Inspection Report

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

Litfield House Medical Centre

1 Litfield Place, Clifton Down, Bristol, BS8 3LS

Tel: 01173171431

Date of Inspection: 07 January 2014

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

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

Details about this location

Registered Provider	Mr. Paul Renton-Harper
Overview of the service	Litfield Dental Practice is a private dental practice, specialising in periodontology. People who attend the practice are usually referred by another dental practitioner for specialist treatment. The services of a hygienist are also available at the practice.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with five people on the day of our inspection and all were happy with the treatment they received at the practice. We were told that good explanations were given and there was opportunity to ask questions. One person who had visited the hygienist on the day of our inspection told us "they are excellent, if I have a problem they always come up with a solution". Another person commented, that "if I didn't understand, they'd explain again". The positive comments that we received were also reflected in the results of the last patient feedback survey.

People who used the practice were protected because staff were aware of their duty to safeguard children and vulnerable adults. Policies and procedures were in place to support them in this. There were medications in place to deal with medical emergencies and staff had received training in this.

There were procedures in place to decontaminate surgical instruments and reduce the risks of cross infection. However, we did identify some steps that could be taken to reduce the risks further and ensure that procedures were in line with the HTM 01-05 (Health Technical Memorandum 01-05). This is the guidance that all dentists must follow to ensure that their practice is safe and minimises the risks of cross infection.

Quality and safety at the practice was monitored through a programme of audit, which included looking at the quality of radiographs and infection control.

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

What we have told the provider to do

We have asked the provider to send us a report by 12 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with five people who used the service as part of our inspection. All told us that they were given good explanations about the treatment they were receiving and were given opportunity to ask any questions that they may have. People told us that any costs were made clear to them and they were provided with a written estimate. This meant that people were able to make a fully informed decision about how to proceed with their treatment. We saw examples of written estimates and these clearly detailed how much each stage of the treatment would cost.

During their appointments, people were also supported to understand their treatment through general information that could be shown on an i-pad. Other leaflets from the American Academy of Periodontology were available. People reported that staff at the practice were approachable and welcoming.

We were told that people would travel from abroad to receive treatment at the practice but this had rarely lead to any language difficulties. On the rare occasion, when it was required, we were told that people brought a relative with them to help translate and ensure the individual concerned understood their treatment. The practice was located on the first floor of an older building and had a lift in place. This helped ensure that the practice was accessible.

People using the practice were invited to provide their feedback through comment cards in the waiting area and satisfaction surveys. This meant that there was opportunity to identify and act upon concerns that could potentially improve the service provided. We viewed some examples of patient comments on the satisfaction survey and saw that these were generally positive. For example, "I have been very pleased with the service and treatment so far" and "all staff very welcoming, treatment excellent".

There were policies in place to ensure that people's personal information was kept securely and ensure that their privacy was protected. For example, information stored on

computers was password protected and paper records were stored in a lockable cupboard and this was outlined in the data protection policy.

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.

People's treatment needs were assessed and met. Suitable arrangements were in place for dealing with emergencies that might occur.

Reasons for our judgement

People were referred to the practice in order to receive specialist periodontic treatment. Periodontology is the field of dentistry associated with the gums, bones and supporting structures of the teeth. The consultant dentist at the practice was registered on the specialist register with the General Dental Council. To be able to register dentists must have relevant qualifications and experience in their chosen field. The dentist told us about the ways in which they ensured their knowledge was current and up to date and this included being a member of the American Academy of Periodontology.

People who used the practice were protected in the event of emergencies because medication was available should it be required. The medications were all within date and this was checked regularly. Oxygen was also available should it be required. On the day of our inspection we noted that the annual check of the oxygen cylinder was due in the next few days and this had been identified and actioned by the nurse.

Due to the specialised nature of the service, it was unlikely that people would call the practice with urgent concerns that needed to be attended to immediately. However, we were told that the dentist was always contactable and able to provide advice if required. People that we spoke with on the day of our inspection were all satisfied with the availability of appointments. We were told that reminders for appointments were sent in advance.

People that we spoke with on the day of our inspection were all happy with the treatment they received at the practice. One person told us that the treatment they'd received at the practice had helped them keep their teeth longer than they would have done otherwise. We were told that good explanations were provided and there was opportunity to ask questions if they wished to do so. One person commented "if I didn't understand, they'd explain it again". People told us that following an appointment or treatment they were given all the advice they needed to look after their oral health.

We viewed a selection of patient records and saw that information was kept about a person's medical history and updated regularly. This would help ensure that the dentist was aware of any information that would potentially affect their treatment. Notes were kept

about each appointment and we saw letters of referral to other services when required.

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 because staff were aware of their repsonsiblity to safeguard children and vulnerable adults.

Reasons for our judgement

Due to the specialist nature of the practice, children were rarely seen at the practice. There were also few patients that would be considered 'vulnerable adults'. However, staff at the practice were aware of their responsibility to safeguard and had attended courses to support them in doing so. We viewed certificates as evidence of this.

There were documents available at the practice to ensure that staff were able to act on issues of concern if they ever arose. For example, there were charts available to record any injuries on and flow charts with information to support staff in making a referral. The numbers of relevant contacts to whom referrals would be made were available for staff to view, should they ever be required.

There were policies in place for both children and vulnerable adults and whistleblowing. These policies gave information about the various kinds of abuse that may be encountered. Staff were aware of these policies and knew where to locate them if they were needed.

Staff were aware of issues relating to consent. We were told that where a person may have difficulty understanding their treatment or the reasons why it was needed, they would speak with a relative or carer. This would help ensure that people's best interests would be considered, in line with the Mental Capacity Act 2005. This is legislation that protects the rights of those who may not be able to make decisions independently.

Cleanliness and infection control ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Arrangements were in place to reduce the risk of cross infection and to clean and sterilise instruments. However, the HTM 01-05 was not fully complied with and this meant that steps could be taken to reduce the risks further.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the procedures in place for infection control and the decontamination of dental instruments. We found that procedures were in place to clean and sterilise instruments and this would help ensure that the risks of cross infection were reduced. We were told that the procedures for infection control were based on guidance issued by the 'Center for Disease Control and Prevention', which would meet the essential requirements of the HTM 01-05. The initial cleaning of instruments took place within the surgery and they were then transported using a covered box to the autoclave, located in another part of the building.

Instruments were cleaned using an ultrasonic cleaner; They were then rinsed and checked for soiling under the illuminated magnifier. We were told that instruments would be reprocessed if any soiling was noted at this stage. A vacuum autoclave was then used to sterilise instruments. As per guidance in the HTM 01-05, we were told that instruments used by the dentist would be kept for no longer than a year. The instruments used by the hygienist were used more frequently and so processed on a more regular basis. The HTM 01-05 is guidance that all dentists must follow in order to ensure that their systems are safe and minimise the risks of cross infection.

We were told by the dentist that instruments were placed straight in to the ultrasonic cleaner after use, in order to reduce the risk of sharps injury for staff. However the HTM 01-05 states that instruments should be briefly immersed in water and detergent prior to ultrasonic cleaning. This is to remove some of the soiling prior to being cleaned in the ultrasonic cleaning process. Following our inspection, the provider contacted us to clarify their procedures. The provider considered that they met with this part of the HTM 01-05 due to the fact that instruments were immersed in water and detergent inside the ultrasonic cleaner, before the ultrasonic action was initiated.

We also noted that part of the carpeting bordering the clinical area had lifted, meaning there were gaps which would be difficult to clean effectively. We noted that the chair used

by the hygienist had a number of tears in the headrest. The headrest was being covered, however the HTM states that there should be no tears present. This meant that steps could be taken to reduce the risk of cross infection further.

We saw that tests were carried out on both the ultrasonic cleaner and autoclaves to check that they were working efficiently. This included a test for ultrasonic activity and protein testing on the ultrasonic cleaner. Test strips were used in the autoclave each cycle to show that the cycle had 'passed'.

We found that the provider monitored their infection control procedures through an audit every six months. There were also policies in place to support staff in maintaining a clean environment. For example, there were infection control and hand washing policies in place. We noted that dedicated hand washing facilities were in place in the practice and PPE (Personal Protective Equipment) was available for staff to use.

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.

Reasons for our judgement

There were processes in place to monitor the quality and safety of the service provided and this included gathering feedback from people who used the practice. We viewed the results of the latest satisfaction survey and noted that the results were generally positive. For example, people were asked about their welcome to the practice from staff and most responded that it was excellent. People's 'confidence in staff' was also mostly 'excellent'. If patients had any concerns about the practice, there was a complaints procedure in place to ensure that their complaint was managed appropriately. The policy set out the timescales for managing and responding to complaints.

A number of audits took place to help ensure that any problems with the running of the practice were identified and acted upon. For example, we viewed a 'treatment standards audit' that looked at elements of the treatment process such as whether patients took part in decision making. There were no issues identified from the last audit carried out in August 2013.

The health and safety aspects of the practice were covered in the audit programme, For example, we saw an audit that looked at the safe use of x-ray. The last audit carried out in December 13 identified that a small number of films had processing errors. There was a note on the audit summary to say that this had been discussed with staff. We viewed certificates as evidence that x-ray equipment was tested to show that it was safe.

We saw that equipment used in the decontamination and sterilsation of surgical instruments was checked regularly and any faults addressed. We saw engineer reports as evidence of this.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: Arrangements were in place to reduce the risk of cross infection and to clean and sterilise instruments. However, the HTM 01-05 was not fully complied with and this meant that steps could be taken to reduce the risks further.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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