

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

The Mead Dental Practice

61 Mannamead Road, Mannamead, Plymouth,
PL3 4SS

Tel: 01752224880

Date of Inspection: 15 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	E Cheshankova Limited
Registered Manager	Mrs. Elena Lubomirova Cheshankova-Kostova
Overview of the service	The Mead is a private dental service that provides treatment for adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 15 November 2013, 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 phoned the practice to give notice of our visit. We spoke with two people who used the service. We toured the premises, spoke with four staff, and the practice dentist. We looked at documents relating to the running of the practice.

People's comments included "The dentist is very polite and very pleasant." And "The Dentist is extremely thorough; she always tells me what she is going to do."

We found that there were systems in place to keep the practice clean and hygienic including effective decontamination of instruments in accordance with guidelines.

Training and support were provided to maintain a safe service. Regular checks were made on machines and systems to ensure safety was maintained.

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 saw that opportunity was provided for people to provide feedback about the treatment they had received by means of a patient satisfaction survey. This was done by asking 20 patients at random and was on-going. We looked at a sample of responses from these surveys and saw that they were positive. This showed that the practice was listening to patients and respecting their concerns.

We could see that confidentiality was being observed. We were told that any confidentiality issues would always be discussed away from the waiting area in the practice manager's office if required.

One person told us "the practice telephone me the day before to remind me of my appointment." And "The dentist is very polite and very pleasant."

We were given a thorough explanation, by the receptionist, of the procedures at reception and observed accordingly. From this we could see that correct procedures were being followed concerning written treatment plans, consent and medical history updates. We spoke with people who used the service, all of whom were complimentary about the practice. One person told us, "The Dentist is extremely thorough, she always tells me what she is going to do." This showed that patients were given appropriate information and support regarding their treatment.

We looked at a small sample of the dental records. These recorded that medical histories had been updated. We saw that options had been discussed and that consent for treatment had been obtained, the notes written on the records were detailed and specific to what had been discussed.

Patients were given appropriate information and support regarding their treatment. Leaflets were available to patients describing future treatment options. This meant that people were able to make informed choices about their treatment.

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

The practice had two treatment rooms on the ground floor, one for the dentist's use and the other for the hygienist to use. The waiting room was situated down two steps on the ground floor and had comfortable seating. Leaflets explaining different treatments that the practice could offer were on display, as well as information on what to look for with physical ailments that affect the mouth.

People's needs were assessed and treatment was planned and delivered in line with their individual plan. Where the dentist was unable to give the treatment required he referred them to another practice. We saw in patient records that medical histories were updated every six months or when needs changed and were entered onto the person's records; this meant that staff were aware of any relevant medical information that may affect the person's treatment.

We saw evidence that risk assessments had been carried out, showing that all aspects of the premises were managed in a way that would maintain the safety of people using the service. We could see that all fire extinguishers had been serviced and all staff received training for fire safety and evacuation procedures. Staff regularly undertook fire drills to ensure the safety of the people using the service.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate equipment. We saw evidence that the staff had undergone First Aid training including resuscitation and the use of a defibrillator. There was a robust system in place to ensure all equipment and drugs were in date.

The treatment room had the equipment used for taking X-rays. The local rules for the safe provision of this diagnostic tool were in place. They had been updated with the name of the dentist operating the equipment, and showed who was the Radiation Protection Supervisor (RPS) for the practice. They described the procedure to be followed and included the contact details for the Radiation Protection Adviser (RPA). The RPA is a qualified expert whose duty is to advise the practice on compliance with the Ionising Radiation Regulations 1999. We saw that the dentist had received training in radiography and radiation protection. We found that the practice had systems in place to maintain

safety while taking X-rays.

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.

Reasons for our judgement

We saw evidence that everyone involved in clinical treatment had received appropriate infection control training. We saw that the provider carried out regular audits of its infection control system. This meant that people received care and treatment in a clean and hygienic environment.

Evidence was present to show the dentist, hygienist, and other members of staff were vaccinated against hepatitis B to ensure the safety of the people using the service.

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. Staff had received training in "Best practice" in October 2012.

The practice had two treatment rooms, one being used wholly by the dentist and the second by the practice hygienist. We saw that in each of the two surgeries the flooring was vinyl in the working area which meant that it could be easily cleaned. All surfaces were clean and easily defined for "clean" area and "dirty" area for used instruments which meant that clean equipment was not contaminated.

A dental nurse assisted in each treatment room. One nurse showed us the decontamination procedures, including the packaging and storage of clean instruments. This process was carried out in the room dedicated to the decontamination process. There was a separate sink for hand washing with liquid soap and paper towels. Staff put on their protective gloves, apron, mask and visor. After each patient had left, used instruments were placed in a sealed box in the surgery before being taken to the decontamination room. Staff showed us how they scrubbed the instruments and then examined them under a magnifying lamp for debris before placing them in an ultrasonic cleaner that was used to clean the instruments. They then demonstrated how the instruments were sterilized in the autoclave. The clean instruments were then bagged in the clean area. Clean bagged instruments were stored in the clean area of the treatment room. This meant that clean instruments would not become contaminated. This process was carried out after each visit.

We saw evidence of the tests that staff carried out to ensure safety and cleanliness. The vacuum autoclave was tested every morning, and after the surgery closed. Weekly soil tests and protein tests were carried out to check for cleanliness and efficacy. We saw records of these tests being carried out.

A contract was in place for the collection and safe disposal of clinical waste. There were supplies of hand soap, paper towels gloves and aprons for staff to use. Hand washing facilities were available in both of the treatment rooms and the decontamination room. This meant that staff were able to wash their hands appropriately to reduce the risk of cross infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We noted that each staff member had their own personal file which contained staff induction records, registration certificate, indemnity records and on-going training. We also saw evidence that staff appraisals were being carried out to review the practice and skills of the staff. One staff member told us how they had been supported to train as a dental nurse within the practice and that they were attending courses as part of their professional development.

We could see that staff were able to receive on-going training within the practice. This was supervised by the provider. We could see that all staff had certificates to show that they had attended many courses including data protection and confidentiality, safeguarding vulnerable adults, infection control and first aid. This meant that staff were prepared to provide a safe service and was encouraged and supported by the provider.

Formal meetings took place to review any issues and the practice policies were reviewed regularly to reflect current practice guidance. We were told that regular briefing meetings took place either at the start of the day or at the finish of the day. The staff told us that they were well supported and that it was easy to raise an issue with the dentist or the practice manager if required.

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.

Reasons for our judgement

The staff told us of their on-going responsibility to carry out audits in order to maintain a safe and reliable service. They showed us each of the areas to be audited, such as infection control, patient records and fire safety. The staff told us that any findings had been discussed at the team briefings.

We looked at the records showing maintenance of the major equipment needed to run the practice. We saw that all the equipment in the decontamination room had been serviced professionally in July 2013.

Fire extinguishers and the fire alarm had been checked weekly by staff in the practice and results recorded. Fire fighting equipment had been checked professionally. The practice manager told us that all staff received fire training and that regular fire drills were undertaken. We saw records to confirm this.

The complaints policy was displayed on the wall in the reception area. It gave the timescales for written responses as well as the contact number for the Dental Complaints Service and an address for the General Dental Council if the matter could not be resolved within the practice. The practice had received no formal complaints. One person we spoke to told us "You wouldn't have the need to complain, they are all very good."

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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