

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

## Charminster House Dental Practice

65 Wellington Road, Bournemouth, BH8 8JL

Tel: 01202292030

Date of Inspection: 20 November 2013

Date of Publication: January 2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Charminster House Dental Practice
Registered Managers	Dr. Samir Jivraj Dr. Saffina Akbar Nanji
Overview of the service	Charminster House Dental Practice is specialist periodontal referral centre and also provides general and cosmetic dental services. There are four dentists undertaking private work. Other staff include dental hygienists, dental nurses, receptionists and the practice manager. Facilities include four treatment rooms, a reception, waiting area and a toilet.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke to four patients, all of whom were very complimentary about the practice. They felt that they were treated with respect and dignity. They told us that they were informed about the choices, costs, alternatives and possible outcomes of their treatment. One patient told us, "I'm not a regular patient; I was referred here by my dentist for specialist treatment. The treatment I have received has been excellent." Another said "I have been coming to the practice for over 15 years; I think the service is good". The other two patients were equally complimentary.

With one person's permission we observed a consultation. We also looked at dental notes and other records kept by the provider.

People were given appropriate information and support regarding their care and told us they understood the choices available to them.

The provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

People were protected from the risk of infection. They were cared for in a clean and safe environment.

The provider had effective systems to check and monitor the quality of their service. There were also systems to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

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### Reasons for our judgement

People using the service were given appropriate information and support regarding their care or treatment. They understood the care and treatment choices available to them. One person told us "The options are explained to me".

People expressed confidence in the care they received. For example, one person described their dentist as "very good". Someone else told us that it was "easy" to get appointments to suit them. They said if they required an emergency appointment they were seen quickly.

The provider had arrangements in place to ensure the premises were accessible for people with mobility difficulties. The practice manager explained that the provider had a temporary ramp that could be used to assist people who used wheelchairs.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan, and in a way that was intended to ensure their safety and welfare.

We observed one person's consultation. The dentist asked about changes in their health and medication. Three people we spoke with confirmed that the dentist checked their health and current medication at each visit. Changes were recorded in the dental records. The electronic records system flagged up any medical alerts.

We saw that the dentist assessed the condition of the person's teeth, gums and mouth. We noted that the dentist told people what they were doing. Afterwards they explained what they had seen. They explained the options to the person and told them that they would write to them explaining the treatment options and prognosis. Dentists recorded their assessments in the person's dental notes.

We reviewed three people's dental records. We noted the records had been updated with the person's medical history, contact details, soft tissue checks and the on-going condition

of their teeth. The system alerted the dentist to people's allergies and health conditions. We were shown a treatment plan that outlined the treatment options available for the person and the cost of the treatment. These plans showed the person had been involved in their dental care. People we spoke with confirmed they received treatment plans and felt involved and consulted in their dental care and treatment.

The practice manager explained that the dental nurses gave people advice about their oral hygiene and were also qualified in radiography (taking X-rays). We saw that one of the treatment rooms was used by the dental nurses to provide education and take X-rays.

There were arrangements in place to deal with foreseeable emergencies. Staff working at the practice told us that they received training in basic life support and managing medical emergencies. We saw staff training records that confirmed this.

We saw that drugs and equipment that could be required in a medical emergency were available. These included an automatic external defibrillator (AED). The Resuscitation Council (UK) recommends AEDs are available in all dental surgeries. These were securely kept and a robust checking system was in place to make sure all drugs and equipment were in-date and safe to use. Oxygen was also available. This ensured that risks to patients during a procedure were reduced and equipment was working effectively.

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

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### **Our judgement**

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The provider was meeting this standard.

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

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### **Reasons for our judgement**

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We did not speak with people who were using the service about safeguarding children and vulnerable adults.

We saw there were written policies, procedures and guidance available that set out how staff should respond if they suspected an adult or child was at risk of harm. The guidance included details about how to contact relevant personnel in the local authority.

We spoke with three members of staff about safeguarding. They told us they had attended a training session at the Royal Bournemouth Hospital about safeguarding children and vulnerable adults. They had a good awareness of the signs or issues that may indicate a concern. They told us that would feel able to raise any safeguarding issues and alert the relevant authorities if the situation ever arose.

Staff demonstrated an awareness of the principles set out in the Mental Capacity Act 2005. This is legislation that protects the rights of people who may not be able to make decisions about their own care or treatment due to their physical or mental frailty. The dentist explained how they reached treatment decisions in the best interest of adults who they knew or suspected lacked the ability to make a decision about treatment themselves.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People using services at the practice told us they thought the provider kept the premises clean and hygienic. On visual inspection the premises appeared clean and well maintained. We saw that there were cleaning schedules in place. These set out what equipment and fittings should be cleaned and when. There were also records showing that clinical and dental waste produced by the practice was managed properly and safely.

The provider had sufficient storage space for cleaning materials. The home had appropriate equipment such as different coloured mops and specific cleaning fluids for each area of the premises. We saw that there was "colour coding for equipment" guidance on the wall to ensure that staff used the correct mops to prevent cross contamination.

The communal toilet had supplies of liquid soap and paper towels to help prevent the risk of cross infection. We observed hand cleansing gel was readily available.

The practice had access to the Department of Health document published in March 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes in detail the processes and practices essential to prevent the spread of infections and ensure clean safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" which must be achieved and "best practice" which are ideal and desirable.

The provider had facilities and equipment in place that enabled them to approach the best practice standard. There was an ultrasonic cleaning bath, which was used for washing instruments prior to sterilising them in a vacuum autoclave. There was also a double sink for washing and rinsing instruments by hand, although staff confirmed they used the ultrasonic cleaning bath in preference. Whilst used instruments were cleaned and sterilised in the treatment room, there was a dirty to clean workflow which meant that used and sterilised instruments were kept as far apart as possible. This reduced the risk of sterilised instruments becoming contaminated.

Sterilised instruments were kept in instrument bags labelled with the date they should be used by. These expiry dates were in line with the requirements of HTM01-05. The bagged

instruments were stored safely in enclosed drawers and cupboards in the treatment room.

The provider had infection control policies and procedures in place. These met the requirements of HTM01-05. They included, amongst other things: decontamination, the use of personal protective equipment such as gloves and masks, and hand hygiene.

We saw that staff cleaned their hands in accordance with the hand hygiene policy. There was a dedicated hand washing sink in the surgery with a hand washing poster close by. Hand cleaning products were also in place. We saw records that confirmed that hand hygiene was audited periodically.

We observed that staff used personal protective equipment appropriately during consultations with people and afterwards when they were cleaning the treatment room.

We noted that the surfaces of the dental chair and staff stools in the treatment room were intact. This aided thorough cleaning and hygiene as recommended in HTM01-05, and we observed that the chair was cleaned between consultations. We also saw that other items, such as the inspection light and handles and hand controls were cleaned between consultations.

The practice had occupational health arrangements in place to support staff if they sustained an injury such a puncture wound from a used instrument.

The provider carried out regular checks to be sure that infection control processes had been carried out effectively. Records showed that equipment such as the autoclave were cleaned, checked and serviced at intervals recommended in HTM01-05.

This all showed that there were effective systems in place to reduce the risk and spread of infection.

## 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

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### Our judgement

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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 using the service and others.

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### Reasons for our judgement

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The provider took account of complaints and comments to improve the service. The practice had a complaints policy and procedure. There were "complaints procedure" leaflets located in the waiting area. We noted that one complaint had been received in the past year. This had been acknowledged, investigated and responded in accordance with the provider's policy. We saw that the complaint was resolved to the complainant's satisfaction.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We examined the results of a patient survey that people who used the service had completed in 2013. We saw that there were a total of 60 responses which were largely positive. The responses had been analysed and an action plan had been implemented to address any lower scoring areas. For example the practice had increased the variety of magazines for people to read whilst waiting for their appointment.

Monthly team meetings were held and we reviewed minutes of these meetings.. We saw topics included General Dental Council (GDC) standards and HTM01-05. They showed that the people who worked at the practice had opportunities to raise concerns and contribute to discussions about the service they provided.

The practice had used the Department of Health's infection control audit tool. They had completed an infection control audit in June 2013 and had covered areas which included: prevention of blood borne virus transmission, decontamination, hand hygiene and clinical waste. We saw the results for this audit were favourable with most areas scoring a high pass rate. We saw that this was completed on a quarterly basis as per HTM 01-05 guidance.

The provider had other arrangements in place to check the quality of their service and identify improvements might be required. These included regular audits of the quality of X-rays, dental records and infection control processes.

Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD). This included attending relevant courses, which included infection control, medical emergencies and customer service. CPD is a compulsory requirement of registration as a dentist, dental hygienist or dental nurse.

There was evidence that learning from events took place and appropriate changes were implemented. We saw the accident book and noted that accidents were recorded. We saw that the provider conducted an accident audit in September 2013 we noted that as a result of the audit, staff were required to wear heavy duty gloves in the decontamination room to prevent sharps injuries. Staff explained the appropriate steps they would take should someone obtain a needle stick injury.

We saw records that showed tests on water systems were carried out regularly to ensure there was no risk from the bacteria known as Legionella which can cause harm to people. Fire safety systems and equipment were regularly checked.

The above showed that the provider had systems in place to identify and manage risks to health, welfare and safety of people who worked at and used the service they provided.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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