

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

Purwell Cross Dental Practice

134 Purewell, Christchurch, BH23 1EU

Tel: 01202485621

Date of Inspection: 05 December 2013

Date of Publication: January 2014

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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	E Cheshankova Limited
Registered Manager	Mrs. Elena Lubomirova Cheshankova-Kostova
Overview of the service	Mrs E Cheshankova provides a general dental service comprising preventative, restorative and some cosmetic treatment for private patients at Purewell Cross Dental Practice.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 5 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke with the dentist, the dental nurse, the receptionist and four people who used the service. With their permission we also observed two people receiving their dental treatment. People we spoke with gave positive views about their experiences at the practice. One person we spoke with told us, "I'm really pleased with my treatment, it makes such a difference and all the staff have been so helpful".

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

People using the service were protected because staff were aware of their responsibilities in relation to safeguarding children and vulnerable adults.

People were protected from the risk of infection because appropriate guidance had been followed.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The entrance to the surgery was on the ground floor with access to the first floor surgery via a flight of stairs. During our visit the manager showed us the ground floor dental surgery and disabled toilet which was in the process of being built. Once completed this would mean people with impaired mobility would be able to be seen in the ground floor surgery. At the time of this inspection people were able to travel to Charminster where the dentist has another surgery that has full disabled and limited mobility access.

During our inspection we spoke with four people who used the service and with their permission observed two people having dental treatment.

People we spoke with expressed positive comments about the treatment they had received at the practice. People told us, "Everyone is very helpful and professional, I'm very happy with the service". Another person we spoke with told us, "I'm really happy with the treatment I've received today; they have done a brilliant job". Another individual we spoke with told us, "I've been coming here a while now and I'm very content with the service I've had, they always take the time to explain everything to me so I can make my own mind up about what treatment to have".

People we spoke with told us they were able to make their appointments easily and were seen promptly and did not have to wait for lengthy periods to be seen. People told us they were telephoned the day before their appointment which they said was a useful reminder of their appointment.

We saw there was clear information displayed in the waiting room concerning the different levels of fee's for dental treatment. There was also information displayed showing the procedure for making a complaint. We noted there was a suggestion box clearly displayed which meant people who used the service could put forward any comments or concerns they may have. In the reception area there was a patient information book which gave clear advice and guidance concerning all areas of the dental practice and treatment that

was available. The information book also gave the emergency and out of hours number for people if they needed urgent treatment when the practice was closed.

This showed people who used the service were given appropriate information and support regarding their care or treatment.

We observed two people having dental treatment. We noted in both cases the dentist asked the person if they had any changes to their medical health and recorded any changes on the person's computerised file at the end of the consultation. During each consultation people signed a form to confirm their medical health had not changed.

We observed the dentist assessed the person's teeth, gums and mouth and explained to the person what they were checking for throughout the process. The dentist put each person at their ease and explained the different types of treatment available. We observed the dentist spent time ensuring the person fully realised the implications of any treatment they would need. The dentist explained what the person would need to do after the treatment to ensure a good standard of continuing oral mouth care. We noted the dentist and the dental nurse wore the correct personal protective equipment such as gloves, masks and aprons throughout each consultation.

We were shown the practices patient records which were both kept electronically and manually. The manager showed us three people's 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 also alerted the dentist to any allergies or concerns the person may have. 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.

This all showed 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 spoke with three members of staff working at the practice at the time of our visit. Staff told us they enjoyed the variation in their work that comes with working in a small practice and told us they always had enough sterilised dental instruments available. The practice did not have an automatic external defibrillator (AED) however, staff told us they had received training in basic life support and medical emergencies. We saw training certificates to confirm this was the case.

We were shown the emergency medication along with emergency oxygen and appropriate equipment. We noted the emergency medication was kept accessible and easily identifiable in separate plastic pouches. Each plastic pouch then formed a mini medical emergency kit for individual medical conditions such as; asthma attack, epilepsy, hypoglycaemia and anaphylactic shock. We saw all emergency medication was in date and saw records that showed medication audits were conducted regularly to make sure the relevant medication was always available in the practice.

We saw that procedures were in place to ensure that the use of x-rays was safe.

This all showed that there were arrangements in place to deal with foreseeable

emergencies.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

The practice had written policies, procedures and guidance available that set out how staff should respond when the suspected children or vulnerable adults were at risk of harm. The guidance included information about best interest decisions in accordance with the Mental Capacity Act 2005. We spoke with dental staff about the practices safeguarding procedures and they told us they knew of people who attended the practice who were showing the early stages of dementia. They said the people were normally accompanied by a relative or carer. This meant there was someone available to help ensure that any decision to provide treatment was made in the person's best interests.

The practice manager had the lead responsibility at the practice for safeguarding vulnerable people. They showed us details were readily accessible about the relevant personnel to contact in the local authority about any safeguarding concerns.

All the staff we spoke with told us that they had attended training about child protection and safeguarding vulnerable people and we saw records that confirmed this. They all demonstrated a good understanding of what constituted abuse and knew what to do if they suspected or knew that someone was being harmed.

This showed 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.

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.

Reasons for our judgement

The dental nurse showed us the decontamination room which was used for sterilising dental instruments. We noted the decontamination room was equipped to ensure that the decontamination process met with the requirements of the Health Technical Memorandum 01-05 (HTM 01-05). The HTM 01-05 is the guidance that dentists are required to follow to ensure that their practice is safe and minimises the risk of cross infection. The document 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. At the time of our inspection the provider had facilities in place that enabled them to meet "best practice" quality requirements.

During our observations of people's dental treatment we observed the dental nurse conducted her procedures in accordance with the HTM 01-05. All surfaces were wiped down in between people having their dental treatment and all single use dental equipment was discarded after use. The dental nurse confirmed they had received training in the use of personal protective equipment (PPE) and handling of clinical waste and they were aware of the policy relating to blood-borne viruses and other cross-infection policies.

The practice manually washed and soaked the dental instruments to clean them and then used an ultrasonic cleaning machine to remove proteins and debris before the dental nurse re-examined the equipment by use of an illuminated magnifier. The dental instruments would then be placed into an autoclave to sterilise them. An autoclave is a device used in dental practices to sterilise dental equipment. We observed staff used PPE during the decontamination process. We were told sterilised instruments were packaged and date stamped with the timescale in which they could safely be used. They were stored safely in enclosed drawers and cupboards in the dental surgery. We checked the dental surgery during our visit and noted all sterilised equipment was correctly date stamped and sealed.

We noted each dental surgery had a clear dirty to clean workflow that meant used and sterilised instruments were kept apart. This reduced the risk of sterilised instruments becoming contaminated.

We saw the surfaces of all the dental chairs in every dental surgery were intact. We observed that the chair and surgery were cleaned between consultations as per the HTM 01-05 standards.

We saw that dedicated bags and sharps containers were present for the clinical waste and we were told this was collected by a registered carrier. We saw records that showed the waste carrier was licensed.

We saw records that showed each dental surgery had a daily cleaning system in place. Records showed that infection control audits were carried out using the Department of Health audit tool.

We saw records that showed the autoclave and ultrasonic machines were validated at the start of each day and were serviced according to the manufacturer's recommendations.

We saw that there were policies and procedures in place to reduce the risk and spread of infection. For example, we saw records that showed staff were immunised against hepatitis B and guidelines for the use of PPE would be used.

This all meant that people were cared for in a clean, safe environment and by staff who were aware of the need to prevent cross 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

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.

Reasons for our judgement

We saw records that showed the provider had systems in place to monitor the quality of service provided. We saw a number of audits were carried out during the year in accordance with the requirements of the HTM 01-05, and that these were used to inform better practice. Examples of audits carried out were; infection control, clinical waste, drug prescribing and medical histories.

We saw the practice had used the Department of Health's infection control audit tool. They had completed an infection control audit on 18/03/2013 and 02/10/2013 attaining a 99% and 100% pass rate. The audit had covered areas including; prevention of blood borne virus, decontamination, hand hygiene and clinical waste. The provider may wish to note the HTM 01-05 recommends that these audits are undertaken on a quarterly basis.

We saw records that showed a patient satisfaction survey was in the process of being completed. The practice had changed ownership during April 2013 and we were shown copies of the recent patient satisfaction survey that had been sent to people who used the practice. Questions covered a range of areas including; why people chose the practice, cleanliness of the waiting room, waiting times, atmosphere and general friendliness and helpfulness of the dentist and staff. We noted the practice also had a suggestion box which was located in the waiting room. This showed people who used the service were asked for their views about their care and treatment and they were acted on.

We saw information was displayed in the reception area concerning the practice's complaints procedure. We were shown the practice's complaints policy. The manager told us they had not received any complaints since they had bought the practice in April 2013. We saw the practice's complaints procedure was clear and noted it would assist the practice to acknowledge, investigate and resolve any complaint to all parties' satisfaction.

This showed the provider would take account of complaints and comments to improve the service.

We saw records that showed the practice recorded accidents and adverse incidents. Since

the current dentist had bought the practice they had not had any accidents or adverse incidents. We saw the practice had completed a practice risk assessment to ensure people were protected from various health and safety risks, for example risk assessments on medical emergencies and fire drills had been completed. This showed there was evidence that learning from incidents/investigations would take place and appropriate changes would be implemented.

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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