Inspection Report

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

The Mannamead Cosmetic Dental Centre

7 Lockyer Road, Mannamead, Plymouth, PL3 4RL

Tel: 01752662929

Date of Inspection: 07 June 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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Bettie Lenore Bronkhorst
Overview of the service	The Mannamead Cosmetic Dental Centre provides general dental services and cosmetic dentistry services on a private basis.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 7 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with five people who used this dental service. People told us "staff very friendly", "stressless", "brilliant", "very relaxed friendly family atmosphere" and "hygiene is paramount". People told us everything was explained and the dentist discussed treatment options. Everyone said they were involved in their treatment plan and had been asked for their consent.

We found people's treatment needs were assessed and treatment was provided by experienced and qualified staff. There were systems in place in the event of a medical emergency.

We found that people who used this service and staff were protected from identifiable risks of acquiring an infection because the operation of systems provided to prevent the spread of infections was designed in accordance with the guidance from the Department of Health primary care dental practice.

We found that staff were qualified and had the relevant skills and experience to carry out their jobs.

We found the quality of the service provided was audited and monitored by the staff, the provider and externally by other regulatory bodies.

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.

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 spoke with five people about their experience of this practice. They told us they were pleased with the service, the dentist was respectful and they were chaperoned by a dental nurse. One person told us they were given the option to have their spouse sitting in with them. People told us "staff very friendly", "very relaxed family atmosphere", "all staff are polite and kind", the dentist "puts you at your ease".

The practice had a slight ramped path leading to a short flight of steps to access the front door from the street. A member of staff explained that people with restricted mobility could telephone the practice in advance of arriving and they would be assisted by two staff members up the path and steps. The staff member also told us the practice had an arrangement with another local dentist and they could refer people if they preferred to use a ramped wheelchair access and no steps. This information was also available for people to read in the patient information booklet. We also saw an audit of the premises which identified that the reception desk needed to be lower to enable people to speak with the receptionist more easily and the bathroom needed a handrail fitting to provide assistance and support for people who may need this. The audit also identified that hot water was required in the bathroom and, by the time of our visit, action had been taken to provide hot and cold running water.

People were able speak to a member of staff in private if they wished. The people receiving treatment at the practice all confirmed they felt they were involved in their treatment plan. They said they were asked for their consent before any treatment was undertaken and had signed a consent form for treatment by the dentist. People also told us that follow up treatment and after care was good. We found the dentist was registered with the Information Commissioner's Office (ICO). The ICO promotes data privacy of individuals, and oversees and enforces data protection and information stored on electronic records. This meant the dentist was accountable for the collection, use and storage of personal information of their patients.We saw all the staff had signed an

agreement to protect patient confidentiality. A copy of the practice confidentiality policy was available to patients on request.

The dentist told us they explained to people about good oral health and hygiene. We saw information leaflets available in the waiting room for people to read and take away . One person said "what's nice here is they don't promote anything or convince you that you need it".

People told us they were able to make appointments to suit them. One person said "appointments good". People had mixed opinions about waiting times for their appointments at the practice. One person said "punctuality good". Other people accepted they were likely to have to wait for their appointment. The dental staff confirmed people were told if the dentist was running late (which they also told us was common), and offered people a drink. The provider may like to note, one person said 25 minutes or longer was too long to wait. This was a problem particularly when they had taken time off work to attend their appointment, and it was difficult to arrange more time off work if they rearranged their appointment to another day.

The practice undertook a Patient Satisfaction survey in March 2013. This was completed by 20 people. We saw the survey found the key strengths of the practice were the friendliness of the staff, confidentiality, the level of treatment, and treatment options with consent. The main weakness was timekeeping by the dentist meaning appointments were often running behind schedule. As a result of this finding the dentist agreed the receptionist should apologise and offer people a complimentary drink while they were waiting.

Out of hours information was displayed in the practice window. There was also information about costs of out of hours treatment.

The people we spoke with said they had not seen a complaints procedure or were not sure if they had seen one, but they also said they had had never had any reason to complain. One person said "everything is top notch". Everyone we spoke with said they would speak with the dentist if they did have any concerns or complaints.

We saw the complaints procedure displayed in the waiting room. This was behind the water dispenser and not easy to read. We discussed this with the dentist who agreed to display the complaints procedure somewhere more prominent.

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.

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

Reasons for our judgement

We spoke with five people receiving dental treatment and care at this practice. They told us "calm experience everything is considered", "stressless brilliant" "[the dentist] puts you at ease".

People confirmed they were asked about their medical history on each visit to ensure this information was up to date. One person told us they were always asked about any current medication they may be taking and if anything had changed since their last visit. We saw on patient records there were signed and dated medical histories, and these were updated annually and/or if there was any medical change between appointments.

People told us they always had all the treatment options and costs explained to them if the dentist found anything needed treatment following an oral examination. One person told us they were also told about how long a course of treatment could take, the amount of discomfort they were likely to experience and the expectation of the end result of treatment. Another person said they always felt able to discuss with the dentist about their treatment as well as general oral hygiene.

The dentist held the appointment time between 12 noon to 1pm for emergency treatments only. She also provided patients who had implants with her mobile telephone number so they could call her out of hours if they had any concerns or were worried about an aspect of their implant. The dentist told us it was very seldom that she had to see patients out of surgery opening times, however if this was necessary then she will see people over the weekend. All the patients registered at this practice paid privately. The practice shared provision of an out of hours service using a rota system with other private practices.This information was available for people displayed in the front window of the practice next to the front door. It was also in the practice information leaflet as well as other local emergency contact numbers and addresses.

The practice had an automatic external defibrillator (AED) as recommended by the Resuscitation Council (UK). We saw evidence and staff confirmed they all received training in cardiopulmonary resuscitation (CPR). The medical emergency equipment and the oxygen cylinders were checked every day as part of the dental nurses opening and closing routine. We also saw procedures for staff about what to do in the event of a

medical emergency.

We saw that the local rules for maintaining safe practice with respect to x-rays were in place in both surgeries and a contract with an advisory service. One of the dental nurses explained that the doors were lead lined, and the window in one door was also leaded. The window enabled the dentist or dental nurse to observe the patient during the x-ray process. The dental nurse told us the x-ray machines had safety switches in case of error or fault occurring, and the doors were locked to ensure that no-one could enter when the x-ray machine was in use. We also saw a warning light outside the surgery. We also saw that the x-ray equipment was tested daily, with more thorough checks weekly and clinical audits of x-ray equipment were completed monthly. This showed that the dental staff ensured people's safety.

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

Reasons for our judgement

Everyone we spoke with who used this service told us the premises were always clean and tidy. No one we asked had any concerns about risk of infection or poor hygiene practices from the dental staff. One person said "hygiene is paramount everything is clean and hygienic".

In November 2009 the Department of Health published 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. We saw staff certificates showing staff had completed training iin infection control and cross infection decontamination. Staff told us this was renewed annually. We also saw the practice Infection Control policy which stated "At this practice, the issue of Infection Control is given the highest priority, in order to safeguard the health and safety of both our patients and ourselves". The practice information leaflet advised people that a copy of this policy was available on request to patients of the practice.

Staff showed us how they decontaminated instruments used in treatments. A dedicated area between the two surgeries was provided for this purpose and the staff told us they washed their hands in a dedicated wash hand basin before entering this area. They also wore heavy duty gloves to prevent injury from sharp instruments, protective eye wear and aprons. There was a flow of work from dirty to clean. Staff brought dirty items from treatment rooms in covered boxes that were identified as "non processed" boxes. This meant that staff knew it contained instruments that had been used and were dirty. Any disposable instruments were disposed of in the clinical waste bin or bin provided for anything sharp. The reusable items were scrubbed under cold water with detergent to remove any visible debris such as blood, checked under a magnifying glass and then put in to an ultrasonic machine for cleaning. The solution in this machine was changed at the end of every clinical session or when it became too contaminated. This was to ensure the cleaning process was effective. After the ultrasonic cleaning process staff rinsed and inspected the instruments to ensure they were clean, and also to check for damage or wear and tear. They were then rinsed in a different dedicated sink in "reverse osmosis" water which removed residual detergent. Hand pieces were brought from treatment rooms

in a dry box and put through a suitable cleaning process because they are hollow. After checking the instruments were clean, staff put them through a cycle of an autoclave to sterilise them. The staff tried to ensure instruments were sterilised as quickly as possible to avoid air drying which could cause corrosion or bacteria growth. The instruments were bagged and stamped with the expiry date by which they had to be used or processed again in accordance with revised HTM01-05 guidance issued in May 2013.

We saw that tests were carried out daily, weekly, quarterly and annually on decontamination equipment. The water lines were flushed through after every patient and at the end of the day, and filters were cleaned daily. The dental nurses all used a daily prevention of infection checklist. Opening and closing checks were recorded at the start and close of each session morning and afternoon. This meant everything was checked to ensure it was in date and clean. The autoclave produced daily printouts. These showed the vacuum was working properly and the cycle had reached the correct temperature to achieve sterilisation. The dental nurses said they would call an engineer if the test showed there was a problem. A record was kept of any failed cycles. The paper printouts were kept. The provider may like to note that the daily printouts had not been photcopied which would have ensured these were still legible over time as the ink on the printouts faded.

The dental nurses told us that anything being sent away to a laboratory, for example, dental impressions, were rinsed, disinfected, date stamped and sealed before they left the surgery. The items were also checked to ensure they were sterilised when they were returned from the laboratory.

We saw that clinical and hazardous waste was collected and stored safely until it was taken outside to a lockable clinical waste bin. This happened daily. "Sharps" bins (used for disposal of sharp items such as needles) were stored in a room with restricted access until collection. We saw certificates and arrangements were in place for the collection of clinical waste and sharps, and trade waste by appropriate contractors.

We saw copies of handwashing rules and needlestick contamination procedure for staff reference. This ensurd staff knew what action to take to minimise the risk of infection. Risk assessments were undertaken on all harmful substances which were stored safely.

We saw that all disposable gloves used by the dental staff were latex-free. They told us this prevented any unexpected or unknown reaction to latex occurring with patients. The dental staff all wore appropriate protective personal equipment (PPE) such as visors, full gowns and footwear during implants.

Staff were provided with uniforms and were responsible for washing them in accordance with the practice policy for uniforms. The dentist's clothing and footwear were also made specifically for work purposes and approved by the British Dental Council. All staff including the dentist were only allowed to wear their uniform whilst at work. This helped to reduce the risk of infection.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with five people who used this service. They told us the staff were "very friendly" and "all staff polite and kind". They told us they felt safe with the dentist and comments included "a calm experience, everything is considered", "gentle", and "puts you at your ease".

At the time of this inspection the practice employed five dental nurses to support one dentist and one hygienist. The dental nurses were also trained to work as receptionists. The dental nurses told us there were sufficient dental nurses employed to ensure everyone could help out. This meant there was continuity and efficiency in work practice. A member of staff was responsible for the staff rota and planning work cover. This meant they planned ahead to ensure there was no staff shortage, for example, during school holidays. This staff member also covered for staff absence as well as being responsible for the administration of the practice. If necessary a dental nursing agency was used.

We looked at all the staff files. We saw that relevant checks were carried out to ensure staff were of good character and had the skills, qualifications and experience necessary to carry out the job for which they were employed. We saw staff contracts of employment and these were signed and dated by the staff and the provider. We also saw that staff were registered with the General Dentistry Council (GDC). This meant they were able to carry out their job and use the title of "dentist" or "dental nurse".

We found all staff had medical checks to ensure they were fit for work and would not place themselves or others at risk because of an illness or medical condition. We saw the practice had risk assessments in place for female staff who were pregnant.

We saw staff had completed mandatory training such as the protection of vulnerable adults, child protection, fire safety, disinfection and decontamination, and management of medical emergencies. We found the dental nurses and the dentist had appropriate qualifications for their profession and they had opportunities to continue with their professional development for which they were personally responsible to maintain.

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 in place 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 found there were clear practice policies and procedures available to all staff. We saw that all staff had signed and dated to show they had received an updated copy annually, the most recent being 30 January 2013. Any breach of practice by staff was acted upon appropriately by the dentist who was also the provider.

We saw systems were in place to ensure the safe running of machines by practice staff and certificates showing equipment was checked by appropriate engineers.

The dentist was the only qualified radiographer at the practice. She was therefore responsible for the x-ray audits. The dentist told us audits of radiographs were stored on a computer which meant she was able to see the results and reasons if there were any errors in the process.

The fire policy and procedure was reviewed in February 2013 by one of the dental nurses responsible for fire safety. They told us that fire drills were held monthly with staff only, and twice annually for everyone in the practice at the time of the drill. These were recorded.

We saw in staff files copies of staff appraisals and regular staff supervisions, the last being held in April 2013. These covered for each staff member confidentiality, respect, dignity and choices, patients interests, detailed up to date knowledge of infection control, ensuring professionalism and friendliness, and team work. The dentist told us she preferred to address issues as soon as possible so informal supervisions also took place if anything arose. The dentist also told us staff meetings were held every week although sometimes this was not possible. These meetings were always minuted.

We looked at the complaints and resolution book, and complaints folder to see how complaints were managed by the practice. We found any patient concern or "niggle" was noted on their electronic patient record for the attention of the dentist to discuss with the patient at the next appointment. The dental staff told us these sorts of matters were generally about an aspect of the person's treatment so it was more appropriate to record on the patient record and not as a complaint. We saw that complaints had been resolved appropriately and within the timeframe. This showed the practice took complaints seriously

and dealt with them in a timely manner.

We saw a quality assurance audit was completed on 15 February 2013. We found the dentist and the staff were all committed to providing a personalised service to everyone who used this practice. We found communication, planning and recording were reliable and accurate. The dentist and all the staff were registered with the British Dental Council (BDC) which had an overview of the practice and staff to ensure they were practising in line with BDC code of conduct.

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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