# Inspection Report

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

# DentArtWork Dental Care

3 Oak Street, Lechlade on Thames, Gloucester, GL7 3AX

Tel: 01367253685

Date of Inspection: 09 April 2013

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

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|---|---|
| **Respecting and involving people who use services** | ✓ Met this standard |
| **Consent to care and treatment** | ✓ 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 |
| **Statement of purpose** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | DentArtWork Dental Care Limited |
| Registered Manager | Dr. Camilla Gracelyn George |
| Overview of the service | DentArtWork is a new dentist situated in Lechlade. It provides general dentistry and oral hygiene services on a privately funded basis. The services of a visiting implantologist are available. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2013, talked with people who use the service and talked with staff. We reviewed information we asked the provider to send to us.

### What people told us and what we found

We met with the provider and dental nurse, along with a person attending for treatment. We also contacted people who used the service by telephone.

The provider was clearly proud of what they had achieved in a relatively short space of time. The dental nurse spoke favourably about the provider. One person we spoke with said they were impressed with the provider. They told us they "cannot fault the practice" and how they had told friends who were now attending for treatment. One person told us how they were "anxious and put at ease". Others described their satisfaction. One person said it was "the best" and told us they had recommended the practice to a friend. They said that the practice was always clean and the treatment had been "professionally done". Another person said they were pleased they had found the practice.

People were given advice and information about the treatment they received before giving consent. The practice demonstrated a caring approach offering a range of treatments to all of society, having made the premises accessible to those with mobility needs. Suitable arrangements were in place for medical emergencies. Although the practice was fairly new with only the provider and one employee, we saw systems in place to safely recruit staff, support them and protect people.

There were systems to monitor the quality of service, respond to complaints and a commitment to learn from them.

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 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

There was a practice information folder in the waiting area. It included a statement describing the practice commitment to people who used the service and provided information about the charge for services.

Each person who registered with the practice was given a 'welcome pack'. We saw that there were different packs for adults and children containing relevant information about sensitive teeth, preventing tooth decay and gum health. There were sample dental products included and to encourage children to spend the recommended two minutes cleaning their teeth, a 'tooth timer' was included.

The provider told us how they had spent time in a local school educating children and had offered a domiciliary service to a local care home for examinations. People who needed treatment would then be transported to the fully accessible dental practice.

People's diversity, values and human rights were respected. We saw that the practice was adapted to meet the needs of those with impaired mobility. There was level access at the front door and throughout the practice. The toilet was suitable for people who used wheelchairs. The specialist chair had a 'knee break' so that when not in use it was shaped like a traditional seat. This enabled people to sit on the chair in the usual way and when the chair reclined the leg support lifted and extended for people's comfort and so that they were in the correct position for treatment. The provider explained how this was particularly useful for older people and for those who would have difficulty getting on to a more traditional treatment couch. The chair was designed to enable people to transfer from a wheelchair. The arm of the chair lifted and swivelled to enable a 'sliding' transfer.

People who used the service were given appropriate information and support regarding their care or treatment. The practice had a computer system that enabled the provider to show animated images of dental treatment on the computer screen. The provider told us they intended to install a larger monitor to improve how people could view the information.

As well as being able to show the dental treatments in animation the computer package also stored a range of leaflets that could be printed for people.  We saw they were grouped under headings including 'oral surgery' (extractions), 'preventative', 'endodontics' (root canal treatment), 'restorative' (crowns, implants etc) and 'orthodontics' (braces). The animations were similarly headed in groups as were still photographs of treatments. The provider was able to add their own business logo to the leaflets to show ownership of the information they were providing.

The provider told us and we saw that "the practice website encourages people to learn about maintenance and improvement of their oral health".

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

## Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

## Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. To enable people to give informed consent they were given 'treatment plans. We saw they included a record of their dental chart showing past treatments and gum health. They also detailed the proposed new treatment and the costs involved.

We saw that people signed to consent for treatment and for the taking of photographs. The practice also offered a particular dental cleaning procedure for stain removal. The procedure had the potential for side effects and people who chose to have the treatment were asked to sign a form, to show their consent.

**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

The provider explained that they aimed to care for people throughout their time at the practice. On arrival they were asked to complete the medical history form. The provider collected them personally from the waiting area and had a face to face meeting for the provider to relate the treatment processes. Oral cancer screening as well as a check of the teeth and health of the gums were carried out. BPE (gum health scores) were recorded and an information leaflet explaining the score was given to the person. Prior to any treatment being carried out people were shown with a mirror where the treatment would be done, radiographs were explained and a copy of the treatment plan was given to the person at the end of their first examination. They were then invited to book in for their next appointment.

Along with the more conventional general dentistry treatments the practice offered implants, carried out by a visiting specialist. In addition people could choose to have adult braces, white fillings, whitening and air abrasion (for stain removal).

People's care and treatment reflected relevant research and guidance. The provider told us they only carried out treatments according to NICE (National Institute of Health and Clinical Excellence) guidelines.

The reception area was at street level and provided for easy access. There was comfortable seating and a range of information leaflets and magazines available.

There was an additional room that could be used as a quiet waiting area. The provider told us that this would, in time, be used as a further treatment room in order to provide oral hygiene services.

For people who were nervous about having dental treatment the chair had an additional feature. The table used to carry dental instruments during treatment was adjustable and could be moved to the rear of the chair so that people could not see the instruments. The provider said they found this a useful feature.

The practice used digital radiography and both the provider and dental nurse were trained to take x-rays. These were stored electronically and linked to people's records. X-rays

could be enlarged to enable a better view of where treatment was needed.

The provider was the radiation lead and had arrangements in place for radiation protection advice. The local rules were kept in the dental protection folder that also held radiation protection advice, procedures for ionising and records of checks. There was guidance on testing of the x-ray equipment and these were recorded as having taken place on a weekly basis.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The practice had electronic patient records only. Within each person's records there were personal details, medical information, details of appointments and communications along with dental charts.

People were asked to complete questionnaires relating to their medical history, sign and date them. These were then scanned into the computer system and kept within their record.

Dental charts recorded past treatment people had received along with other treatments carried out within this practice. The records of those treatments linked to the x-rays taken prior to treatment. In addition the charts recorded people's gum health (periodontal charting).

Medicines and equipment were available for use in the event of emergency. These were as recommended by the Resuscitation Council, and included oxygen, an external automatic defibrillator and medicines. There was guidance on resuscitation and an explanation of each of the medicines kept in the practice. We saw these were checked to ensure they were in date and safe for use.

**Safeguarding people who use services from abuse** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

People who used 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 looked at the practice safeguarding policy. It listed Dr Camilla George, the provider as the 'champion' and practice lead for safeguarding. There were definitions of abuse included, along with the action to be taken in the event of suspected abuse and contact details for the relevant safeguarding authorities.

The practice had local council guidance on safeguarding vulnerable adults and children including the process for raising child protection alerts.

The provider and member of staff had completed training in safeguarding vulnerable adults. We spoke with the member of staff who confirmed their understanding of safeguarding issues and told us they would report any suspicions to the provider.

There was a whistle blowing policy in place.

**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

There were effective systems in place to reduce the risk and spread of infection. The policies and procedures file contained the health and safety policy along with information about hand hygiene and cleaning schedule. We saw the practice infection control policy and record of checks that were carried out on a daily, weekly, monthly and three monthly basis.

The dental treatment room was designed for its purpose with cupboards and other storage areas. We saw that it was clean and uncluttered with clear labelling of 'dirty' and 'clean' zones. Used instruments were transported from the treatment room to a dedicated decontamination room. There was a wipe clean cover on the computer keyboard and hand washing guidance displayed along with alcohol gel.

We observed that the decontamination room was also laid out according to relevant guidance ensuring a clear flow from 'dirty' to 'clean' for dental instruments. In line with guidance there was a continuous air flow system to enable dirty air out and clean air in to the room. There was suitable storage beneath the work surfaces.

There were procedures in place for the start and at the end of the day for both treatment and decontamination rooms. Both areas were left clean at the end of the day.

Prior to any treatment being given the treatment room was cleaned, if necessary and prepared by ensuring instruments needed were available and that protective covers were in place on hand pieces and the overhead light.

We were shown how after treatment and when they had been transported to the decontamination room, dirty instruments were rinsed and placed in the ultrasonic bath for cleaning before a second rinse. The practice used the recommended 'lint free' cloths for drying and instruments were examined for debris under a magnifying lamp.

We were told that once the dental nurse was satisfied that instruments were clean they were pouched and placed in the autoclave for sterilisation. The use by date of 60 days was written on the pouch. This was changed in line with guidance issued by the DH (Department of Health on 1 April 2013) and were dated for use within one year.

There was a protocol for the decontamination of impressions, prosthesis' and orthodontic appliances.

We saw there was a healthcare waste disposal policy. There was a contract in place for the removal of clinical waste. This was collected as required and meant there was no need for external waste storage. Used amalgam was disposed of as part of the same contract.

**Supporting workers** ✓ Met this standard

**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 provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. The practice training policy outlined the new employee induction procedure, along with the expectations of the provider in respect of staff training. This included how training needs would be identified, participation in training, personal development and professional responsibility for maintaining the General Dental Council (GDC) requirements.

Staff received appropriate professional development. We looked at the training records for the dental nurse. They were qualified as a dental nurse and had registered with the GDC. They had completed training in radiography to enable them to take x-rays and in taking impressions.

The provider had supported them in gaining credits for their GDC continuing professional development (CPD). The three elements of a seminar they attended provided this in relation to medical emergencies, decontamination and radiography.

We saw they had completed training in child protection and safeguarding vulnerable adults.

The dental nurse told us they felt supported by the provider with whom they had a good relationship. They said they felt they got on well with them and were able to discuss issues openly. They told us they "liked that the practice was well organised".

We saw that the practice intended to have annual appraisal and the nurse told us about an occasion when they had expressed a wish to undertake particular training in oral health. The provider agreed to this however, the nurse would have to wait until the practice was larger in order to gain the experience to demonstrate competence.

**Statement of purpose** ✓ Met this standard

**The service must tell us about what kinds of services it provides**

## Our judgement

The provider was meeting this standard.

The provider's statement of purpose met the legislative requirements and clearly outlined the function of the dental practice.

## Reasons for our judgement

We looked at the statement of purpose submitted to the Care Quality Commission (CQC). It contained the contact details for the provider and information about the premises.

Its stated aims were related to providing person centre care and "making people feel happy and confident with their teeth and oral health". It also referred to specialist dentistry, listed treatments available and stated that it wanted to ensure people "feel reassured and at ease". As a new dental practice there was a further aim stated as a commitment to building a reputation as a "quality provider of dental services".

The statement listed the provider as also being the registered manager and outlined that all people could be provided with services.

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received

## Reasons for our judgement

The practice was awarded the local business club for Lechlade and Fairford 'New Business of the year for 2013' award. It featured in a Journal for the profession in January 2013. It was featured on the cover and related to the provider's experience of setting up a new practice and registering with the Care Quality Commission. The provider told us how they had obtained information from the British Dental Association to assist with the setting up of the practice.

The provider showed us a copy of the satisfaction survey completed and to be sent out after one year of operating. The survey was designed so that people could remain anonymous and asked general questions about the practice, the dentist and dental nurse. In addition, there was provision for people to record what they liked best and least about the practice.

We saw a suggestion box in the practice waiting room with pens and feedback slips available should people wish to comment on the service.

Audits were carried out. We looked at the practice quality assurance policy that stated the clinical governance arrangements. It also outlined the standards and procedures aspired to and reflected the auditing arrangements for the practice.

A record of x-rays taken enabled the provider to audit. Each x-ray was listed along with the name of the person it related to, when it had been taken and the type. For auditing purposes the x-rays were graded to indicate their quality.

Daily and weekly records showed how the ultrasonic bath and autoclave had been checked. Records showed that the ultrasonic bath was tested for protein residue, the autoclave drained each day and that impressions were disinfected. There was a contract in place for an annual service of the autoclave.

All medicines prescribed to people were listed to enable them to be audited over time.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

## Reasons for our judgement

We saw the complaints procedure stated that complaints would be acknowledged within three working days with an outcome of the complaint investigation ten days later. An informal complaint from a member of the public had been satisfactorily resolved.

The provider told us they intended to improve the service by learning from adverse events, incidents, errors and near misses and the outcome from comments and complaints.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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.

| | |
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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

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| 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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