

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

Mr Robert Dobson - Church Road

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

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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Robert Dobson
Overview of the service	Mr Robert Dobson provides general and cosmetic dental services. There are two dentists undertaking private work. Other staff include two hygienists, four dental nurses, and a receptionist. The two treatment rooms, reception and waiting area, and a toilet are located on the ground floor.
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/>	
Summary of this inspection:	
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	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 17 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used services at the practice. They spoke positively about their experiences of the service. For example, one person told us, "I have been a patient here for 10 years; the treatment I have received has been really good". They told us they were informed about the choices, costs, alternatives and possible outcomes of their treatment.

With people's permission we observed three consultations. We also looked at dental notes and other records kept by the provider.

People were given appropriate information and support regarding their care and told us they understood the choices available to them. One person told us, "I am kept informed of the costs".

People experienced care, treatment and support that met their needs. Treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were arrangements in place to deal with medical emergencies.

The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

People were protected from the risk of infection. They were cared for in a clean environment.

The provider had effective systems to check and monitor the quality of their service. There were also systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

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.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plans and in a way ensured their safety and welfare.

People we spoke with who were registered with the clinic told us that if they needed urgent treatment this was arranged quickly, usually the same day. They also told us that it was easy to make appointments for treatment at times convenient to them. They told us they were regularly asked to provide details of their medical history. Records we looked at also confirmed this.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that there were leaflets available to patients to explain choices and costs. Clear information was present regarding opening times and emergency treatment.

We saw the clinic's computer system flagged up potential risks to people's welfare such as allergies or medical conditions.

We observed consultations for three people who used the service. The dentists asked about changes in their health and medication and recorded this in their dental records. People confirmed that the dentists checked this at each visit.

We saw that the dentists assessed the condition of people's teeth, gums and mouth. They told them what they were doing and afterwards explained what they had found. We noted that they listened to and addressed people's questions and concerns. We saw that the assessments were recorded in people's dental notes.

We looked the records of three people and saw that people were provided with comprehensive assessment and treatment plans. The dentist explained that the practice carried out two initial examinations for patients. The first of which included a detailed

examination of the teeth, gums and bite, a cosmetic assessment and oral cancer screening. The dentist would then complete a personal report and treatment plan and would discuss the various options. They told us that the practice also helped to treat nervous or anxious patients to help them overcome their concerns. They explained they did this by spending additional time with each patient so they did not feel rushed and other techniques, such as the administering of local anaesthetic and naming certain instruments by colour coding.

This showed that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. We spoke with staff working at the practice and they told us that they received training in basic life support and managing medical emergencies. We saw staff training records that confirmed this.

We saw that drugs and equipment that could be required in a medical emergency were available. These included an automatic external defibrillator (AED). The Resuscitation Council (UK) recommends AEDs are available in dental surgeries. These were securely kept and a robust checking system was in place to make sure all drugs and equipment were in-date and safe to use. Oxygen was also available. This ensured that risks to patients during a procedure were reduced and that equipment was working effectively.

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 harm because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

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.

Records we looked at showed that all clinical staff had completed training about safeguarding children and vulnerable adults. They were able to explain child protection procedures to us and also demonstrate an understanding about the safeguarding of vulnerable adults.

We saw there were written policies, procedures and guidance available that set out how staff should respond if they suspected an adult or child was at risk of harm. The guidance included details about how to contact relevant personnel in the local authority.

Staff demonstrated an awareness of the principles set out in the Mental Capacity Act 2005. This is legislation that protects the rights of people who may not be able to make decisions about their own care or treatment. The dentist explained how they reached treatment decisions in the best interest of adults who they knew or suspected lacked the capacity to make a decision about treatment themselves.

We saw that the provider had obtained enhanced Disclosure and Barring Service checks on all staff, to ensure they were safe to work with people using the service, including children and vulnerable adults. This meant people who use the service were protected from the risk of abuse.

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. They 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.

On visual inspection the premises appeared clean and well maintained. People using services at the practice told us they thought the provider kept the premises clean and hygienic. We noted that there were cleaning schedules in place. These set out what equipment and fittings should be cleaned and when. There were also records showing that clinical and dental waste produced by the practice was managed properly and safely.

The provider had sufficient storage space for cleaning materials. The practice had appropriate equipment such as different coloured mops and specific cleaning fluids for each area of the premises. We saw that there was "colour coding for equipment" guidance on the wall to ensure that staff used the correct mops to prevent cross contamination.

The practice had a copy of a Department of Health document published in March 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes in detail the processes and practices essential to prevent the transmission of infections and ensure clean, safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" that must be achieved and "best practice" which are ideal and desirable.

The provider had facilities and equipment in place that would have enabled them to meet the best practice standard.

We saw there were two separate decontamination room where used dental instruments were cleaned and sterilised. The rooms were of a sufficient size and uncluttered. The rooms contained one hand wash basin and two larger sinks for the instruments to be washed. The rooms were fitted with an autoclave which is used for sterilising the instruments.

There was a washer disinfectant in each room for washing instruments before sterilisation. Whilst used instruments were cleaned and sterilised within the decontamination room, there was a "dirty" to "clean" workflow that meant used and sterilised instruments were

kept as far apart as possible. This reduced the risk of sterilised instruments becoming contaminated. Other equipment used for managing the decontamination of instruments included an illuminated magnifying glass used to check instruments were suitably cleaned.

Sterilised instruments were kept in instrument bags labelled with the date they should be used by. These expiry dates were in line with the requirements of HTM01-05. The bagged instruments were stored safely in enclosed drawers in the treatment rooms.

There were effective systems in place to reduce the risk and spread of infection. We observed one person who had a dental examination. We saw that staff used personal protective equipment, such as gloves, appropriately and adhered to infection control procedures at all times. We noted that staff members using the decontamination room were confident in the procedures. This demonstrated that the correct procedures were in place and that all staff practised correct cross-infection protocols. Staff were able to tell us what they would need to do if they sustained an injury such as a puncture wound from a used instrument.

Records showed that equipment such as the autoclave and dental unit water-lines were cleaned, checked, verified and serviced at intervals recommended in HTM01-05.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. The practice had a complaints policy and procedure. We noted that two complaints had been received in the past year. These had been acknowledged, investigated and responded in accordance with the provider's policy. We saw that the complaints were resolved to the complainant's satisfaction. The provider kept records of compliments received; one person wrote "I would like to thank you very much for giving me the confidence to smile once again".

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We examined the results of a patient survey that people who used the service had completed in June 2013. We noted that topics included being seen on time, explanation of treatment and whether they would recommend the service. We saw responses received were largely positive. One person wrote "Excellent, extremely satisfied". The responses had been analysed and an action plan had been implemented to address any lower scoring areas. For example feedback was provided to staff regarding time keeping.

Monthly team meetings were held and we reviewed minutes of the last meeting that took place on the 11 December 2013. We saw topics included a cleaning audit, x-rays and holidays. They showed that the people who worked at the practice had opportunities to raise concerns and contribute to discussions about the service they provided.

Annual appraisals were held for staff. We saw that topics discussed at appraisals included strengths, weaknesses and areas to improve performance. We saw that an action plan was also documented.

The practice had used the Department of Health's infection control audit tool. They had

completed an infection control audit in July 2013 and had covered areas which included: prevention of blood borne virus transmission, decontamination, hand hygiene and clinical waste. We saw the results for this audit were favourable with most areas scoring a high pass rate. We saw that an action plan was in place to address lower scoring areas. For example we noted that sharps boxes had been fitted to the walls in the treatment rooms. We saw that this audit was completed on a six monthly basis as per HTM 01-05 guidance.

The provider had other arrangements in place to check the quality of their service and identify improvements might be required. These included regular audits of the quality of X-rays.

Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD). This included attending relevant courses, which included infection control, medical emergencies and customer service. CPD is a compulsory requirement of registration as a dentist, dental hygienist or dental nurse.

We saw records that showed the practice recorded accidents and incidents. We noted that actions had been put in place where these had occurred to prevent reoccurrence following the event. We saw the practice had completed risk assessments to ensure people were protected from various health and safety risks. Examples of completed risk assessments included control of substances hazardous to health (COSHH) and Legionella. This showed that learning from incidents/investigations took place and appropriate changes were implemented.

We saw records that showed tests on water systems were carried out regularly to ensure there was no risk from the bacteria known as Legionella, which can cause harm to people.

This showed that the provider had systems in place to identify and manage risks to health, welfare and safety of people who worked at and used the service they provided.

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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