of confidentiality.

We viewed four paper patient records at random. They had been completed contemporaneously and were detailed. All were up to date. Records highlighted important and relevant risks such as allergies or current medical treatments.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records we looked at included staffing recruitment records, patient assessment and treatment records, patient survey results, policy and procedures documents. We found that records were up to date, well ordered, clear, legible and factual.

The provider had patient information leaflets in the waiting area regarding confidentiality of their records and their rights of access to their personal records. People could be reassured that their records remained confidential. Patient's treatment records were stored in a lockable facility in a staff only area.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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