Inspection Report

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

Yarmouth Dental Practice

Marlborough House, High Street, Yarmouth, PO41 0PN

Tel: 01983761237

Date of Inspection: 09 July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr John Philip Dine
Registered Manager	Mrs. Tracy Jane Duggan
Overview of the service	Yarmouth Dental Practice offers a range of private treatments to adults and children.
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 announced inspection.

How we carried out this inspection

We carried out a visit on 9 July 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

We looked at treatment records.

What people told us and what we found

We spoke with five patients, most had been with the practice for many years. Patients told us they were very happy with the service provided. One commented "the dentist and treatment I received was extremely good". A newer patient to the practice said they were "very impressed". A third commented on how "relaxed and friendly staff were". Patients told us treatments were always explained to them and they received a written report of any treatment required and how much this would cost. All five patients said they found it easy to get an appointment when they wanted one and were usually seen at their appointment time.

Patients who used the service understood the care and treatment choices available to them and received written information about treatment and costs. They experienced effective, safe and appropriate care and treatment which met their needs and protected their rights. The provider had effective systems in place which ensured patients were cared for in a clean and hygienic environment. The quality of the service patients received was regularly assessed and monitored. Patients were cared for by staff who had completed relevant training and 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

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.

Patients views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients who use the service understood the care and treatment choices available to them.

Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at four treatment records. We saw evidence to show people had been provided with a written treatment plan detailing what treatment would be provided and how much this would cost. Patients had signed to confirm agreement with the proposed plan of treatment. Discussions about treatment all occurred in the treatment room and were therefore private and confidential. The dentist told us they used visual aids and X-rays to help explain why treatment was required and what this would entail. We saw in the waiting room information about treatment costs. This was also included with practice information provided to new patients. This ensured people fully understood the reasons for, and relevant options and costs of any treatment.

We spoke with five patients. They all said they were told about recommended treatments, including any risks, and were provided with a chance to ask any questions before agreeing to any treatment. They told us about the treatment plans they signed prior to any work being carried out. Other than in emergencies, patients would be able to consider treatment plans prior to booking appointments and attending for treatment. This would allow time to consider any options. Patients also said the dentist kept them informed during treatment about what was to happen next. There were a number of written information leaflets which could be provided to patients to further explain treatments and action patients could take to promote their own oral health. Patients therefore were provided with information about their treatment plans and agreed to these before treatment was commenced.

Where patients did not have the capacity to consent, the provider acted in accordance with legal requirements. We spoke with staff and the dentist about how consent was obtained in such cases. They stated where a child under 16 years was not consenting they would explain to the child and thier parents the need for treatment. However if the child was not in agreement they would not proceed. This was also the case where adults may lack capacity to consent, such as an older person with dementia. Staff described how one older

person came to the surgery on their own. They had been informed of planned treatment and had arranged an appointment. However, staff were aware a relative managed their money and had sent a copy of the proposed treatment costs to the relative to agree before providing treatment to the person. We saw certificates to show staff had completed safeguarding adults and children training and were aware of mental capacity issues relating to consent. This meant treatment was delivered in accordance with the best interests of the patient.

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.

Patients who use the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights. Patient's health information was known and discussed with them at each visit. Emergency procedures and equipment were available.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare. We were told patients completed an initial health questionnaire when they registered with the practice. We looked at four patient records. We saw existing medical conditions and information such as medication were recorded on patients records. Records also showed patients were asked to update their medical information at each visit. We saw a report of an audit completed on medical records in November 2012. This followed the British Dental Association guidelines and had included checking medical history information was present for all patients. The audit did not identify any concerns with record keeping.

We spoke with five patients. They all told us the dentist asked them about any changes in their medical history or medication taken at the start of each consultation and prior to any treatment. This meant the staff were always aware of any risks to patients and would ensure they were safe during consultation and any treatments. Yarmouth dental centre was situated on the ground floor and accessible for people with mobility needs. Accessible toilet facilities were also available. There were therefore no risks posed to people by the environment.

Patients needs were assessed and care and treatment was planned and delivered in line with their individual plan. Most patients we spoke with told us they had been with the practice for several years. They said they were very happy with the treatment they received. Patients were provided with information about out of hours emergencies via the practice answerphone. This information was also available on the practice leaflet and outside the practice entrance. This ensured people received appropriate emergency advice and access to care when the practice was closed.

There were arrangements in place to deal with foreseeable emergencies. We were told staff were trained in dealing with medical emergencies and saw the staff training certificates of emergency procedure and first aid training. Emergency first aid equipment and a dental emergency medication box and oxygen were available. These were readily

accessible should they be required. There were systems in place to replace medication approaching 'use by' dates. Discussions with the dentist and other staff showed they had arrangements in place as to who would do what in an emergency. This ensured, if required, staff were able and equipped to deal with medical emergencies.

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.

Patients were protected from the risk of infection because appropriate guidance had been followed. The provider had a system in place that regularly monitored decontamination and infection control practices and standards.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice, including both treatment rooms, waiting area and corridors was clean at the time of our inspection visit. We observed the cleaning of the treatment room between patients and spoke with the dental nurse and dentist about cleaning procedures. The procedures were appropriate to reduce any risks of infection between patients. We saw all necessary personal protective equipment such as aprons, gloves and masks were available and in use when required in all areas of the treatment rooms and decontamination area. We saw records and schedules to show routine non clinical cleaning of the practice were completed.

One of the dental nurses was the lead for infection control. The practice had a central decontamination and sterilisation room. The nurse showed us how instruments requiring decontamination were processed. We observed instruments were appropriately transported to the decontamination room from treatment rooms in covered containers. There was a clear process in the decontamination room to ensure clean and dirty instruments did not come in contact with each other. The procedures demonstrated and described to us ensured instruments would not return to the treatment room unless they were suitable for use. Once decontamination and sterilisation had occurred all equipment was stored appropriately within treatment rooms. We saw evidence decontamination equipment was working correctly and regularly serviced. We saw records to confirm equipment used during decontamination and sterilisation procedures was checked daily prior to use, ensuring it met the necessary operating standards. Following sterilisation instruments were packed and dated prior to storage. This ensured equipment and sterilised instruments would be safe and suitable for use.

Infection control audits had been undertaken at the service. These followed the Infection Prevention Society guidance and covered a number of areas such as hand hygiene, instrument decontamination, general infection control and personal protective equipment. We saw where previous audits had identified areas for improvement action had been taken to achieve compliance. We saw infection control audits were completed every six months as per current recommended guidance. Staff were aware of relevant guidance

concerning infection control in dental services, including the department of health decontamination in primary care dental services guidance. Discussions showed they were aware of recent changes in this guidance about the length of time sterilised instruments could be stored before requiring re sterilisation. Staff described how they had found suitable "washable computer keyboards" for use in treatment rooms to further reduce the risk of infection. There were appropriate systems and contracts for the safe disposal of clinical waste. We saw evidence staff had completed infection control training and regular updates had occurred. Staff were therefore aware of infection control issues and monitored how this was managed on a regular basis.

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff, including the dentist, received regular training to ensure they had the skills required to maintain patient safety.

Reasons for our judgement

Staff received appropriate professional development. We were shown certificates showing staff had attended appropriate training for their role. Certificates showed staff had received on-going training in many areas including medical emergencies, radiology, safeguarding vulnerable adults and children, infection control and decontamination training. Staff were aware of the requirements for training to ensure they were able to maintain their registration with the General Dental Council (GDC) and continue to practice. We saw evidence staff had attended sufficient relevant training and were meeting the requirements of their registration and continued professional development. We saw both nurses were due to submit confirmation of training completed to the GDC to renew and maintain their registration. They had supporting evidence ready should this be requested. These demonstrated the provider was supporting staff to access and attend relevant training.

There was also a system in place for annual appraisals for staff. Two dental nurses were employed. We saw they had received an appraisal completed by the practice manager. Formal staff supervision was not occurring however as the practice was small the nurses were constantly being supervised by the dentist and included in all staff discussions and meetings. Staff told us if they had any concerns they would discuss these with the dentist or practice manager. A part time receptionist had recently been recruited. We saw records to show they had received an appropriate induction. Staff were therefore supported to meet training needs and ensure they were able to perform their roles.

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 patient receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw a suggestions and comment box was available in the waiting room. We were shown a report and questionnaires completed by patients. All contained positive comments and we were told there had been no need to change anything as a result of the questionnaires. We viewed the accident and incident log which showed there had been no adverse incidents. We were told had any occurred these would have been reviewed to determine if action could be taken to prevent a reoccurrence.

We saw audits were completed to monitor the quality of the service provided. Specific audits had also been completed such as infection control using the Infection Prevention Society guidance. We were told the audit was repeated every six months as per guidance. We saw a report had been completed following the audit which identified a few areas for improvement. We saw these had been completed. There were systems in place to ensure equipment was regularly serviced and well maintained. We saw decontamination equipment was checked daily with records maintained. This showed necessary action had been taken where daily tests had shown equipment had not been working correctly.

A records audit had been completed in November 2012 following British dental association guidance. In March 2013 radiograph and appointment book audits had been completed. These had shown no concerns or action required. There were therefore systems in place to monitor the service provided and action was taken, when required, to ensure people received a safe effective service.

The provider took account of complaints and comments to improve the service. The practice had a complaints policy and procedure. We spoke with five patients none of whom had any concerns. They stated they would talk to the dentist or the receptionist if they had any concerns. Discussions with staff showed they would aim to resolve any issues before they became formal complaints. We were given an example of how a person was given

some free dental products as they had had to wait whilst a previous patient's treatment took longer than anticipated. We were told no complaints had been received. We viewed the complaints book which recorded no complaints. A system was therefore in place to record and manager 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 other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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