Inspection Report

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

The Dentist at Newport

97 High Street, Newport, PO30 1BQ

Date of Inspection: 24 June 2013 Date of Publication: July 2013

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

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. Amaanula Sattar
Overview of the service	The Dentist at Newport is a small family run single dentist practice situated on the High street in Newport, Isle of Wight. They provide a wide range of treatments for private patients.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 24 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who used the service and observed one consultation. One person told us "the dentist has such incredible patience, he really explains things to me and I understand why I need the treatment." Another person told us "I have had so much work done and everyone here has been brilliant. I have recommended them to all of my friends."

People were offered choices in treatment and had options explained to them. People were given time to make their decisions and the costs were explained to them within their written treatment plans. We found the dentist to be very knowledgeable of the treatments they offered. The dentist demonstrated the technology they used to show their patients the treatments they planned with them.

The dental nurse demonstrated the de-contamination process to us and talked us through the procedure which we found to be effective and met department of health guidelines. We found the practice to be very clean and hygienic. One person told us "The place is always clean, even the toilet was spotless."

We were told by the dental nurse, "I have been supported by the dentist throughout my training and am looking forward to continuing to learn now I am qualified." Staff appraisal systems were in place to support the continual professional development of staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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. People were able to choose their treatment and the dentist respected decisions made. Emergency equipment and procedures were in place for staff to follow in event of emergency.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. The practice used a digital record system with all records held on the computer system. The practice manager informed us the patients received a print out of their treatment plan which was given to patients when they left the surgery. The dentist showed us four patient records on the computer. We saw notes from initial consultations and a record of the condition of all teeth. The dentist also had digital records of x-rays and digital photos of those teeth requiring treatment. The four people we spoke with told us they were offered choices of treatments and were informed of the costs of those treatments. One person told us they had wanted to have implants and the dentist gave them detailed instructions on what this involved.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw the surgery was clean and hygienic. Equipment was stored in appropriate cupboards and containers to maintain safety and hygiene. Health and safety records we looked at for the practice were current and up to date with regular checks occurring on a weekly basis. The dentist and nurse used appropriate personal protective equipment (gloves, aprons, masks and aprons), which they changed after every consultation. The used items were placed directly into a clinical waste bin in the surgery.This showed us the practice were ensuring patients were not subjected to the risk of cross infection.

People's care and treatment reflected relevant research and guidance. The dentist showed us certificates they had received of update knowledge courses they had attended. The dentist demonstrated to us their use of a three dimensional modelling programme on the computer. This was linked to a large screen in the surgery to show patients the proposed results for orthodontic and other dental treatments. They also showed us how they used computer tomography (CT) scans to diagnose and check for bone density in a person's

jaw. This assisted the decision to carry out implants and increased the success rate for this treatment.

While we were talking with the dentist they received a phone call from someone requesting emergency help due to severe pain. The person had not used the practice before and had been registered with another dental practice. The dentist arranged for the person to be seen at the end of their appointments. The person came in for the appointment and insisted they wanted a tooth removed. The dentist took an x-ray and digital photo of the site of pain. This was unclear so the dentist took a further x-ray from a different angle. This showed a need for a deep root canal treatment. As the person was adamant they did not want this treatment the dentist agreed to remove the tooth. We saw the patient when they left and they told us they were extremely thankful the dentist had listened to them and acted accordingly.

There were arrangements in place to deal with foreseeable emergencies. We spoke with the practice manager and found the practice had an emergency bag. All emergency equipment and medication wee suitable for use. They also had an automated external defibrillator (AED) which all staff had completed training in its use. We saw in staff records that all staff had up to date resuscitation and first aid training. The practice had a sign on its door of out of hours contact details of who to contact for a dental emergency. This information was also available in the practice's information leaflet, after care instructions and on their web-site. The practice had appropriate fire detection equipment and fire fighting equipment. There were clear signage on evacuation procedures and fire exits. We saw in records fire and health and safety checks were carried out on a weekly basis.

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 treated in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We spoke with the dental nurse, the dentist and two patients about the cleanliness of the practice. One person told us "I am very happy with the standard of hygiene. Everywhere is so bright and clean." We looked at cleaning records and saw these had been completed on a daily basis for the surgery, de-contamination room, waiting room and toilet area.

The dental nurse demonstrated the de-contamination process for instruments that had been used during the day. The practice had a de-contamination room laid out with a natural progression of a dirty area where instruments moved through the process to the clean area where they were bagged up. On entering the room the nurse washed their hands, put on fresh disposable gloves, mask, apron and goggles. This was removed and placed in a clinical waste bag at the end of the process. We saw the de-contamination room was vented as per department of health guidelines for air flow.

Equipment used within the de-contamination area consisted of a washer cleaner unit where instruments were placed after an initial rinse. There was also an autoclave for the sterilisation of cleaned instruments. An ultra violet lamp/magnifier was used to check for debris left on instruments after cleansing. They also used a machine for specifically cleaning, lubricating and sterilising handpiece attachments.

The nurse showed us records they maintained of the efficiency of the cleaner and auto-clave. These were completed on a daily basis. We saw the nurse also maintained records of water purity and temperatures. We saw records of maintenance of machines had been set up but as all of the equipment was less than a year old these had not been done.

We found the practice to be well managed for its cleanliness and infection control. All staff had undertaken infection control and all contributed to the cleaning of the practice. We saw the nurse clean the chair and surrounding surfaces in the surgery with an anti-septic solution after each treatment or consultation. This showed us patients were protected from the risk of cross infection.

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. Staff were able to develop their knowledge and skills through regular training events.

Reasons for our judgement

Staff received appropriate professional development. The dentist informed us this was a newly established practice and they employed the nurse, the practice manager and used a dental hygienist on a part-time associate basis. They maintained personnel records of all staff and these contained information and some copies of courses attended. Each professional maintained their own portfolio for their continual professional development. We saw the portfolio for the dentist who was able to demonstrate all verified and non-verifiable development events for the last year. They maintained a total of hours in each area which were above General dental council (GDC) guidance.

Where the nurse had recently completed their dental nurse training their portfolio was with their course work waiting for final verification. Their personnel file showed a list of training events they had attended and some copies of certificates attained. They had not completed an appraisal but due to receive one in August to cover their change in role following their qualification.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with the nurse who told us they would like to become a dental therapist at a later date. They said they would talk to the dentist about this within their appraisal. The practice manager told us they were identifying a suitable course for them to do to cover the administrative and financial aspect of their roles. The dentist confirmed he was aware of the needs of the staff for further qualification and would support them to achieve this.

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. We were shown a letter from the dentist from the university where they had trained. This was an acknowledgement of the high standard they had shown in a new treatment and a request for them to demonstrate this to trainee dentists. The techniques we saw demonstrated by the dentist were of a high standard and the feedback we had from patients confirmed this.

Staff felt they could approach the dentist to discuss clinical cases. We were told by staff they received regular one to one support and discussions and feedback on their

performance. As this was a small dental practice a formal supervision system was not in place but daily conversations took place. There was also a monthly team meeting where concerns could be raised and support given.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice had designed a feedback questionnaire and were about to send this out to patients who used the practice regularly. They were going to put copies in the waiting area for people to complete. We asked the four people we spoke with how they would make a comment about the service. They all told us they would mention it to the dentist or the practice manager. A suggestions box was in the waiting area but no suggestions had been received. The practice was looking at how people could send in comments on their web-site or through an e-mail.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We observed the dentist when they were managing a new patient's emergency appointment. They were concerned when they could not identify the cause of the patient's pain. They tried to contact the patient's previous dentist for further information on them and then decided to take further x-rays. This demonstrated appropriate advice before carrying out a treatment and decisions were made by the appropriate person.

The provider said they would take account of complaints and comments to improve the service. The service had been established for less than six months and had not received any complaints at the time of our visit. We were shown the complaints file and policy for the practice. This had clearly laid out timescales for response to complaints. The dentist said they would want to respond to a complaint as soon as they received it and would want to work with the person to effect an amicable solution.

The dentist showed us their last infection control audit they had carried out which required no further actions. We also saw records for health & safety, water and fire checks. The dental nurse maintained records of weekly inspections of the surgery for any maintenance or cleaning problems. This demonstrated the dentist monitored the quality of the service regularly.

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.

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