Inspection Report

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

Contemporary Dental

14 Queens Terrace, Exeter, EX4 4HR

Tel: 01392490949

Date of Inspection: 16 January 2014

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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
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Contemporary Dental
Registered Manager	Dr. Robert Brazenall
Overview of the service	Contemporary Dental is registered to provide Primary Dental Care for people who require dental procedures. The practice provides private patient dental care. There were two dental and one hygienist surgeries available in the practice. The practice is situated in Exeter, Devon.
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 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 16 January 2014, 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, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Contemporary Dental has three dental surgeries serving people living in Exeter and the surrounding area. The practice provides private patient dental care as well as other services such as dental implant surgery. The patients we met during our inspection spoke positively about the service and told us; "It's a brilliant service, a nice environment and the staff put you at ease"; and "The manner of the dentist is reassuring and professional. Excellent".

We spoke with eight patients during our inspection as well as all the dental and nursing team; this included the practice manager. We observed the practice of the dentist and the dental nurses during our inspection. We found that patients were respected and involved in their treatment. They were provided with information relevant to their needs both within the practice and from the providers' website. Patient privacy was respected.

Patients care and treatment was based on a full mouth assessment. Treatment was provided in line with treatment plans which patients signed and appointments were based on the dental needs of patients and made at times convenient to the patient.

The surgery appeared clean and tidy. One patient told us "I always find it clean & tidy here". There were practices in place to ensure the surgery area was cleaned between patients as well as at the end of each day. Dental equipment was cleaned in a way which demonstrated compliance with current department of health guidelines.

Recruitment was carried out in a way which ensured staff were suitably knowledgeable and experienced to fulfil their role. All clinical staff were registered with the General Dental Council. All staff had received basic skills training during their induction period which included first aid and awareness in hygiene and infection control

The practice had a dual paper records and computer based record system. The records we looked at were accurate and fit for purpose. Records relating to the running of the

practice were up to date and reviewed by the providers' staff.

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

Patient information about the service was provided in detail on the providers' website. Information on display in the practice was limited. The information we saw on the website and the information we were provided with from the provider included cost of treatment, oral healthcare and policies such as their complaints procedure and data protection. We spoke with the practice manager about information for patients; they told us they would compile a file of information which they would place in their reception area. This meant patients had information available to them to support decisions about their care and treatment.

Patients who used the service understood the care and treatment choices available to them. All of the patients we spoke with told us how the dentist and hygienist both spent time with them before treatment commenced and discussed what was planned. We heard these discussions and saw how they took time to check the patient understood what was planned. In the records we looked at we saw the dental practitioners recorded the information they provided the patient and the choices that were available to them. These showed patients were involved in their treatment.

Patients expressed their views and were involved in making decisions about their care and treatment. In the patient records we looked at we saw notes which showed how the dentists involved patients in their treatment and planning. For example, where dental implants were being considered the course of treatment and the benefits and risks were documented for them. The patients we spoke with told us that they were able to take part in decisions about their care. For example, about whether to have a tooth removed or not.

Feedback from patients, practice surveys and comments showed how they had been involved with decisions about their care and treatment. For example, comments we saw stated, "Everything was explained clearly and the treatment plan showed how many times I needed to visit" and "I was given information about my dental health and what treatment I

needed". Other comments we saw stated; "Professional, friendly, relaxed, experienced practitioner"; and "I was particularly impressed with the care you took with getting the implant fitting just right". These showed patients were able to express their views about the treatment they needed or received.

Patients' diversity, values and human rights were respected. The reception layout and the way the reception staff interact with patients enabled them to maintain confidentiality on arrival at the practice. The practice manager told us an office adjacent to the waiting room was available if private discussions needed to take place away from the surgeries. When patients were taken into the surgeries we heard staff welcoming and reassuring them. Doors were closed. The staff understood the need for privacy, dignity and confidentiality, ensuring patient records were not on display in the surgeries or public areas of the practice. Patients told us about how staff talked to them in private, if appropriate. This meant patients' privacy was respected.

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

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. In the seven records we looked at for patients receiving appointments on the day of our inspection, we saw recently completed medical histories for patients and evidence these had been reviewed at regular intervals. Patients told us how the dentist checked with them about whether they were prescribed with health related medication or whether there had been recent changes to any medication they were prescribed. Allergies and other medical concerns were also recorded. This meant care and treatment could be provided safely.

Where patients required treatment following check-up appointments, we saw treatment plans were based on a full mouth assessment. Appointments were made in a timely way and included the length of time required and the number of appointments. Patients told us they understood their treatment plans and what would happen after their appointment because the dentist had explained it to them. For example how to care for their mouth after an extraction or the sensations they might experience once a local anaesthetic wore off. The patients we spoke with reported they were able to get treatment when needed and that if slots were not available at a time that suited them, alternative appointments offered. These meant patients could access treatment when they needed.

We observed the practice of the dental team during the care and treatment of a nervous patient. We saw how the team spent time reassuring the patient before their appointment. When in the surgery the dental team continued their reassurances; explained the process about to be undertaken and constantly checked their wellbeing. When the patient was reassured the procedure commenced. The dentist checked the patient was comfortable throughout, ensured they remained pain free and used dental loupes (A simple, small magnification device worn by the dentist, usually attached to safety glasses) to check the quality of their work. When the procedure had been completed the patient was observed by the dental team to ensure they were fully recovered. The procedure was explained to the patient and what they should do next was explained. The procedure was then recorded in the patient's notes. This showed patients received care and treatment appropriate to their needs.

There were arrangements in place to deal with foreseeable emergencies. In the staff records we looked at we saw certificates which showed staff were appropriately trained to deal with medical emergencies which might occur within the practice, including dealing with a collapsed patient, and any examples of this happening. We saw the dentist had completed a course in cardiopulmonary resuscitation. Emergency drugs and equipment including oxygen were available to the surgeries and were regularly checked and recorded. However we saw some syringe and needle packs alongside the emergency drugs were beyond their use by date. We pointed this out to the practice manager who arranged for them to be replaced immediately. The provider may wish to note that checks on emergency drugs did not include the equipment to aid its use.

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

The practice appeared clean and tidy when we visited and surgical areas were clutter free. The patients we spoke with told us that the practice was always tidy and appeared clean when they visited for appointments. One person told us, "It always looks clean and tidy when I have appointments". Whilst another person said, "Everywhere in the practice is clean and tidy, and staff always wear protective equipment". These comments showed patients were happy with the environment they were treated in.

There were effective systems in place to reduce the risk and spread of infection. We spoke with the dental nurse about their infection control training and the cleaning duties they undertook. We saw the surgery was cleaned after each days practice and the dental nurses cleaned surface areas throughout the surgery after each patient and at the end of the day. All practice staff had undertaken relevant training in infection control and demonstrated familiarity with the standards expected. For example they wore appropriate personal protective equipment (PPE), routinely washed their hands when re-entering the surgery and after contact with non-surgical equipment. The dental nurses ensured PPE was available to patients during treatment such as aprons and safety glasses. However, the provider may like to note packs of PPE gloves and hand washing liquids were stored on working surfaces and could lead to cross contamination.

The provider had assessed their facilities at the practice in relating to meeting government essential standards for decontamination in dental practices. A recent self-audit showed that essential standards could be maintained with the current environmental facilities at the practice. However they had also recognised that to achieve best practice improvements were required. We saw from their audit that this was planned for 2016 and heard the provider had already received one quote for the work.

We examined the facilities for cleaning and decontaminating dental instruments. Instruments were cleaned and decontaminated in a small hygiene area screened off from the main surgery upstairs and in a separate area downstairs. We looked at how instruments were cleaned and found there were clear flows from 'dirty' to 'clean.' The dental nurses showed us how instruments were decontaminated and sterilised. A separate bowl was used during the rinse stage of decontamination when hand washing instruments.

The nurse showed us how they used a magnifier to check for any debris or damage throughout the cleaning stages. We saw the practice used standard bench mounted autoclave and ultrasonic machines which ensured equipment was safely cleaned. The cleaned and dried equipment was placed in date stamped sealed view packs which provided sterility of instruments for twelve months. Equipment checks were carried out during each surgery session which ensured the equipment was in good working order.

We read the practice policies and procedures for management of infection control. The provider had a copy of the Department of Health's Department of Health's HTM 01 – 05 guidance. This publication is related to the Health and Social Care Act 2008. The staff we spoke with were familiar with this document and the way we saw them work demonstrated how they put their knowledge into practice. We observed how waste items were disposed of and stored. The provider had a current contract with a clinical waste contractor for regular removal of clinical waste. We saw that the differing types of waste were appropriately segregated at the practice. This showed that the staff acted in accordance with current guidance.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

All but one employee had been employed in the practice before the provider was required to register the service. We saw that recruitment checks which included Disclosure and Barring Service (DBS (formerly CRB checks)) checks had been made for the dentists, the hygienist also had a CRB check. However other staff such as the dental nurses did not have DBS checks. We spoke with the practice manager about this; they told us they had received advice which stated DBS checks were not required for these staff. They told us they would apply promptly for the checks for all staff without DBS checks and continue to ensure staff were not left alone with patients.

We saw evidence of their General Dental Council (GDC) registrations as well as those for the qualified dental nurses. Professional indemnity was seen for the dentists, the hygienist and dental nurses. This meant the provider complied with current guidance for dental practitioners.

There were effective recruitment and selection processes in place. In all the files we looked at we saw there were copies of job offer letters or contracts and terms and conditions of the post. In the dentist and dental nurses files we looked at we saw evidence of their General Dental Council registration certificates and their continuous professional development records. We also saw copies of certificates relating to training undertaken by staff once employed; for example, Infection Control, First Aid, Health and Safety and Safeguarding vulnerable adults and children. This showed that new staff received the basic training required to ensure a safe working environment was maintained. This ensured that patients were supported by staff with the right skills to maintain safe care and treatment.

The dental nurses we spoke with told us about their recruitment process as well as how they were provided with induction training before commencing their job. For example one dental nurse told us how they spent four weeks undertaking basic induction training and working alongside existing staff. They told us the induction included safe working practices and their responsibilities regarding their new role and how they were mentored by more experienced nurses before supporting dentists alone. This meant that appropriate staff recruitment and induction support processes were in place. These also ensured staff were suitably skilled and knowledgeable about the support they offered.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Patients' personal records including medical records were accurate and fit for purpose. The electronic and paper records we looked at had been maintained well and were up to date. Records highlighted risks such as allergies or current medical treatments. Electronic records were regularly backed up to prevent records from being lost or deleted. Records indicated how people liked to be reminded about appointments, for example by text messages or phone calls. The patients we spoke with told us they received reminders about appointments in the way they chose. This showed that the provider took steps to ensure information about people remained current.

We heard how reception staff and dental nurses checked patients' personal information to ensure it was accurately recorded and saw them updating records as required. Medical history forms were completed by patients on arrival for appointments. In all the records we looked at we saw how medical alerts were highlighted to ensure the dental team were aware of any concerns. For example, where a patient was taking medication to thin their blood or had an allergy to certain antibiotics this was clearly indicated.

We saw that soft tissue assessments were recorded as well as risk assessments for caries, gum disease and oral cancer. These assessment records showed that recall appointments were based on risk assessment and patient need and not just for standard annual or six monthly check-ups. Other records such as X-rays were digitally scanned onto patient's' computer based records and their quality was checked. The reasons why X-rays were required was recorded in the patient's notes in a radiographic justification report. Batch numbers of local anaesthetics and dosage amounts were also recorded. Where Intravenous sedation was carried out the provider kept a systematic log of their checks and monitoring of the patient. This showed records accurately reflected the assessments and needs of patients.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw completed records indicating the routine hygiene and infection control checks carried out daily and weekly by practice staff. Current service certificates were in place for radiograph equipment, compressors, autoclave and ultrasonic cleaners. Firefighting equipment such as fire extinguishers as well as emergency lighting were

routinely checked by an external engineer annually. This showed the provider had records in place to support the management of their service

Records were kept securely and could be located promptly when needed. Where paper records were needed we saw that patient paper records were stored in a secure area of the practice to protect confidentiality. The electronic patient records on the providers' computer system were password protected to ensure information was held securely. Computer screens used by staff faced away from the public to prevent breaches of confidentiality. Records were kept for the appropriate period of time and then destroyed securely through a secure external provider. This ensured that records were up to date, reflected the treatment provided and were kept in accordance with the Data Protection Act.

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

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