

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

Coleman and Starkey Family Dental Practice

Timbrell Street, Trowbridge, BA14 8PL

Tel: 01225753198

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	ColemanstarkeyLLP
Registered Manager	Mr Michael Coleman
Overview of the service	Coleman and Starkey Family Dental Practice provides wholly private health care.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 2 October 2014, 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

Patients we met and talked with at the practice were complimentary about the care and treatment they received from the both the dentist and the hygienists. At the practice there were two dentists, two hygienists, five dental nurses and a receptionist. They felt they were treated with dignity and kindness and their confidentiality was respected. One patient told us, " I have been coming here for a long time and wouldn't go anywhere else". Patients told us they found staff were courteous and professional.

All staff were trained to deal with medical emergencies. The provider had equipment which was fit for purpose and well maintained. Patients were given treatment plans and sufficient information from the dentist to make informed decisions about their care and treatment. One patient told us "I always am told exactly what it will cost well in advance of treatment."

We looked at infection control and decontamination processes and found there were safe systems in place to minimise cross infection and maintain hygiene in the practice. One patient commented, "It's a very clean and tidy practice."

Patients told us they felt there were sufficient staff and did not have difficulties making an appointment with a dentist or hygienist when they needed one.

The patients we spoke with told us they had never made a complaint but knew how to do so and felt confident the practice would respond in a professional and open manner if they did have a complaint.

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 told us that treatment plans were explained to them in a way they understood. They said they were given a range of treatment options and the costs of treatment were made clear before treatment commenced. One patient told us "they always make sure I understand what work I need doing and how much it might cost".

Patients told us their privacy and dignity were respected at the practice. One patient told us "we get treated really well here". Staff we spoke with demonstrated a good understanding of the principles underpinning standards of privacy and dignity. The practice manager told us "we always knock on the door of the treatment rooms before entering and we asked people how they would like us to address them". We observed staff interacting with patients in a polite and courteous manner. One patient told us "I like all the staff here. I have been coming to this dentist for many, many years. I'm totally happy with the service and wouldn't go anywhere else ". We observed consultations took place in the dental treatment room where discussions about treatment and care could not be overheard.

Patients who used the service were given appropriate information and support regarding their care and treatment. There was a range of information in the waiting room to assist patients to make choices about their treatments. These included information about the range of treatments available, health advice, and costs. Information about costs included each treatment charge. There was information about how to make a complaint and the complaints procedure.

The practice manager told us the practice had a translation service which was used regularly to assist patients for whom English was not a first language.

The practice manager and a dentist told us they supported patients with a learning disability by ensuring they were accompanied by an advocate or relative to put them "at ease". They said additional time was given to patients with learning disabilities to ensure staff had time to explain treatment options.

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

The patients we met and talked with told us the practice met their individual care and treatment needs. Patients said they were given treatment options, advice about aftercare and how to prevent poor dental health outcomes in the future. They said staff discussed healthy living choices with them. For example they discussed the importance of diet and reducing the effects of smoking.

Patients were positive about the quality of the dental treatment they had received. One patient told us "I have been coming here for years and I would not go anywhere else."

We saw that the practice followed NICE (National Institute for Health and Clinical Excellence) guidelines for the frequency of dental and oral checks. These guidelines specify how often patients should have checks according to the condition of their teeth and mouth.

We reviewed four patient dental care records. We saw that each patient's medical history, current medication, allergies and risk assessments were checked at each visit. Records demonstrated a full dental examination was carried out on each patient and records were kept of findings and treatment plans.

Digital x-ray facilities were available in each of the treatment rooms with an X-ray machine. Alongside each machine were local rules (instructions for staff to operate the machinery) for their safe use. X-ray audits were undertaken to monitor and maintain the quality of the digital X-ray images.

In the emergency equipment there was an emergency drugs kit which included oxygen, adrenalin and inhalers. There was also an automated external defibrillator (AED) in place at the practice. This is a device that can deliver an electrical shock to restore a normal heart rhythm. It is recommended by the Resuscitation Council (UK) that dental practices have this equipment on site. The oxygen and the automated external defibrillator were checked on a regular basis in order to ensure they worked properly.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We inspected the practice's infection control procedures against the recommendations of the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). We found the practice had followed the recommendations in the guidance to ensure patients were offered treatment in a clean environment. We saw cleaning checklists were followed by all the dental nurses and the cleaners to ensure the treatment rooms were clean.

The practice self-assessed itself against the guidance in the HTM01-05 with six monthly audits. The practice had one decontamination room on the ground floor. There was a dirty to clean workflow for staff to follow. One of the dental nurses who was responsible for the decontamination of instruments demonstrated the cleaning process to show us it complied with the guidance in the HTM 01-05.

The dental nurses were responsible for the decontamination of instruments and checking equipment. One of the nurses showed us how the instruments were cleaned and rinsed before being sterilised in one of the three autoclaves. A dentist told us how the staff had asked for an additional autoclave in the decontamination room and one had been purchased in the last year. Each autoclave had stickers to show it had been serviced and indicated the date of the next service. There were up to date records of maintenance for each autoclave.

Daily checks were completed on the autoclaves to ensure they were working efficiently. These included protein and temperature checks.

Following sterilisation the instruments were placed in lidded boxes used for transporting clean instruments to the treatment rooms. The instrument trays used for loading the autoclaves were clean and well maintained. Instruments to be kept for use at a later date were kept in sealed packets. The expiry date was written on each packet according to whether they had been sterilised in the vacuum or non vacuum autoclave. The dental nurses completed regular checks of instruments to ensure they had not expired and this was in line with the HTM 01-05 guidance.

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.

Reasons for our judgement

At the practice there were two dentists, two hygienists, five dental nurses and a receptionist. Training records confirmed that the dentists and dental nurses received relevant professional development. Staff told us about the training they completed in order to meet the continuing professional development (CPD) requirements for registration with the General Dental Council. The training they attended included dealing with medical emergencies, infection prevention and control, and safeguarding adults.

A dental nurse told us the practice held regular staff meetings. We saw written copies of these during our inspection. The dental nurse told us the dentists had an "open door" policy where they could discuss concerns as and when they arose. They said the dentists "are always available to talk to and if we have any concerns then they will sort them out."

All staff had yearly appraisals and one to one meetings to discuss training and development needs and set objectives for the future. Staff members told us they felt part of a team that worked well. The dentists used a system of peer appraisal which they told us worked well for them and helped to ensure they provided consistent care and treatment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The practice had an effective system to monitor complaints. Patients we talked with at the practice were aware of the complaints process and told us they had not used it because they had no concerns about their care or treatment. Patients said they were satisfied with the service they received.

The complaints procedure was displayed in the practice along with information about treatment options. Information about how to make a complaint was also available on the practice's website. Patients we spoke with told us they thought having the complaints procedure on the website made it easy to use.

The practice kept a log of complaints and record of actions taken in response. Staff told us there were rarely any complaints and we saw the file of patients' comments contained mostly compliments. We looked at the last complaint and saw that it had been recorded and investigated.

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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