Inspection Report

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

Richard Thompson Dental Practice

15 Park Hill Road, Torquay, TQ1 2AL

Tel: 01803211646

Date of Inspection: 25 April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr Richard Thompson
Registered Manager	Mrs. Emma Baker
Overview of the service	The Richard Thompson Dental Practice provides NHS and private dental care and treatment 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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 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

This was the first inspection of the practice since its registration with the Care Quality Commission (CQC) in November 2012. Two dentists, a dental nurse/practice manager, hygienist and receptionist worked at the practice. We were told that the first patient was treated in December 2012. On the morning of our inspection three patients were having treatment. We (the CQC) spoke with all the patients, a dentist, the practice manager and the receptionist. We also observed two patients during their treatment.
We asked one patient about their experience and they said "I'm happy. I've got no complaints." They added "Every time I come here they're very polite." A new patient told us that staff had been "very pleasant and welcoming". We spoke with one patient who told us their treatment had been explained to them and said "The dentist gave me options."

We saw staff interact with patients in a respectful and polite manner and introduce themselves by name. All the patients we spoke with were positive about the conduct of the staff.

One member of staff said "We're really trying to make a go of this practice. It's a very caring practice. All the patients are impressed by X (a dentist)." Another member of staff said "I'm very happy here. I felt very welcome. The practice manager is very organised."

There were effective systems in place to reduce the risk and spread of infection. Patient and management records were fit for purpose and kept safe.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Patients were treated with dignity. We saw staff interact with patients in a respectful and polite manner and introduce themselves by name. One member of staff told us "Patients like it when you use their first name." We asked one patient about their experience at the practice and they said "I'm happy. I've got no complaints." They added "Every time I come here they're very polite." A new patient told us that staff had been "very pleasant and welcoming".

Suitable arrangements were in place to ensure patient privacy. A sign in the waiting room made patients aware of a private consultation room that could be used if they wished. We were told that people could also speak with a dentist in private in the surgery. The number and flow of patients helped to support privacy by limiting the number of patients in the waiting room at the same time.

Patients were involved in making decisions about their care and treatment. We spoke with one patient who told us their treatment had been explained to them and said "The dentist gave me options." We observed the dentist make one patient aware of treatment options regarding missing teeth. We saw that patients were asked to sign a consent form before treatment and were given a copy of the record.

Patients were given appropriate information and support regarding their care or treatment. We saw that when patients joined the practice they were given a welcome pack. This included information on the team, services, opening hours, emergency care, confidentiality, fees and payment plans. Patients were given details of planned care and costs in a paper treatment plan. We were told that patients were give text message reminders of their appointment.

We saw that a range of information was available in the waiting room. This included the practice's mission statement, the complaints policy, fees and information on dental care. We were told that information could be made available in a range of formats. The practice also had access to a language interpreter service. We were told that the practice also offered advice on smoking cessation and alcohol consumption.

Opening hours information and who to contact in the event of a dental emergency was also on display. In the out of hours period an answer phone message directed patients to emergency dental care services.

One patient told us they were offered a choice of appointment times. We heard the receptionist offer appointments and say "What time would you like?" to a person making a telephone booking. Patients were able to book their next appointment immediately after treatment or use the reminder service offered.

Patients were invited to express their views on the quality of service. For example we saw that a comments book was available in the waiting room. No comments had been made to date. We were told that an annual quality assurance survey was planned. Signs also directed patients to speak to the practice manager if they had concerns. We were told that patients had expressed an interest in developing a patient involvement group and this was to be discussed at a team meeting.

We saw that patients were advised on dental hygiene so that they could play their part in managing their care.

People's diversity, values and human rights were respected. However due to the structure of the building it was not possible to accommodate disability access. We noted that the reception area did not have different types of seating to meet people's needs. When we raised this with the staff we were told that this issue had been discussed and there were plans to provide a range of seating.

The provider may find it useful to note that the reception area did not have books or toys for children. We were told that reward stickers and small toys were given to children after treatment. Newspapers of the day were available. The reception area was clean, tidy and contemporary in style. Dental products were on display and available for purchase.

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

One member of staff said "We're really trying to make a go of this practice. It's a very caring practice. All the patients are impressed by X (a dentist)." Another said "I'm very happy here. I felt very welcome. The practice manager is very organised."

We observed two patients during their treatment and both were treated in a caring and professional manner.

Patient care was assessed, planned and delivered on an individual basis. Both patients we observed were having their first appointment at the practice. A thorough examination was completed and the dentist fed back their findings. This information was used to assess needs and an individual payment plan.

Care was planned and delivered to ensure patients' welfare and safety. Patients were given eye protection and a dental napkin to protect their clothes. The dentist and the nurse wore gloves and face masks and washed their hands appropriately. The dentist made the patient aware that the position of the chair was going to change and said "Are you ok to go back in the chair?" Local radio music was playing in the back ground. Following an examination patients were offered the opportunity to rinse their mouth. We saw that patients were referred to the hygienist as appropriate.

The dentist checked the documented medical history before treatment and asked patients if they were "fit and healthy". We were told that all patients were followed up by phone after treatment. A tracking process was in place to monitor the safe use of local anaesthetics. We were told that the practice did not stock any other medicines. We were told that the use of intravenous drugs for conscious sedation was not carried out at the practice.

Care was planned and delivered to reflect good practice guidance. The practice manager demonstrated a good understanding of the regulations regarding quality and safety outcomes for people. We saw records that showed the team had discussed each outcome and its implementation in practice. The practice manager had produced a file of evidence to support each outcome and demonstrated a systematic approach to care.

"Local rules" that identified key working instructions for the use of X-ray equipment had

been produced in line with regulations. A copy was on display in a clinical area.

Patient care was planned and delivered in a way that protected people from unlawful discrimination. The practice had an equality and diversity policy. The CQC had been told by the provider that staff had been trained to ensure that care reflected patients' needs, values and diversity.

There were arrangements in place to deal with foreseeable emergencies. We were told that most staff had received training in basic life support and further training was planned for June 2013. All the emergency drugs as per Resuscitation Council (UK) guidance were available and regularly checked. The practice also had an automated external defibrillator for use in the event of a cardiac arrest which was checked regularly. The practice had emergency equipment as recommended by the Resuscitation Council (UK). We noted that the practice did not have an automated blood glucose measurement device for the management of hypoglycaemia/ low blood sugar levels. On the day of our inspection the practice manager made arrangements to order one.

We observed fire safety equipment and escape route signage to support fire safety. Hazard warning signs were on display where medical gases were in use. The practice manager had completed training in first aid at work.

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

Reasons for our judgement

All the patients we spoke with were positive about the conduct of the staff at the practice.

All the staff we spoke with were aware of the potential signs of abuse and what action they would take. They had completed training on child protection and the safeguarding of vulnerable adults and were aware of the role of the local authority. We saw that flow charts were on display which described the safeguarding process to be followed and details of local contacts. Staff had access to a safeguarding policy and procedure. We saw that guidance on child protection was displayed in the waiting room. The practice had a whistle blowing policy which meant that staff could raise concerns without fear of recrimination.

We were told that the practice did not have any patients who lacked the mental capacity to make a decision. We discussed the issue of consent by people with a learning disability or dementia with staff. They understood the role played by family members and legal representatives in decision making. We were told that consent was needed before care was discussed with a third party. The practice also had a chaperone policy.

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

One patient told us that the practice was "always clean".

There were effective systems in place to reduce the risk and spread of infection. All the clinical areas of the practice were clean, organised and in good order. Cleaning of the practice was carried out by staff. We saw that detailed cleaning check lists were in use for cleaning of the surgery, decontamination and general environmental cleaning.

We observed cleaning of the surgery between cases. The dental chair, equipment and surfaces were cleaned using an appropriate technique and waste was disposed of safely. The practice had a contractual arrangement in place for the safe disposal of clinical waste.

The surgery had a separate designated room for the decontamination of instruments and was set up to meet Department of Health quality requirements. The room was clean and well maintained.

The decontamination room had three sinks; one for hand washing, one for washing instruments and one for rinsing in line with national quality requirements. All necessary personal protective equipment such as aprons, masks, safety goggles and heavy duty gloves were available.

We asked the practice manager, who was the infection prevention lead, to describe the decontamination process. Used instruments which were not decontaminated immediately were kept moist in sealed containers to aid the decontamination process. We were told that brushes used to manually clean instruments were replaced regularly. Used instruments were cleaned manually and then with the use of an ultrasonic cleaner. The cleanliness of instruments was checked through the use of an illuminated magnifier. Instruments were sterilised in a non vacuum autoclave. Packed instruments were labelled appropriately with the use by date. We were told that single use items were not reused.

We saw records that demonstrated the necessary checks had been carried out on all the decontamination equipment.

A self assessment infection prevention audit had been completed in October 2012 and a 97% score had been achieved. Audit records showed improvements that had been made. For example we were told that damaged drawer surfaces had been replaced.

Sharps disposal bins were available for use. Colour coded bags were used for waste disposal. We observed colour coded mops, buckets and dust pans and brushes to support safe hygiene practice. Arrangements were in place for the safe disposal of amalgam.

Guidance was on display for staff to follow in the event of an inoculation injury. Audit records showed that clinical staff were immunised against Hepatitis B.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because of proper records management.

Reasons for our judgement

Patient records were accurate and fit for purpose. We asked the practice manager to explain the use of the electronic patient record. We saw that appropriate information was recorded. We were told that the patient's medical history was checked at each appointment and updated as necessary. There was a menu of treatment options which could be chosen to add standard text. Additional notes could be added. An alert system was used to flag concerns such as allergies, heart or chest conditions or infection control risks. We were told that a "watch" marker could be added to the system so that areas of concern were monitored. We saw electronic records updated during treatment.

We sampled records relating to practice, procedure and staffing and found them to be fit for purpose.

Records were kept securely and could be located promptly when needed. We saw that paper patient records such as medical histories and payment plans were stored in locked filing cabinets and cupboards.

We were told that the quality of patient records was due to be audited in June 2013. We were shown a copy of the check list to be used which covered areas including contact details, medical and dental history, mouth cancer risk factors and consent. We were told that the quality of X-rays had been audited in February 2013 and there were no significant concerns. We were told that staff also informally gave feed back to their colleagues on the quality of record keeping.

We were told that records were kept for the appropriate period of time and then destroyed by incineration by an appropriate contractor.

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.

✓ **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. 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:

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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