

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

Absolute Dental

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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

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Absolute Dental Centre Limited
Registered Manager	Mrs. Emma John
Overview of the service	Absolute Dental provides general dentistry including advice and preventative treatments for children and adults. The practice treats private patients and does not undertake NHS treatments. It offers specialist restorative treatments. Three dentists and three dental hygienists work at the practice. They are supported by six dental nurses and the manager of the practice.
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

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 18 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Absolute Dental had 1600 patients registered for treatment at the time of our inspection.

The practice provided people with sufficient information to enable them to make informed choices about their treatment. People who used the service were treated with respect.

We spoke with three people who used the service during our inspection and observed one person's treatment. People told us that they felt they received safe and effective care. Comments included, "It's very good care. They (practice staff) are polite and I think they are very caring". One person said, "I have been coming here years and they know me well. I am very, very happy here".

We found that people's care and treatment was personalised. We saw that people were involved in their treatment and that their choices were respected. Individual needs were responded to, such as the need for home visits by dentists.

People told us they felt safe at the surgery and we found the practice had effective systems to identify and protect people from abuse.

We found that Absolute Dental had effective infection control processes which were understood and implemented by staff. Dental staff were well supported in their roles and had received up to date training to maintain and develop their skills.

Absolute Dental had an effective system to regularly assess and monitor the quality of service that people received. People who used the service had an opportunity to provide feedback and influence the service.

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. People who use the service understood the care and treatment choices available to them.

Reasons for our judgement

Absolute Dental had 1600 patients registered for treatment at the time of our inspection. All treatments were private and were available to both children and adults.

The practice was located in a ground floor premises and was fully accessible to people with limited mobility. There was a comfortable waiting area with a range of reading materials available. Drinks were freely available. There were three surgeries at the practice. Additional consultation rooms were available where people and their families could speak with dental staff in private.

We observed and heard dental nurses dealing with callers at the reception and answering phone calls. People were treated politely and with respect. Due regard was given to people's preferences for appointment times.

We spoke with three people who used the service. They told us that they had sufficient information about the practice, their treatment and dental health advice. Comments included, "They (practice staff) are always very helpful in giving information. I like to know what my options are. I ask questions and they do provide the answers".

We saw there was a range of dental and health information available to patients. This was provided in a variety of formats. Treatment fees and practice information leaflets were displayed prominently in the waiting area. Large font leaflets were available on request. An on-line video provided an introduction to the practice and to the dental staff. All new patients were offered an introductory meeting with dental staff and a tour of the practice.

Absolute dental was pro-active in its use of internet communications. An internet blog provided information about treatments and oral health. Recent entries included information about the use of mouth guards to prevent sports injuries and an article by one person who had recently received dental implants. Detailed information about the qualifications and experience of dental staff were provided on the practice website.

People who used the service told us that they were provided with treatment plans, which explained their treatment options. They told us they were supported to make choices about this. We looked at the treatment records for five people and found this to be the case. Discussions about various treatment options were recorded. People had signed to consent to the course of treatment they had chosen.

Easy to read summaries of their dental health were available to patients to take away with them. For example, dental health assessments, recorded whether the patient was happy with the appearance of their teeth and where specific improvements were needed. Additional easy to read summaries of treatment with images were used to provide patients with a record of what had been discussed. Dental staff told us that these had been useful in assisting people who might not be able to remember discussions they had with the dentist.

Practice staff demonstrated their awareness of the Code of Practice for the Mental Capacity Act (2005). This sets out procedures which should be followed to ensure that decisions are taken in the best interest of a person who may lack capacity to decide for themselves. Absolute Dental had policies in place to ensure that the rights of people who may not have the capacity to consent to treatment were protected. We saw that the policies were put into practice. We looked at the treatment records for one person who had varying capacity to make decisions. We saw that discussions with the person and their relative had taken place and had been fully documented. We found that appropriate steps had been taken to support the person to make decisions where possible.

Overall, we found that Absolute Dental provided a high quality of information to patients to enable them to make informed choices. People who used the service were treated with respect.

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

We spoke with three people who used the service during our inspection. They told us that they felt they received safe and effective care. Comments included, "It's very good care. They (practice staff) are polite and I think they are very caring".

We observed the treatment of one person, who consented to us doing so. During the treatment the dentist explained to the person what they were about to do. At the end of the treatment they also provided an overview to the person of the general state of their oral health. The person who received the treatment told us that their treatment was "very good". They also said that, "It's always a pleasant experience. I'm given a diagnosis and told how they can resolve any problems."

All the people we spoke with told us that they did not have difficulty obtaining appointments. One person was being seen at short notice on the day of our inspection and said they had been fitted in promptly.

The practice used electronic patient records and appointments could be booked on line. Dental staff showed us how the systems operated. We looked at four people's treatment records. We saw the records had been updated with the person's medical history, allergies, soft tissue checks and the on-going condition of their teeth. Where people had specific needs for reassurance or had conditions which affected their treatment these were recorded. Details of the person's GP and emergency contact details were also shown on the individual records that we saw.

Treatment records showed that appropriate referrals had been made to specialists. Patients had been offered copies of referral letters. We were shown the systems which were in place to ensure that the outcomes of referrals were followed up. Records showed that the risks and benefits of various treatments had been explained to patients.

We found that people's care and treatments was personalised. For example, we saw that a dentist had fully considered the individual needs of one person and what would encourage them to maintain good oral hygiene. The dentist had consulted with the person and their family about their interests and had created dental health prompts which reflected those

interests.

The practice offered home visits to meet the dental needs of those who were unable to attend the surgery. We looked at one record of a recent visit. We saw that the discussions the dentist had with the person were recorded fully and treatments had been described in plain English.

We spoke with the lead dentist and two dental nurses about the arrangements which were in place to deal with foreseeable emergencies. We saw records which showed that staff had received training in resuscitation, medical emergencies and use of emergency equipment. They were knowledgeable about the practice's emergency procedures.

We found that emergency equipment, such as oxygen and a defibrillator, was readily available and had been checked and stored in accordance with the manufacturer's instructions. We checked the expiry dates on emergency medication and found that it was all in date. Dental nurses showed us the records of the checks they had undertaken to ensure that emergency equipment and drugs remained safe and effective. We saw that procedures were in place to ensure that the practice's use of x-rays was safe and met legal requirements.

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

Reasons for our judgement

People told us they felt "very safe" at the practice. They said that they would not hesitate to raise concerns if they had any.

Records showed that staff had up to date training in the protection of children and vulnerable adults. The practice had a safeguarding policy and staff knew how to identify possible abuse and escalate concerns to the appropriate authorities. Two dental nurses told us that they had not had to raise concerns. They said they were sure that the safeguarding lead would take prompt action if people were at potential risk.

Staff demonstrated an awareness of the importance of obtaining valid consent and we saw that consent to treatment had been obtained and recorded. We found that the practice was taking appropriate action in relation to one person whose capacity to consent appeared to be changing. The practice had taken steps to involve the person's GP and family in discussions. This indicated that staff were acting in accordance with the principles outlined in the Code of Practice of the Mental Capacity Act (2005) to protect the person's rights.

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

During our inspection visit we noted the practice was visibly clean. People we spoke with commented that the practice was always clean and that they had no concerns about the surgery environment. Comments included, "Yes, it is spotless". Two dental nurses explained to us the schedule of cleaning and decontamination processes they carried out.

In 2009 the Department of Health published a document called Health Technical Memorandum 01-05: Decontamination in primary dental care practices (HTM 01-05). This document was updated in April 2013. It sets out in detail the processes and practices essential to prevent the transmission of infections and to ensure clean, safe care. The document set out standards of compliance for dental practices. Absolute Dental was meeting the "best practice quality standards" set out in HTM 01-05.

The practice had a separate decontamination room. We noted the decontamination room 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. The dental nurse confirmed that they had all the equipment they needed to ensure a safe and clean environment. They showed us the decontamination process. Appropriate personal protective equipment (PPE) was worn throughout the process. There was a washer disinfectant and a steriliser and a magnifying light which was also used to ensure that instruments were free from debris. Records showed that regular checks had been carried out, in line with the manufacturer's instructions, to confirm that the decontamination equipment was effective and safe.

Systems were in place to monitor that packaged, date stamped instruments were used within a safe timescale. The dental nurse demonstrated which items could be re-used and that single use instruments were disposed of after each use. Clinical waste was placed in yellow clinical waste bags which were sealed and stored appropriately. A contract was in place for the removal of clinical waste and sharps.

Overall we found that Absolute Dental had effective infection control processes which were understood and implemented by staff.

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.

Reasons for our judgement

People who used the service did not provide feedback to us about how well staff were supported.

We spoke with the dental staff on duty at the time of our inspection about their training and the support they received. Two dental nurses told us that they had "really good support". Records showed that they had regular supervision meetings and performance appraisals. Both the dental nurses we spoke with were positive about this. Comments included, "If we need help it is there for us".

They said as a small practice they had frequent informal meetings with the practice manager and the dentists and had opportunities to discuss any training needs. Records showed that their training was personalised to meet individual needs. We also saw notes of more formal staff meetings where training and clinical updates had been discussed.

We saw records which showed staff received training that enabled them to maintain their continuing professional development. Examples of training courses completed by staff were: safeguarding children and vulnerable adults, management of medical emergencies, infection control and CPR and basic life support. We looked at the staff records relating to two dentists and saw that they had completed on-going training and professional development, as required by their professional regulatory body. We saw evidence of a range of training and study which the dentists had completed to maintain and update clinical knowledge.

The clinical lead nurse and the manager of the practice were both accredited trainers for professional bodies. In addition to clinical skills training staff had opportunities for additional training such as customer care training and communications training.

Overall we found that dental staff received high levels of support.

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 received.

Reasons for our judgement

We saw that Absolute Dental had an extensive range of detailed policies and procedures. These gave clear information and instruction about the expected quality standards at the practice. We saw records of staff meetings which showed that quality issues were regularly discussed.

Records showed that the provider had systems in place to monitor the quality of service provided. We saw audits had been carried out during the year in accordance with the requirements of the HTM 01-05, and that these were used to inform best practice.

Records at the practice showed that required quality checks on safety, such as legionella checks and safety checks on x ray equipment had been completed and were up to date. The premises were maintained to a high standard.

People who used the practice had been asked for their feedback on the service. We saw the results of the most recent survey published on the practice's website in December 2013. The survey reflected very high rates of satisfaction. For example 84 per cent of respondents felt that their experience at the practice was "outstanding" with 16 per cent rating it as "very good". All the people we spoke with during the inspection praised the quality of the service. Comments included, "I have been coming here years and they know me well. I am very, very happy here". The service had not received any recent complaints. The practice had won a number of national awards with regard to its customer service.

Dental staff had opportunities to influence the service and suggest improvements. For example, one member of staff told us that their suggestion to increase the availability of certain equipment had been responded to promptly.

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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