

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

## Cape Road Dental Practice - Warwick

9 Cape Road, Warwick, CV34 4JP

Tel: 01926491029

Date of Inspection: 17 January 2013

Date of Publication: February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Cape Road Dental Practice Limited
Registered Manager	Mr. Marcus Gambroudes
Overview of the service	Cape Road Dental Practice is based in Warwick. It provides dental services including treatment and preventive advice to patients on a private or NHS basis 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Cape Road Dental Practice - Warwick, looked at the personal care or treatment records of people who use the service, carried out a visit on 17 January 2013 and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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On the visit to the service we met with two dental nurses, two dentists (one of which is the registered manager), two reception staff and a dedicated member of staff who worked in the decontamination room.

As part of the review process we spoke with six people over the telephone after our visit. We asked people about their experiences of using the dental service. People commented, "Can't remember waiting more than two or three minutes for my appointment" "Pleasure to go there, from the reception staff to Marcus (dentist) they are so skilled."

Everyone spoken with said that they could get an appointment when they needed one. One person told us how pleased they were with some emergency treatment they had received.

During the inspection we saw that people's privacy and dignity was fully respected at all times during treatment.

We found that people received the care and treatment they needed. We saw that records detailed the treatments people received.

We saw that systems and practices had been put in place regarding infection control and sterilisation of dental equipment. People we spoke with had no concerns about the cleanliness of the practice.

Staff appeared knowledgeable and competent and had undertaken relevant training. We found that the correct procedures were in place to ensure staff were fully supported in their role.

Quality assurance systems were in place to identify areas of improvement that could improve the quality of the service provided.

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

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### **More information about the provider**

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

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

## Our judgements for each standard inspected

**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

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### Our judgement

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The provider was meeting this standard.

People were involved in the discussions about their treatment plan and this ensured that the treatment took place after informed consent was given. People were made welcome during their visit by courteous and respectful staff and this ensured that people were comfortable and at ease.

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### Reasons for our judgement

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This dental practice is located in a domestic setting which had been converted and renovated for use as a dental surgery. There were five dental treatment rooms in use across three floors. There was also a decontamination room and a toilet for patient use. We asked about the disabled facilities at this practice and were told that a ground floor treatment room is available to provide treatment to people in wheelchairs

We conducted some of our inspection in the reception area, looked around a treatment room, decontamination room and the staff office. We asked a dental nurse where any discussions of a private nature would take place with patients. We were told that these would take place in the ground floor treatment room or in any other treatment room.

We spoke with six people who had recently visited the practice and asked them about their experience of using the service. We asked people if they were happy with the treatment provided and if they were treated with consideration and respect. People told us, "I am extremely happy with the treatment and the practice," and, "To be honest, I would not want to go anywhere else." On the day of our visit we observed that staff in the practice spoke to people in a friendly, welcoming way.

We looked at the information available to people who used the service. This included leaflets for people which explained the various treatments. We saw that the information provided for people in the waiting areas included the complaints procedure. There was also a comment box so people could provide feedback about their visit. People told us they were given enough information about the treatment options before their treatment started. One person said, "I knew exactly what they were going to do."

People told us that fees were fully explained to them when the dentist discussed their treatment options. We saw that people could have a discussion in a private room if they needed to. Information about fees was displayed in the waiting area with additional leaflets

for people to take home. People told us that the practice provided them with information on the treatments available and costs, where applicable.

We asked the staff on reception about the process for accepting a new person to the practice. We were told how this information is placed on the computer records as part of each person's dental records.

We looked at the records of four people who used the service. We saw that consent to examination and treatment had been obtained and documented on three records. Consent to treatment was missing on one person's record. We spoke with this person by telephone after the inspection, they could not confirm that written consent had been given, however they told us that they were happy to receive the treatment and were clear about their treatment plan.

We spoke to other people who receive treatment at the practice, they confirmed that they had been asked to give consent to treatment before it was carried out. They also told us they had been given time to think about the treatment decisions before treatment was undertaken.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The surgery offers NHS and private dental care to people of all ages including children less than five years of age.

The records for people who visited the practice for treatment were held electronically. We looked at the dental case records for four people who used the service. We saw that these records contained information about people's medical history and included contact details, treatment plans, costs and X-rays where required. The computer system was able to 'flag' important information such as known allergies or health problems. This enabled staff to take people's medical conditions into account when considering and providing treatment.

Care and treatment was planned and delivered in a way that ensured people's welfare. One dentist explained how they provided treatment options to people, stating that time is taken to talk with people about their treatment, leaflets are provided about treatment and costs and people are given a printed copy of their treatment plan. People told us that they were happy with the care and treatment they had received. People said, "I have a lot of respect for the dentist" and "I am very satisfied with the treatment I receive."

With the consent of one person, we observed their appointment with their dentist. We saw the dentist review the person's records to ensure they were clear about that person's treatment plan and medical history. We observed the dentist verify the person attending the appointment matched the person's record. We then observed a further dental review to help the dentist assess the current dental needs of that patient. The person through this appointment was able to ask questions and discuss their treatment with the dentist. We saw that their privacy and dignity was respected during the appointment. Following their treatment, we spoke with this person by telephone who stated that they understood their dental needs and was clear about their treatment plan. They told us that they felt fully involved in their treatment plan and were happy with the treatment they receive at this practice. Following the appointment we observed the dentist and dental nurse prepare for the next appointment. The preparation included ensuring the room and the equipment was cleaned and available for use.

We looked at the procedures in place to deal with a medical emergency. We saw the emergency resuscitation kit was kept in a store room and was accessible for use quickly. The practice also had oxygen available for emergency use. There were systems in place



to check that emergency medication and equipment was in date and ready for use. All the staff had received training in resuscitation. We saw there were written guidelines in place for dealing with medical emergencies.

The appointments system offered appointments at times that were compatible with peoples' commitments and lifestyles. People spoken to confirmed that they are able to have their appointments at times that suited their needs. We asked whether they had to wait long before they were called into the surgery and they told us that appointments ran "on time".

The waiting room in the reception area was clean and offered a sufficient seating area. Leaflets and magazines were available to help people pass the time while waiting for their appointment. There was also a small onsite shop where people could purchase dental products that had been recommended to them.

We discussed the quality of the service provided by the practice with the local primary care trust (PCT), which pays for the practice to deliver NHS dental services. The PCT had no concerns with the quality of treatment provided by the practice.

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

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**Our judgement**

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The provider was meeting this standard.

Systems were in place to ensure the clinic was clean and patients were protected from the risk of infection.

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**Reasons for our judgement**

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We asked people who used the practice about the cleanliness in the surgery. People told us the surgery was always clean. One person said, "You could eat off the floor". We looked around the surgery including the treatment rooms and the waiting room and saw that the environment was clean and tidy. We asked a dental nurse about the systems in place to ensure the cleanliness and hygiene of the surgery was maintained. We were told that they employed a cleaner to clean the communal areas. The dental nurses were responsible for cleaning the treatment rooms. People we spoke with told us the dentist and the dental nurses wore gloves and masks when providing treatment. Staff confirmed there was an adequate supply of gloves, aprons, and hand wash for their use. We saw dental staff wore short sleeved uniforms. This assisted them to wash their hands thoroughly helping to reduce any potential spread of infection. There was a separate room for decontaminating equipment.

Decontamination of dental instruments was carried out in a designated room allowing the separation of clean and dirty instruments. This complied with The Department of Health requirements on decontamination in primary care dental practices. A dedicated member of staff undertakes the process of cleaning of equipment. We watched this staff member working in the decontamination room and explain the process undertaken from dirty to clean instruments. This included the procedure for scrubbing instruments to make sure instruments were clean. We were told how instruments were checked for debris and the use of the autoclave to sterilise them. We saw that the assistant wore a face visor and gloves at all times. Clean instruments were then stored in sealed packaging and dated according to national guidelines. We saw records were kept of each autoclave cycle to check and evidence the sterilisation process. The dental staff were aware of the best practice guidance set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients.

We spoke with six people who had received treatment at the practice. We asked four people whether the dentist and dental nurse wore protective clothing when undertaking an examination or treatment. All four told us the dentist and dental nurse wore gloves and a mask when necessary. They also told us they had been given goggles to wear during treatment to protect their eyes, and a 'bib' to wear to protect against damage to their clothing. People told us they had always found the treatment rooms and equipment to be

clean.

There were decontamination and infection control policies and procedures in place. These included cross infection, disposal of clinical waste, and hand washing. Staff had received relevant immunisations. We also saw from staff records that the staff had received training in infection control. This ensured staff understood how to minimise the risk and spread of infection.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

The practice ensured that staff received training appropriate to their role.

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### Reasons for our judgement

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We looked at four staff files to see whether appropriate checks had been undertaken to ensure that staff had the qualifications, skills and experience to undertake their work. We saw staff had the necessary criminal record checks, health checks, and qualifications to ensure they were safe and appropriately qualified to work with patients.

The records showed registration with their professional body (the General Dental Council) were up to date. They also demonstrated staff had received continuous professional development and training. This meant that the provider ensured that staff were safe to provide care and treatment to people who use the service.

We checked the registration status of two dentists with the General Dental Council register. This provided assurance that these members of staff met the requirements of their professional body and had the right to practice. Staff also had professional indemnity which meant people could be compensated against malpractice.

The provider might find it useful to note that none of the staff files seen included a photo of the member of staff. Schedule 3 of the Health and Social Care Act (Regulated Activities) 2008 requires there to be proof of identify including a recent photograph for all staff who carry out a regulated activity.

We spoke with six people who used the service. None of the people we spoke with raised any concerns about the ability of staff to meet their dental care needs. The people we spoke with were satisfied with the treatment they had received or were receiving.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We spoke with six patients who told us they had been pleased with the quality of the treatment and support they had received from the practice. We saw patient practice leaflets in the reception area. These leaflets gave patients information about the surgery including information about making a complaint.

We looked at the processes for dealing with complaints and incidents that occurred at the practice. We looked at the most recent complaint made by a patient, the record of the investigation, the outcome and written response by the practice. We found the practice to have followed their complaint process and taken the complaint seriously. We had not received any complaints about the practice.

We asked about the process for auditing the quality of the service provided. We saw that the practice had good auditing procedures in place. Evidence was available to show that checks were regularly made on records and equipment. This was to make sure that the practice operated safely and efficiently. The agency had external audits completed by the Primary Care Trust and other organisations to make sure they were meeting the required standards.

There were processes in place to help the service assess and monitor the quality of the service. These included clinical records, health and safety and infection control audits. We did not see any areas of concern in the latest audits that had been undertaken. Regular audits help the practice to maintain standards and identify areas for improvement.

Safety certificates were available for the equipment used for people's care, such as the x-ray machine, autoclaves, and washer vessel.

The practice had a procedure for obtaining the views and opinions of patients. This included a satisfaction survey. We were shown the responses from the most recent survey. The findings showed that people were satisfied with the service provided and made suggestions on how the practice could be further improved. The practice also left comment cards in the waiting areas so people could give feedback on the service.

The quality of care provided was reviewed and issues responded to through audits

completed, both in the practice and through checks completed by the local primary care trust (PCT). We reviewed a report written following the most recent PCT, whilst some recommendations were made, the document reported positive finding from the PCT inspection.

We asked the local primary care trust whether they had any concerns relating to this service and they told us they did not.

People told us that they would recommend the practice to friends and family. We spoke with four patients who told us they had been pleased with the quality of the treatment and support they had received from the practice.

## 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.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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