Inspection Report

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

Queen Square Dental Practice

1a Queen Square, Bath, BA1 2HA

Tel: 01225424336

Date of Inspection: 07 August 2014

Date of Publication: September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control ✓ Met this standard

Details about this location

Registered Provider	Mrs. Julia Robson
Overview of the service	Queen Square Dental Practice is a small practice operating in Bath. The practice provides dental services for both private and NHS patients.
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

We carried out this inspection to check whether Queen Square Dental Practice had taken action to meet the following essential standards:

- Cleanliness and infection control

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 7 August 2014, talked with people who use the service and talked with staff.

What people told us and what we found

At our last inspection in January 2014 we were concerned about the systems which were in place to reduce the risk and spread of infection. Patients were not fully protected from the risk of infection because appropriate guidance had not been followed.

At this inspection we found some improvements. For example, at the last visit we saw sinks in the treatment rooms had plugs which meant water could not drain away easily. This meant there was a risk of cross infection from the dirty instruments to the plug. At this inspection we saw the plugs had been removed and the risk of infection minimised. However the practice still did not have sufficient audits in place to ensure they were aware of any shortfalls in their infection control procedures.

At the inspection we were able to speak with three patients. One patient had attended the practice for a number of years. They said they were very pleased with the service provided and the standard of cleanliness. Another patient said "it always seems clean and tidy here."

We were able to talk with one dentist and a dental nurse who told us the decontamination room would be refurbished by March 2015.

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

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Systems were in place to ensure patients were protected from the risk of infection.

Reasons for our judgement

We examined the practice for cleanliness and infection control in conjunction with the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05).

At the last inspection in January 2014 we found the practice did not have a system in place to measure itself against these standards and there were ineffective systems in place to reduce the risk and spread of infection. At this inspection in August 2014 we found improvements but further worked was needed to ensure patients were fully protected.

At the last inspection we spoke with dental nurses about their understanding of the HTM 01-05 standards. The explanation provided by them left out required steps in the process to ensure that instruments were decontaminated adequately. At this inspection we observed a dental nurse who explained and demonstrated how they cleaned equipment. What we observed and were told was in line with the HTM 01-05 standards. We saw instruments were washed and rinsed in separate sinks and then dried before checking under illuminated magnification to ensure they were adequately clean. A dental nurse told us "after the last inspection the dentists made sure all the dental nurses were following the guidance."

We looked at two treatments rooms and saw they were clean and tidy and well organised for effective cleaning. Patients we met said the practice was "very clean" and" always looks tidy." The dental fixtures and fittings we saw were in good condition. At the last inspection we saw there were tears to two dental chairs. At this inspection we saw the patient and staff dental chairs were undamaged and in a good state of repair. Surfaces in treatment rooms were uncluttered, impervious and kept clean. Equipment supporting the dentists and hygienist, such as trays, hand-piece holders, and spittoons were clean and well maintained. The cabinets were in good condition and cupboards and drawers were tidy and clean. The floor coverings in the treatment rooms were a non-slip vinyl.
At the last inspection the sinks used for hand washing were seen to have plugs. This

meant there was not an unhindered flow of water in these sinks. At this inspection we saw the plugs had been removed. This meant the risk of cross infection from the dirty instruments to the plug had been reduced.

At the last inspection there was not checklist for the cleaners to ensure they were cleaning the treatment rooms effectively. At this inspection a dentist confirmed the checklist had been completed and given to the cleaners but we were not able to see the checklist. There was no a system in place to ensure the cleaner was undertaking the required tasks. The dentist told us "the cleaners have the checklist but we accept it would be more useful if a copy was also kept in the practice so we can check they are being completed."

In the practice there was a separate decontamination room with three autoclaves (a strong heated container used for chemical reactions and other processes using high pressures and temperatures, e.g. steam sterilization). At this inspection we found the door could close. At the last inspection we noted there were a few small ventilation holes in the wall leading to the outside so debris could enter the room into the clean area. At this inspection we saw the practice had asked a contractor to produce plans have a new decontamination room which would include new equipment and ventilation system. The provider told us the new decontamination room would be in place by March 2015. In the meantime they have made some improvements to the decontamination room. They had moved the dirty and clean areas so the sink and the small ventilation holes were in the dirty area rather than the clean area.

The autoclaves were previously located in each dentist's treatment room. The dental nurse and the dentist told us they were considering putting them back until there was a new decontamination room and not use the current room at all.

The cleaning of equipment took place in the treatment rooms and not in the decontamination room. We observed instruments were transported to and from the decontamination room in plastic lockable boxes. Instruments cleaned in the treatment rooms were then sterilised in the auto clave. Packed instruments were dated with the expiry date. The provider might find it useful to note instruments used for root canal treatment should be single use items even if they were used on the same patient.

The dentist and dental nurses had personal protective equipment (PPE) available and it was used correctly. Patients said they had observed staff following infection prevention and control procedures. This had included hand-washing, removing gloves after procedures, and cleaning the treatment room. People told us staff wore personal protective equipment (PPE) such as gloves and uniforms. The dental nurse we talked with knew the correct order for safely removing PPE to avoid cross infection.

Clinical waste was adequately managed. The clinical waste was collected by an approved contractor. Sharp instruments were disposed of in appropriate containers and safely kept off the floor or in cupboards. Therefore the risk of them being accidentally knocked over was reduced.

The provider might find it useful to note there was no evidence at the time of inspection that the practice had audited the decontamination process every six months using an audit tool aligned to HTM 01-05, as required. The practice manager had identified areas which were essential or best practice but there remained no audits to assess the risk of and prevent, detect and control the spread of infection to ensure they were aware of any shortfalls in their procedures. However a completed audit tool aligned to HTM 01-05 was

sent to us following the inspection.

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.

Contact us

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