

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

Tisbury Dental Centre

High Street, Tisbury, Salisbury, SP3 6HD

Tel: 01747870743

Date of Inspection: 26 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
Cleanliness and infection control	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr. John Barton
Overview of the service	Tisbury Dental Practice is a small practice operating Tisbury. The practice provides dental services for private 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'.

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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 26 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our visit we were able to speak with two people who had attended the practice for a number of years.

They said they were very pleased with the service provided and had never had reason to raise any concerns.

One person said they were "the dentists are all very kind. I have been coming here for years and I am very happy with the service I get."

People told us they were involved in all decisions relating to their treatment. They said they were asked whether there had been medical changes the dentist would need to be aware of.

People said they could make appointments including emergency appointments easily. We were able to talk with one of the dentists and the dental nurse. The dental nurse explained how infection control was managed within the practice. They told us they had received infection control training as part of their qualification course work and attended on-going training.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with two people who used the service who told us they were very pleased with the service they received. One person told us they were a "nervous" patient and the dentists were very kind and thoughtful.

People said they were well informed of the options available to them. Everyone we spoke with said they were aware of how much treatment would cost them. One person told us "I feel they let me know exactly what the costs are so there are no surprises. I am really happy with the service I get. We are very lucky to have this service here."

The practice managers told us people were able to think about the options available in their own time without being pressurised. They were also able to ask any questions about the costs and treatment at any time. We noted there were plenty of information leaflets located around the practice.

The practice manager said there was a loop system at the reception to assist people who had a hearing impairment. A dentist we spoke with told us if people had specific needs they would generally be accompanied by a family member or a carer. They told us the service could accommodate wheelchair users on the ground floor and dentists sometimes moved treatment rooms to accommodate people in wheelchairs. There was also a stair lift available to assist people.

We asked if there was an option for people to speak about their treatment in private if they wished to do so. The practice manager told us they would generally discuss any issues in private within the treatment room and away from the reception area, where they could be overheard.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us they could make appointments easily and staff at the practice were polite and friendly. One person said "if I was in pain as I has sometimes been the case I know I can always get an appointment quickly." The practice manager told us there were reserved appointment slots for emergencies every day.

We observed staff members greeted people warmly. People said they did not feel rushed during their appointments. One person said "they give me all the time I need."

A practice manager said most patients lived locally to the service and have been coming to the practice "for many years".

We looked at two electronic records. We saw there was a system to alert the dental nurse or the dentist to important information about the person, such as whether they had a pacemaker fitted or if they were diabetic. We saw people were asked to complete a medical questionnaire y and were asked at each appointment about their medical history and if there had been any medical changes since their last visit. The dentist said people were checked for signs of mouth cancer at every check-up. They told us "we have quite an elderly population here. We know our patients very well."

People we spoke with told us they were given advice on oral health, which was recorded on the system. All batch numbers of medicines and anaesthetics used during treatments were electronically recorded so there was a clear audit trail.

The practice had appropriate drugs and equipment available in the event of a medical emergency. We saw the drugs were automatically replaced by the service provider. "We noted that all medicines seen on the day of our visit were in date.

We saw staff had received training in the use of emergency equipment, which was updated annually.

The emergency box had tamper proof boxes for its medical contents. The dental nurse told

us "we use these so we can be absolutely sure they have not been touched. We saw there was an up to date record of contents with batch numbers and expiry dates.

There was named lead person for radiography within the practice. Local rules were available. We saw maintenance service took place yearly. We saw any actions identified at these checks had been undertaken by the provider.

The provider might find it useful to note the practise did not have its own defibrillator to respond to any cardiac arrests. The dental nurse told us the doctors surgery is "minutes" away but "we are going to have a defibrillator here soon."

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 guidance had been followed.

Reasons for our judgement

One person we spoke to said they had always found the practice to be clean and tidy. They said "it is always clean and welcoming."

The Department of Health published a document in November 2009 called 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). It sets out in detail the processes and practices essential to prevent the transmission of infections and provide clean safe care. It also sets out two standards of Compliance for dental practices. These are referred to as 'essential' and 'best practice'. Every practice should be meeting the essential quality requirements and should have a plan on how they will achieve best practice standards.

We saw the practise had a system in place to measure itself against these standards and ensure they were working towards best practice.

The treatment rooms we saw were well lit and airy, tidy and uncluttered. The cupboards and drawers were well organised. The work surfaces, fixtures and fittings were in a good state of repair. Work surfaces were impervious. We saw the dental chair and stool for the dentist were clean. The sink used for hand washing was seen to have no plugs to ensure the unhindered flow of water.

There was a separate decontamination room. There were separate sinks for cleaning and rinsing instruments and separate hand washing facilities. There was hand wash liquid available. There was a clearly identified dirty to clean work flow.

We observed instruments were transported to and from the decontamination room in plastic lockable boxes.

Instruments were cleaned in the ultrasonic cleaner. Instruments were then sterilised in an autoclave. Data from the autoclave was stored on a memory card and also uploaded into the computer system. We saw the autoclave had yearly full validation certificates.

Packed instruments were dated with the expiry date. A dental nurse explained the procedure for storing non single use instruments such as reamers, used for root canal

treatment. We saw they were sealed, dated, named and had a unique reference number. Once treatment was finished instruments were disposed of.

The dentist and dental nurses had personal protection equipment (PPE) available and it was used correctly. The practice manager told us uniforms were laundered on site and no members of staff left the practice wearing their uniform.

As required, clinical waste and sharps' boxes were collected by an accredited service and receipts for the collection were retained. We saw the provider had completed an HTM01-05 audit we noted where any shortfalls had been identified an action plan had been developed. This recorded when appropriate action had been taken.

The dental nurse told us about the protocols for cleaning and the daily opening and closing of the treatment room. They told us they had tablets to clean the dental water lines. The water lines were flushed through at the start and the end of the day.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with the practise managers and they told us they regularly asked people if they were happy with the service or have any complaints.

We saw there was a system in place to record and investigate complaints. We saw any complaints were investigated promptly in line with their policies and procedures.

One person told us "I have full confidence in the service but if I did make a complaint then Imp sure they would sort it out. They are so good here"

All staff including the dentist and the dental nurse we spoke with were aware of the complaints procedure and procedures in the service. We saw patients had information about how to make a complaint and there was a suggestion box in reception.

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

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

Website: www.cqc.org.uk

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