Inspection Report

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

Spicer Road Dental Practice

2 Spicer Road, Exeter, EX1 1SX

Tel: 01392272408

Date of Inspection: 16 September 2013

Date of Publication: September 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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Spicer Road Dental Practice Limited
Registered Manager	Mr. Jonathan Moulding
Overview of the service	Spicer Road Dental Practice is registered to provide dental services. 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 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information given to us by the provider and took advice from our pharmacist. We took advice from our specialist advisors.

What people told us and what we found

This was the practice's first inspection since dental services were required to register with the Care Quality Commission.

The practice provides dental services to both private and NHS patients. During our inspection we spoke with twelve patients about their experiences of using the service that day; these people made positive comments about the practice and the dental care they received. One person told us, "The staff are extremely friendly and always get back to you if you have a query;" another person told us, "I'm always reminded of appointments and they are always friendly and helpful here."

We saw people were greeted politely and that they received their examinations in private. We asked people how they were involved in their treatment planning and whether they were informed about what the treatment might involve. People told us how the dentists involved them at all times, and gave them sufficient information to make decisions and choices about their treatment. Information about the costs of treatment and the services provided were available in the surgery and on the practices website.

We looked at the consultation rooms and other areas of the practice and were satisfied people received safe and effective treatment in a clean environment. Processes were in place to ensure hygiene standards were maintained. We met and spoke with the majority of the staff working in the practice during our inspection and checked staff records to ensure appropriate recruitment took place. We found that patient records were detailed and were up to date and reflected the treatment received that day.

We looked at information relating to the management of the practice and saw these were up to date. The receptionists checked people's information was correct when they arrived for appointments and dentists' updated people's records on their computer and paper record systems after each consultation ensuring patient information was current.

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 twelve people who used the service on the day of our inspection. People told us the dentists and dental nurses were friendly, approachable and provided information relevant to their needs. They told us how the reception staff ensured they received appointments when it was convenient for them and how they were greeted politely by all staff. One person told us, "They send us text messages to remind us of appointments."

People who used the service were given appropriate information and support regarding their treatment. All the people spoke positively about the dentists, dental hygienist / therapist, dental nurses and receptionists. They told us they were satisfied with the treatment and information provided at the practice. They told us about information leaflets they were given and about advice they received.

Patients we spoke with told us their treatment was explained clearly to them by the dentists. One person said, "The dentist took me through all the options available to me". One person told us how they were provided information related to oral hygiene and said; "The dentist was very professional and was very good at explaining things to me moment by moment". People told us the dentists asked for their consent to treatment throughout the appointment both verbally and through the forms they completed. People who used the service understood the care and treatment choices available to them. During our visit we viewed ten patients' records for the three dentists working that day. Treatment plan records and changes to medical information for all the individuals seen were recorded routinely. In the records we looked at we saw there were clear treatment plans and the costs for that treatment. Most people attending the practice told us that they knew what fees they were paying and that they could check the cost of treatment with the dentist or by using the list of fees displayed in the waiting room. Some patients used dental insurance and told us they knew about the monthly payments they made and were not concerned about the cost of the treatment that day.

We saw that patients had signed forms to agree to the treatment and the costs incurred. Basic information was available to patients in the providers' brochure. The provider also had a web site, they told us this was gradually being updated to include detailed information about the practice, fee bands for treatments and other services they provided.

People expressed their views and were involved in making decisions about their care and treatment. A patient feedback box was available in the waiting room. Comments received recently included, "Thank you for sorting me out so painlessly," and "Good understanding and support from all the team." Where people made comments about improvements to the service such as higher chairs; we saw these had been provided or were available on request. This showed the provider had listened to people's views about the service and acted upon them.

The provider had a complaints policy which was displayed in the waiting area along with other information about the practices treatments available and general dental health information. The people we spoke with told us all staff were approachable and they were able to discuss concerns if they arose. Most people told us they knew how to make a complaint and felt able to raise concerns with all staff in the practice. The provider may wish to note some people were unaware of how to make a complaint if they needed to.

We asked people if their privacy was respected and if they had overheard information about other people. People told us they had not overheard private conversations when visiting the practice and that their privacy was maintained whilst receiving examinations or treatment at the practice. We saw and people told us that the consulting room door was closed at all times whilst they received treatment.

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 spent nine hours observing the services provided by the practice and found that; care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The dentists we spoke with told us they checked people's medical history and asked about any changes to their health before an examination commenced. The majority of the patients we spoke with told us, "They always ask for changes to medical conditions and medications. I'm asked about changes each time I come here." We checked records of twelve people who had been seen in the practice that day. The records showed people were consulted about changes in medical history and medication before they received treatment.

In the patient records we looked at we saw records which demonstrated discussions had taken place about dental treatments or oral health. We saw treatment plans were based on a full mouth assessment and the length of appointments varied according to the treatments required. We saw from records and heard from patients, how the dentists discussed and advised patients about the treatments that most benefitted them. For example, the risks involved in having a crown fitted to a tooth and the possible loss of nerve sensitivity.

Intravenous sedation was not carried out by the practices dentists but was carried out by a oral surgeon from the local hospital. The surgeon had a dedicated surgery and provided services to people from a number of local dental practices following referrals from individual dentists. We saw how the surgeon was supported by a qualified dental nurse who had sedation training and that oxygen and appropriate medication was immediately available for use if an emergency should occur in line with current guidelines. The surgeon and nurse explained the process they were to carry out and we heard how regular patient checks were carried out. We spoke with a patient who received this service, they spoke positively about the treatment and about the pre and post-operative information and care they received. For people not requiring this type of treatment we heard how the provider spent time reassuring patients to build their confidence so that sedation was unnecessary. This showed people received safe and appropriate treatment.

There were arrangements in place to deal with foreseeable emergencies. Records showed

and the dentist and nurses we spoke with confirmed they had completed recent emergency first aid training. The practice had suitable emergency resuscitation equipment for both children and adults. Each surgery had an emergency call system facility which allowed the dental nurses to request additional support if required. Oxygen and medicines for the use of in an emergency were also available at the practice. Records demonstrated regular checks were completed to ensure the emergency equipment and emergency medication held was always available and fit for use.

We saw how emergency treatment appointments for people with urgent dental needs were made available each day. We heard staff receiving calls from people telephoning the practice to arrange appointments and how reception staff offered a choice of appointment. People arriving for emergency treatment told us they were able to get appointments promptly and at a time that suited them. This showed people could access treatment when they needed it. The reception staff told us an answer phone message detailed how to access emergency out-of-hours treatment.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The practice was situated close to a main bus route but parking was limited in the area; the entrance to the practice involved using steps and was not easily wheelchair accessible. Information on the NHS Choices website made it clear that access to the practice was restricted. However the provider had fitted handrails to the steps to enable people to use the steps more easily. Ground floor surgeries were made available on the ground floor of the practice where people found using the stairs difficult. Where people could not access the service they gave them information about more accessible services. This showed the provider made reasonable adjustments to ensure people with additional mobility needs were supported within the restrictions the building imposed.

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.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The provider showed us and we read their practice policies and procedures for management of infection control. The provider had a copy of the Department of Health's infection control Code of Practice guidance. This publication is related to the Health and Social Care Act 2008.

The people we spoke with told us the practice appeared clean when they visited for appointments. One person told us, "Yes. They move with the times, the surgeries never get "tired" and are always updated." Another person told us, "Oh yes, it's always very clean and tidy here." We saw the surgery teams had sufficient supplies of gloves, masks and eye protection. Staff had facilities to wash their hands in dedicated hand washing sinks and relevant signage about proper hand washing routines. Hand cleaning gels were also available to patients below signage reminding them of hand hygiene. This demonstrated good practice in preventing the spread of infection and showed appropriate infection control procedures took place routinely.

We examined the facilities for cleaning and decontaminating dental instruments. Instruments were cleaned and decontaminated in a separate dedicated hygiene area away from the dental surgeries. We looked at the procedures for cleaning of instruments in all the surgery rooms. We found there were clear flows from 'dirty' to 'clean' for instruments used in the surgeries. One of the dental nurses showed us how instruments were decontaminated and sterilised. There were procedures in the treatment rooms for dealing with the clean and dirty instruments so that there was no cross contamination. Dirty instruments were taken to a separate dedicated room for thorough cleaning and decontamination. This room was laid out in accordance to government guidance for dental practices. With separate hand washing and dental instrument cleaning areas.

The dental nurse showed us how they used an illuminated magnifier to check for any debris or damage to equipment throughout the cleaning stages. We saw the practice used non vacuum sterilisers in the decontamination room which, once the equipment was placed in date stamped sealed view packs, provided sterility of instruments in line with current guidance. Equipment checks were carried out during each surgery session and recorded to ensure the equipment was in good working order.

Waste items were disposed of and stored in accordance with current guidance and the provider had a contract with a clinical waste contractor. We saw that the differing types of waste were appropriately segregated. Single use items were seen to be disposed of safely as were sharp objects such as needles used for injections. This showed the practice maintained effective hygiene and infection control practices.

We looked at the consulting rooms where patients were examined and treated. The rooms and equipment appeared clean and surfaces were free of non-essential items. The nurses we spoke with told us they had cleaning duties between patients and at the end of treatment sessions. We saw the dental nurses cleaned all the surface areas in the surgeries after each patient. There were completed records for cleaning schedules. However the provider may wish to note that in two of the surgeries we looked at there were gaps between the skirting boards and the floor surface where dust and debris could accumulate which could lead to the spread of infection.

We saw there were effective systems in place to reduce the risk and spread of infection. We spoke with staff about the cleaning routines and infection control training they had undertaken. All staff employed by the practice had undertaken relevant training in infection control within the last year. The provider employed a specialist cleaning service to clean the surgeries and the public areas of the practice to carry out an additional deep clean of each surgery every six months.

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

The people we spoke with did not tell us anything specifically about the recruitment of new dental care workers. However, people we spoke with made positive comments about the staff. The comments were "Yes the staff are always friendly and helpful," and "The dentist is professional and spends time answering my questions". Comments made by patients in the practices comments book were similarly positive about staff employed in the practice.

We were told by the practice manager all but one of the staff had been employed for more than two years; most had been employed for more than five years. The practice manager was the most recent recruit. We looked at the files of two of the dentists in the practice as well as two dental nurses. In all these files we saw evidence of their current registration certificates as well as work done as part of their continuous professional development. We saw that all the dental surgeons had current valid Disclosure and Baring Service checks (DBS formerly CRB checks) and at least three forms of identification. The provider may wish to note that not all staff had a current DBS check as advocated in more recent guidance from the General Dental Council.

We spoke with the provider and the new practice manager about this. The provider told us that they had not carried DBS checks for other staff as they did not see patients on their own and that they had a risk assessment in place to ensure patients were safe. They also told us that guidance from the General Dental Council had been unclear about the requirements of DBS checks for all staff in a practice when they were considering their recruitment policies. We heard about and saw that the new practice manager had implemented a much more robust recruitment process to ensure key documents would be in place for future employees. They also told us they would immediately begin a process of ensuring all staff had DBS checks to ensure current guidance is followed. Throughout our inspection we saw that patients were not left alone with nursing or reception staff.

In the files we looked at we saw detailed curriculum vita (CV's) that applicants recorded, these detailed a complete work history and where gaps in employment existed these were explained. Evidence from the CV and copies of training certificates attained before new staff commenced work with the practice demonstrated staff had skills relevant to their post and appropriate professional registrations.

We saw there were copies of job offer letters as well as contracts and terms and conditions of the post. Copies of occupational health assessments and inoculation certificates were in place for all clinical and nursing staff. 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 a period undertaking basic induction training and working alongside existing staff to ensure they were competent in their post.

The dental nurses told us their induction included safe working practices and their responsibilities regarding their new role including basic first aid and hygiene practices. We heard that an additional period was spent being mentored by more experienced nurses before supporting dentists alone. Routine performance appraisals and regular staff meetings took place to ensure staff were informed about best practice and the day to day operations of the dental practice. This ensured the practice staff were suitably skilled and knowledgeable about the services they provided.

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

People's personal records including medical records were accurate and fit for purpose. We saw how each patient record was updated with medical conditions and any changes to medication when patients arrived for appointments. This information was recorded onto the providers' computer based patient record systems.

In the twelve patient records we checked we saw how notes relating to the current days appointment had been recorded in a timely way. Where information was not fully recorded in one record we looked at the dentist told us he was waiting for specialist advice from an external dental professional. There were records showing previous appointments and the choices and treatments each person received. Where people had received treatment we saw copies of their treatment plans in their records as well as signed copies they had received themselves. Where patients X-rays were taken, we saw the images taken were scanned immediately into the computer based patient record.

Electronic records were well maintained and up to date. Paper records were also available and generally only held historic patient information. Records highlighted risks such as allergies, current medical treatments or whether the person had a specific medical condition. For example, where a patient was indicated as being susceptible to anxiety this was clearly available to the dentist and nursing team. Electronic records were regularly backed up to a central computer/data base throughout the day to ensure information available to the dentist was current and up to date. This showed that the provider took steps to ensure safe record keeping and patients received appropriate treatment based on accurate records.

Records were kept securely and could be located promptly when needed. We saw patient paper records were stored in lockable cabinets in a secure staff only area of the practice to protect confidentiality. The electronic patient records on the providers' computer system were password protected and ensured information was only available to staff who required access to personal or sensitive information.. Computer screens used by staff faced away from patients to prevent breaches of confidentiality; only the current patient's data was visible during consultations. We spoke with the dentist and they explained that they completed electronic records immediately after seeing individual patients. Where more

complex treatments had occurred or referrals needed writing these were done during natural breaks in the day. We observed record keeping taking place once appointments were over.

The provider had a data protection and recording policy which all staff were required to read and demonstrate they understood their responsibilities regarding confidentiality of people's records and their rights of access to personal records as part of their induction. People could be reassured their records remained confidential and were stored securely.

We saw records were kept in regard to maintaining safety in the dental practice. These included emergency response equipment was checked daily. Records relating to the hygiene and maintenance of each consulting room were also routinely updated. Other records ensuring the safe disposal of waste, use of sharp objects such as needles and stock control were maintained in line with the provider's policies. We saw records showing how fire alarms were checked regularly as were fire extinguishers. During our inspection a fire evacuation training session was carried out; records showed prompt staff actions had taken place.

Certificates showed that water supplies to medical equipment met current safety guidance standards; daily and weekly checks were also recorded. Records of accidents were recorded in accordance with the provider's policy and were routinely checked by the practices management team; actions taken to avoid repeat incidents were recorded. Detailed records of complaints and the actions taken were also maintained by the provider. This showed the records of the day to day management of the practice were routinely maintained.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk