

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

Wimborne Dental Health Practice

30 East Street, Wimborne, BH21 1DU

Tel: 01202887700

Date of Inspection: 25 November 2013

Date of Publication:
December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Wimborne Total Dental Care Limited
Registered Manager	Dr. Briony Wood
Overview of the service	Wimbourne Dental Heath Practice provides private general dentistry and specialist dental care for children and adults. The practice has an NHS contract in place for children under the age of 18.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Supporting workers	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 25 November 2013, talked with people who use the service and talked with staff.

What people told us and what we found

As part of our inspection, we spoke with the registered provider/manager, practice manager, two dentists, and four dental nurses.

We spoke with patients who were complementary of the dental treatment they received at the Wimbourne Dental Health Practice and of the professionalism of the staff. Comments included, "they take time and trouble" and "very respectful".

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.

Care and treatment was planned and delivered in a way to ensure people's safety and welfare.

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

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

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

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 three patients following our inspection; patients told us they were very pleased with the practice, the dental treatment they received and the staff. Comments included, "couldn't be nicer" and "couldn't fault them, they are always lovely". One patient told us, "I like the fact that they send me a reminder for my next appointment, either by text or email".

The practice was located on the ground floor of the building and was accessible to people who used wheelchairs. However, the treatment rooms were located on the first floor and could only be accessed by stairs. We were told new patients to the practice were informed of this prior to booking an appointment to ensure a person was aware of this. The practice had a professional working relationship with another dental practice in the area which they referred people to should the stairs be a problem.

The reception desk was located within an open plan waiting area. Staff explained they were conscious of maintaining patient confidentiality. We saw and were told that there was a downstairs consulting room available should a private area be necessary or requested.

Within the waiting room, there were practice information leaflets which provided patients with information about dental health as well as an information board to keep people up to date about changes occurring within the practice.

The provider had installed an electronic touch screen computer system which patients could access; it provided information about what treatments the practice provided, what a patient could expect when undergoing certain dental treatments and dental health information.

We saw the practice had their complaints policy displayed in the waiting area so patients were aware of how to complain. Complaints were managed by the practice manager, who used the practice policy to respond to peoples complaints within the correct timeframes.

There was a message facility on the answering machine of the practice to inform patients of the out of hour's arrangements.

The practice had policies in relation to patient confidentiality and the Data Protection Act. We saw patient information was held electronically on password protected computer terminals.

We saw all consultations and treatments were conducted in treatment rooms with the door closed. This ensured the privacy and dignity of patients was respected. The provider may like to note, there was no signage on consultation doors to indicate treatment was currently in progress which could impact on people's privacy.

We saw there was a suggestions box in the waiting area; this demonstrated patient feedback was valued. Suggestions or comments were discussed at practice meetings.

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 to ensure people's safety and welfare.

Reasons for our judgement

All three of the patients we spoke with were happy with the care and treatment they received at Wimborne Dental Health Practice. Comments included, "if I'm hurting, they say put your hand up" and "they take time and trouble".

The practice had a dental nurse who was responsible for patient treatment pathways. Patients would meet with the dental nurse prior to undertaking any dental treatment to discuss the process and costs. Patients confirmed that treatment options were discussed.

We reviewed a sample of patient records and found they included medical history information. We saw the dentist recorded any discussion held with the patient. We saw an example of when a dentist had consulted with multi-agency health professionals to ensure the best outcome for one of their patients.

We saw important medical information was recorded on the front of each patient electronic record and the computer system had a prompting note system in place which meant staff were always aware of any associated risks to patients and could ensure they were safe during consultations and treatments.

We saw there were arrangements in place to deal with most foreseeable medical emergencies. We inspected the practice's emergency medications and found that the emergency drugs were in date and the oxygen supply was full and in date. The provider may like to note that the storage of the medication was within one treatment room which could compromise a person's privacy in the event of an emergency.

The practice was following guidance provided by the UK Resuscitation Council in that an Automated External Defibrillator (AED) was available as recommended. An AED is a device that can deliver an electrical shock to restore a normal heart rhythm.

Records showed that staff had completed annual training in Cardio Pulmonary Resuscitation (CPR) in December 2012. Patients were thus protected against the risks of medical emergencies as the provider had complied with most relevant guidance and staff had received appropriate training.

We saw digital X-Ray equipment was available at the practice. Every dental practice with radiographic (X-Ray) equipment is required to provide a set of "local rules". These record all the working practices dentists must follow to ensure safety when working with radiation. Staff were able to easily locate the local rules which meant they had access to relevant safety information when required.

If any adverse incident had occurred at the practice these were discussed at the monthly clinical practice meeting to ensure improvements and changes could be implemented.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that enhanced Disclosure and Barring Service checks (DBS) had been carried out for all staff who worked at the practice. This meant people who used the service were protected from the risks associated with staff who were unsuitable to work with vulnerable people as DBS checks had been carried out.

The practice had a policy in place in relation to the safeguarding of children. Contact details of, the local safeguarding authority were displayed on a staff notice board. The provider may like to note there was no policy available in relation to vulnerable adults.

We spoke with three members of staff who told us they had completed training in safeguarding. They told us they would raise any concerns with the practice manager, but were also aware of the relevant contact details available to them.

There was no designated person who took responsibility for safeguarding within the practice, however, since our inspection the practice manager confirmed that enhanced training was being sourced to enable one person to take this role on.

We spoke with one of the dentist about their knowledge of the Mental Capacity Act 2005 and its relevance in dentistry. They confirmed that they had completed training. The Mental Capacity Act 2005 provides a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

The dentists were always accompanied by a dental nurse during consultations and treatments. We spoke with one dentist who clearly explained the protocols in place for chaperoning. This meant people who used the service were protected from the risks associated with staff who were unsuitable to work with vulnerable people as appropriate chaperoning procedures were in place. However, the provider may like to note there was no written policy in place.

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

Patients confirmed the practice was always clean; one patient described the practice as "clinically clean". We were also told patients were provided with personal protective equipment (PPE) such as a disposable plastic apron and glasses.

We observed the practice was clean, the treatment rooms were clean and well decorated and all clinical equipment was well maintained. The practice manager told us she carried out spot checks on the cleanliness of the practice.

The practice employed a cleaner; we saw that there were protocols in place for the cleaner to ensure that the practice was being cleaned effectively.

We saw a selection of certificates and were told by staff that they had completed infection control training. The provider may like to note that the cleaner had not undertaken any training in infection control.

We saw the dental equipment and surfaces were cleaned between appointments using an appropriate technique and waste was disposed of safely. Used dental instruments were reprocessed after use.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. The reprocessing of instruments at Wimborne Dental Health Practice was conducted in accordance with the essential quality requirements as defined in HTM01-05.

One of the dental nurses showed us the decontamination procedure. Dirty instruments were manually cleaned in one bowl and placed into the ultrasonic bath. Instruments were inspected under a magnifying glass to ensure all contaminated debris had been removed.

Instruments would then be placed into the autoclave for final sterilisation and bagged immediately and dated as required.

The HTM01-05 states there should be a clear flow of work from one side of the room to the

other - from dirty to clean. We saw this process was in place. The provider may like to note that the coloured bands used to distinguish equipment should be removed prior to the decontamination of hand instrument so the instruments and the bands can be properly cleaned. Blood and saliva debris could collect under the bands and remain as a reservoir of infected material if they are not removed.

We saw a maintenance contract for the autoclave was in place. Records showed the autoclave had been regularly serviced and tested annually to ensure its compliance with the requirements of HTM01-05.

The practice had an infection control policy in place and one of the dental nurses was the lead for infection control along with the practice manager. Audits were carried out to ensure the reprocessing of equipment was in line with HTM01-05.

We saw that single use instruments were disposed of into sharps bins and appropriate contracts were in place for the collection and disposal of clinical wastes by registered waste contractors.

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

The three patients we spoke with told us the staff at Wimbourne Dental Health Practice "couldn't be nicer" and "very respectful".

We reviewed a sample of staff files and found staff had undertaken training relevant to their role, such as infection control, safeguarding and cardio pulmonary resuscitation.

We were told and saw minutes of staff meetings which had been held at the practice, the minutes indicated that professional knowledge was shared amongst the staff team. One dentist also confirmed there was a "learn and lunch" approach at the practice which enabled the sharing of knowledge.

We saw that there was a system in place for staff annual appraisals. Appraisals are used to identify on-going training and development.

We saw that new members of staff undertook an induction and confirmation of their employment was subject to a satisfactory probationary period.

The staff at the practice ensured that they completed training in line with the General Dental Council's continuing professional development (CPD) training requirements. The provider may like to note, there was no formal system in place to monitor this.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
