Inspection Report

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

Tuffley Dental Practice

29 Windsor Drive, Tuffley, Gloucester, GL4 0QJ

Tel: 01452421688

Date of Inspection: 11 December 2013

Date of Publication: January 2014

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

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

Details about this location

Registered Provider	Tuffley Dental Practice
Overview of the service	Tuffley Dental Practice provides private and NHS dental care to adults. NHS dental care is also provided to 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'.

	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	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safeguarding people who use services from abuse	6
Cleanliness and infection control	7
Assessing and monitoring the quality of service provision	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

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 11 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who used the practice. They made positive comments about the service and the treatment they had received. One person told us "I can't fault them". Another person commented that one of the dentists was "brilliant". There were arrangements in place to protect children and vulnerable adults from the risk of abuse. People we spoke to said that the practice environment was clean when they visited, one person commented that it was "always clean". We found that there were effective procedures in place for the decontamination of dental instruments. We also found that the practice sought the views of people that used the service and responded to these.

At the time of our inspection the provider did not have a registered manager in post.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Arrangements were in place to ensure that important medical information was checked and recorded before treatment was given.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their treatment plan. During our visit we spoke with four people about the care and treatment they had received at the practice. They gave us positive comments about the care they had received. People we spoke with also confirmed that they had their treatment explained to them. We looked at patient records and discussed these with dentists to check the information recorded for each person. We saw examples of treatment plans that included explanations and options for treatment as well as costs. Medical histories had been obtained and recorded. People that we spoke to confirmed that their medical histories were checked for any changes at each visit. Important medical information gathered from medical history checks would be alerted to the dentists on the records. The dentists explained how they had referred people to other services when required. Referrals had been made to a hospital where further medical examination or the need for oral surgery was identified. A system was in place for monitoring the progress of any referrals made. Referrals made to other services helped to ensure that patients received the most suitable treatment.

There were arrangements in place to deal with foreseeable emergencies. The practice had emergency drugs a defibrillator and oxygen available for use in the event of a medical emergency. There had been regular checks on equipment and drugs. Staff had received training in dealing with medical emergencies in November 2013. Arrangements for accessing dental care in an emergency were in place, with appointment slots available during the day. Information was available on a telephone message, on an information leaflet and on the door of the practice for anyone contacting the practice outside of normal working hours. Three people we spoke to had contacted the surgery with an urgent problem in the recent past. They were all pleased at how the practice had responded by arranging an appointment for them. One person told us how they had received treatment on the same day that they had contacted the practice with a problem.

Safeguarding people who use services from abuse ✓ Met this standard

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. The staff were able to protect patients from the risk of abuse because they had relevant procedures to follow and knew who to contact.

Reasons for our judgement

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. The practice had policies for guiding staff in safeguarding children and vulnerable adults. Local contact details were available as well as flowcharts in each surgery room to follow for reporting any concerns. We found that staff had received training in safeguarding children and adults. We spoke to two dental nurses who were aware of the procedures to follow for reporting any safeguarding concerns.

The practice had information for staff to refer to about the Mental Capacity Act 2005 (MCA). The MCA was intended for safeguarding people over the age of 16 years who may lack mental capacity in some areas of decision making. The provider may find it useful to note that training had not been provided to staff about the MCA. The practice also had a policy for under-performing to guide staff in whistleblowing, where they may need to raise any concerns about the service. The provider may find it useful to note that the policy lacked contact details for outside agencies where concerns may be reported.

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.

People were protected from the risk of infection because appropriate guidance had been followed. There were effective systems in place to reduce the risk of infection during treatment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We observed the decontamination room and a dental nurse explained the procedures for decontamination of instruments. Instruments were safely transported from the surgery rooms to the decontamination room where personal protective equipment was available for staff. Various regular checks were carried out to ensure the effectiveness of processes and equipment. Appropriate records of these checks were maintained. All staff involved in decontamination procedures had received relevant training.

The practice had carried out infection control audits against compliance with the Department of Health (DoH) Decontamination Health Technical Memorandum 01-05 in primary care dental practices (HTM 01-05). This document had detailed guidance on decontamination and infection prevention and control procedures. The latest audit had been completed in September 2013.The provider may find it useful to note that the results of the audits had not been summarised and recorded. In addition the practice did not have a plan to describe how it could move towards best practice with HTM 01-05. We noted that a wire brush was used for cleaning dental instruments during the manual cleaning process. The provider may find it useful to note the guidance in HTM 01-05 regarding the use of wire brushes and the cleaning of instruments when working with substances that can harden.

The dental practice was clean throughout and people using the service that we spoke to told us it was always clean when they visited. A daily log was in use for maintaining the clinical environment that was completed by clinical staff. This included cleaning of surgery rooms. All general equipment for cleaning was colour coded to help prevent cross infection. A risk assessment had been carried out in relation to Legionella in water systems. Water temperature monitoring was being completed on a regular basis as identified in the risk assessment.

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

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. People's views about the service provided were sought and monitored.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. During our visit we found that arrangements were in place to assess and monitor the quality of service provision. The practice had sought the views of people using a patient satisfaction survey completed for each dentist in 2011. This had resulted in some improvements to the waiting area. In addition a feedback box was available in the entrance of the practice. A number of positive comments had been received as well as a suggestion which was under consideration. The practice had also reviewed its practice about how referrals to other services were handled following a complaint in 2012.

The practice had also carried out a clinical record audit in September 2012. This had examined the recording of such areas as medical history, soft tissue examinations and appointment recall intervals. In addition an audit had been carried out to examine the quality of x ray radiographs. The results of the audits had been recorded with any actions identified and improvements implemented.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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