Inspection Report

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

North Tawton Dental Practice

3 The Square, North Tawton, Okehampton, EX20 2EW

Tel: 0183782261

Date of Inspection: 01 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Renata Kaczorowska
Overview of the service	North Tawton Dental Pracice provides general dentistry, preventative work and implants, to privately paying patients.
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 carried out a visit on 1 November 2013, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We toured the premises.

What people told us and what we found

During our visit we met with the registered person who was the dentist and five staff on duty. We spoke with seven people who used the service, either in the waiting room or by phone. We looked at documents relating to the running of the service.

People told us they had great confidence in the dentist and all the staff were helpful and friendly. One person said, "Nothing is too much for them and they go out of their way to make you feel welcome and at ease".

People told us they had been given full information about treatments and costs. One person said, "They advised me about options every step of the way". People confirmed that they had been asked for their medical history and their consent was recorded before they underwent treatment.

We found that the treatment rooms and instruments were kept clean and hygienic and that regular checks were carried out to ensure the continued safe delivery of the service. There were systems in place to raise alerts if there were concerns about the well being of children or vulnerable adults. One person who had used the service had appreciated "the cohesion" of the staff and how well they communicated. Staff told us, "We are proud to work here. We love it."

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 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

We saw that there was information displayed in the waiting room about treatments available and the costs of treatment. People told us they also found information they needed on the practice's website.

People said that the dentist had discussed the treatment they needed with them. One person said, "They discussed treatment with me. When I was going to have an implant they gave me three or four pages of information, telling me how many appointments I would need, and with regards to aftercare." Another person said they "Could make choices based on information".

The dentist showed us patient records that demonstrated the options that had been discussed with people. She showed me a patient record where there had been the option to go for a bridge, denture or implant. This person had been given three different treatment plans, and the leaflets for information.

The nurse told us that she discussed the choices with the patient on the phone later, if they wished. We saw a letter that had been written, giving choices and reasons why the dentist recommended a particular course of action.

Access to the practice was via two small steps. There was a toilet for patients' use on the ground floor, but not large enough for wheelchair access. The hygienist normally worked in the ground floor treatment room. She told us that people who could not manage the stairs to the first floor had been treated by the dentist in this room.

We saw that the policy and procedure for handling complaints was displayed in the waiting room so that people would know what to do if they needed to make a complaint. The response times were shown. The contact details for the General Dental Council (GDC) and the Dental Complaints Service were given, so people would know who to speak to if they were not satisfied with the local resolution. We saw that the practice had not received

any complaints. People who spoke with us said, "The staff are happy and smiling. I would just talk to one of them if I wanted to complain about anything."

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 ensured people's safety and welfare.

Reasons for our judgement

One person who spoke with us was pleased to say that they had received good advice about their oral hygiene from the hygienist and the dentist. This was what they felt they had needed and they were well satisfied.

People told us that they had been asked about their medical history. One person said, "I completed a medical form and the dentist updated my records". The dentist showed us patient records that contained medical and dental histories, evidence of both soft tissue and tooth examination, summaries of discussions, treatment options and costings.

The hygienist told us that she treated an increasing number of people. The dentist said that she left periodontal (gum) treatment to the hygienist, if the person saw them, or she would do it herself. We saw that the dentist had recently updated her training on oral cancer screening and improving oral health education and patient awareness. This showed that the practice worked in a way that would promote people's overall oral health.

We saw that staff were well prepared to deal with medical emergencies. The dentist and lead nurse were qualified first aiders. We saw certificates showing that all staff had been trained to respond to medical emergencies, including cardiopulmonary resuscitation (CPR) and use of the automated external defibrillator (AED). The service had purchased an AED in accordance with guidance from the Resuscitation Council (UK). Staff showed us the emergency medication which was kept in pouches with guidance for staff on how and when it should be used. There had not as yet been an emergency that required any of this resource. Staff checked weekly to ensure that the medications were not past their expiry date and were available for use.

We saw that there was a suitable policy drawn up according to professional guidelines with respect to operating X-ray equipment. We saw records had been kept showing critical examination and acceptance test reports for the X-ray systems in both treatment rooms to ensure they operated safely.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw that the practice had policies in place for both child protection and safeguarding vulnerable adults. The contact details for the multi-agency safeguarding hub were displayed on the noticeboard in a staff room, so that people would know how to raise an alert in necessary. Relevant guidance about child protection was available in the staff room.

Flowcharts had been provided to give guidance for staff when considering how best to respond to a concern or disclosure, both for children and vulnerable adults.

We saw certificates showing that the dentist had undertaken training in child protection provided by the British Dental Association in 2011 and recently updated this with an on-line training session. We saw that all staff had attended a training session provided by Plymouth Adult and Community learning service that covered both child protection and safeguarding vulnerable adults. Staff who spoke with us knew that if they became aware of concerns they should not ask leading questions, but listen carefully and make accurate records. Some staff told us of a training session on dementia they had recently attended so they could recognise the signs and symptoms and offer support.

The team had experience of working with adults who had a learning disability. They would not carry out treatment on the same day as examination, to give people time to discuss options with family supporters (except in the case of emergency treatment). Staff said, "We know our patients," and would recognise if something were wrong, or if their family were not supportive. One person who spoke with us was impressed by the staff – "They show interest. It is the personal element." However, the provider may like to note that there staff did not have knowledge of the Mental Capacity Act 2005 and there was no procedure in place to obtain support on behalf of a person who lacked capacity to make a decision about their own treatment and had no informal support.

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

Reasons for our judgement

We saw there was a policy for infection prevention and control (IPC) which covered the required elements of practice; minimising blood borne viruses procedure included contact details for the Health Protection Agency, to be used if there was a needlestick injury; decontaminating instruments used in dental treatment; hand hygiene; clinical waste; personal protective equipment (PPE) which refers to gloves, aprons, masks and visors; blood spillage; environmental cleaning. We saw that the policy had been checked and updated as necessary. For example, a signed and dated entry had been made in September 2013 when a new type of wipe had been introduced for the cleaning of work surfaces. This showed that the team updated their policy in accordance with new guidelines. All staff had attended training together on IPC.

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). It set out in detail the processes and practices essential to prevent the transmission of infections and provide clean safe care.

There was equipment in both of the treatment rooms for decontaminating instruments. Staff showed us how they worked. First, staff scrubbed each item manually, then put them into the ultrasonic cleaner for a cycle. After this they were immersed for rinsing, then checked under a magnifying lamp. If there was no visible debris, items were put into a steam autoclave to be sterilised. If they were to be used the same day, they were put into a drawer just below the autoclave. Otherwise they were bagged and stamped with the date of expiry.

Hollow items and instruments used in implant surgery were bagged after the checking process, put into a lidded box and taken to a vacuum autoclave in the staff room where they underwent a 45 minute cycle. This machine was tested at each cycle to ensure efficacy.

We saw that staff had systems for checking the machines which involved daily, weekly and quarterly tests, and staff kept records for each of the treatment rooms to show accountability.

This system followed the guidelines of the HTM01-05 sufficiently well to provide safe care – what was called the 'essential standards'. The dentist described to us their plans for introducing a 'best practice' system, whereby a room would be dedicated to this work which would then be taken out of the treatment rooms.

We saw that clinical waste was stored securely and disposed of legally.

An audit had been carried out of all IPC practice during April 2013. Self assessment had shown that the practice had achieved 100% in environmental design and cleaning, and use of PPE. One person who used the service said, "I find this to be a wonderful practice - clean and immaculate".

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 effective systems to regularly assess and monitor the quality of service that people receive and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that the practice had carried out annual surveys of customer satisfaction. The current survey was still in process - questionnaires were on the desk for the receptionist to offer to people at the end of their appointment.

The results of the previous one were displayed on the noticeboard in the waiting room. This showed that people were overwhelmingly positive about their experience. The only issue that repeated was that people sometimes had to wait, though they recognised that this was largely as a result of the dentist dealing with an emergency. "I was that emergency once" one person told us. "So I don't mind when this happens." However, the practice had recognised that this caused difficulties for people and had introduced a ten minute gap into their daily schedule in order to alleviate this problem, thereby giving staff a short break if there had been no emergency or hold-up. The dentist had summarised other aspects of the feedback – "We are doing very well. Explaining treatment plans clearly. Patients find the dentist and nurses caring and friendly."

In addition, there was a complaints box in the waiting room. Staff told us they checked it every evening but had not yet found any complaints posted. People who spoke with us said, "I'm not aware of the complaints procedure but am sure any issue would be handled professionally and fairly".

We saw that several people had written in the Comments Book on the table in the waiting room. One person had commented that they had brought an elderly relative, and though they had been nervous at first, they now felt "relaxed and confident".

Staff told us they had a contact book which they found very useful for ensuring they communicated well and that messages and updates always got passed on. They also maintained a diary. All audits needed for the safe running of the practice were entered in the diary, to ensure they were carried out at the correct intervals. We saw that audits had been carried out thoughtfully with improvements in practice introduced as a result. For example, an audit of patient records highlighted that angina, asthma, diabetes 'need to be

ticked in warnings' so that they would be brought to the clinician's attention when they attended for their appointment.

A list was displayed on the wall in the staff room to show responsibilities that had been delegated to staff, to show accountability. The practice had a health and safety manager. Staff had signed and dated to show they had read and understood the safety management policies. We saw that fire extinguishers had been inspected and serviced annually, fire drills had been held annually during non-patient times and the health and safety manager had checked the smoke detectors regularly. He had drawn up the fire risk assessment and arranged for inflammatory materials to be kept separately.

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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