Inspection Report

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

The Bridge Dental Practice

14 Milnthorpe Road, Kendal, LA9 5AS

Tel: 01539721730

Date of Inspection: 05 September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Bridge Dental Practice
Registered Manager	Mr. James Nowicki
Overview of the service	The Bridge Dental Practice treats people of all ages and provides a wide range of private and NHS dental services to adults and children. It is situated in the centre of Kendal, Cumbria. It is owned by Mr and Mrs Nowicki who are supported by a part-time hygienist, , three dental nurses and two receptionists. There are two dental surgeries on the ground floor of the building. Disabled access is available.
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 5 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

All the people we spoke with confirmed they were very happy with the care and treatment they received within the practice. When we asked people about getting an appointment at the practice they confirmed that this was never a problem. One person told us; "I am a very nervous patient. I like the way you stay with the same dentist, not just seeing any dentist like in my previous practice. I have had a really good experience today. This is the type of practice I have been looking for. The dentist seems confident and knows what they are talking about." The practice facilities were clean and well maintained with appropriate floor and surface coverings. In the most recent patient survey 98% of all respondents marked the general appearance and cleanliness as very good.

We found that staff received appropriate professional development and were able to obtain further qualifications. Staff told us that they did not have on going formal supervision and appraisal because it was a small and friendly practice. They confirmed to us that they felt they could discuss anything with the dentists without going through a formal system. Staff we spoke with told us, "This is a lovely practice. The training is very good and we tend to all go together to training sessions. We also have lunch and learn sessions which are extremely good and helpful." Another person told us, "I feel well supported in the practice. I would not hesitate to ask for help if I didn't understand anything." We found that the practice did have a system in place which enabled them to regularly assess and monitor the quality of service that people received. The practice had a development plan which recorded that that they would, 'maintain high standards of care and treatment by constant development and improvement and by listening to our patients.'

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.
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 were able to speak with three people who were in the waiting room when we visited. They confirmed that the dentists and the dental nurses always explained what they were going to do. There were a variety of information leaflets available to people both in the reception and around the practice. These included information on making a complaint, general oral hygiene and the prevention of tooth decay, diet, smoking cessation and a practice information guide. The price list for treatments was clearly displayed and people using the practice were also given further information around dental care and pricing during their assessments.

Both staff and people who used the practice confirmed that all consultations were conducted in private in the treatment rooms. We saw staff speaking with people in a respectful manner and staff we spoke with understood the requirements for privacy, dignity and confidentiality. The people who spoke with us were able to tell us about their diagnosis and the treatment options available and what they had decided to do. They were aware of the cost of the treatments and what they had come to the surgery to have carried out that day.

They told us that they were "very happy" with the level of information they had received. One person told us; "The staff are very good at explaining, the information discussed is always very clear and all staff give a full explanation of treatment options." Another person confirmed that they were always told of the cost of the treatment. They said: "It isn't just a case of sit down and open your mouth… I get a full discussion regarding my teeth."

In the last patient satisfaction survey undertaken in the spring/summer of 2013, there were 41 respondents. Everyone found the waiting room welcoming, comfortable with enough information and things to do. All the team were found to be caring friendly and helpful in all areas. It recorded that the costs of treatments were explained to everyone and estimates given out. All people who responded stated they would recommend the practice to other

people.

All members of the team we spoke with understood the principles of obtaining consent, including issues relating to capacity. We saw evidence in the records we viewed of discussions regarding diagnostic test results, treatment choices, medical risk assessments and advice given to people.

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.

Reasons for our judgement

We saw that people's records were held in a paper format and contained details of people's treatment options and treatment plans. All of the people we spoke with told us that staff always asked for verbal consent before they undertook any treatment or procedure. They also confirmed that the dentist always checked their medical history at the start of any treatment plans. We spoke with one person attending the practice for treatment who told us; "It is a warm and friendly practice. I am satisfied with the care I receive here."

When we asked people about getting an appointment at the practice they confirmed that this was never a problem. One person told us that they had the out of hours number for emergencies. They had had to access the service once in an emergency and confirmed that this was very good. The dentists explained to us that there was an emergency rota in place with other dentists in the area for people who received private dental care. This contact number was available on the answerphone for the surgery. People receiving NHS care were directed to the local NHS out of hours provider. We saw that there were also emergency appointments daily which people could access. One person told us " They always ring you the day before to confirm the appointment which I think is a very good idea."

There were two treatment rooms in the practice. The practice was situated in a listed building. Due to the age and the design of the practice disabled access was restricted at the front of the property. The provider had a portable ramp they could us at the front of the building and one of the treatments rooms was designed so any disabled person could be seen.

The practice had appropriate equipment to support people in the event of a medical emergency. The service had an emergency drugs kit, a defibrillator and oxygen available for emergency use. There were records of the emergency oxygen cylinder being checked to ensure that it was in working order and that there was a sufficient level of oxygen available. The emergency drugs were readily available and stored with the emergency first aid kit and records indicated that these had also been regularly checked. We saw that the staff at the practice had received training in dental medical emergencies and basic life support.

On a tour of the premises we saw there was suitable equipment which the dentists would need to provide dental treatments. We spoke with a person new to the practice once they had finished their appointment. They told us; "I am a very nervous patient. I like the way you stay with the same dentist, not just seeing any dentist like in my previous practice. I have had a really good experience today. This is the type of practice I have been looking for. The dentist seems confident and knows what they are talking about." Another person told us, "They are always telling me off about not cleaning my teeth, but this is done with the appropriate banter."

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice facilities were clean and well maintained with appropriate floor and surface coverings. Hand wash basins were available we saw that the appropriate hand washing procedure was displayed and the correct soaps, hand cleaning gels and moisturisers were available. In the most recent patient survey 98% of all respondents marked the general appearance and cleanliness as very good. There were no details as to the response of the remaining 2%.

We saw evidence that protective equipment, including eye shields, face masks and gloves were available for staff to use when treating people. People were also given protective equipment to wear during their procedure. All of the people we spoke with confirmed that staff wore protective equipment during the treatment and that they ensured that the people who used the service did the same.

The practice's decontamination policy and cleaning procedures for equipment between people was discussed with staff. They were able to describe to us that they understood requirements which ensured that people using the service were being protected from the possibility of cross infection. We found that infection control audits were undertaken by an outside provider. The practice was waiting for a date for the next audit.

We saw that there was a separate decontamination and sterilisation room. We found that this area was divided into two areas for dirty and clean processes. There was a light and a magnifying glass available and these were used to examine instruments visually so staff could check that they were clean, functional and remained in good condition. We examined the decontamination room log book and this recorded the equipment cleaning and checks being undertaken by staff. This ensured that all equipment was correctly decontaminated before it was reused. We saw that all wrapped and sterilised instruments

were dated with a use by date. An annual service agreement was in place with the suppliers for the maintenance of equipment in use in decontamination.

The staff in the practice were responsible for cleaning all treatment rooms between each person and at the end of the day. There was a cleaner employed to clean communal areas and treatment room floors daily.

The practice had a policy and procedures in place for the management and disposal of waste. We saw that all waste was stored safely away from the public within the practice premises and waste disposal contracts were seen for clinical waste and domestic waste. The practice also had a written scheme for prevention of legionella contamination in water pipes and other water lines.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found that staff received appropriate professional development and were able to obtain further qualifications. Staff told us that they did not have on going formal supervision and appraisal because it was a small and friendly practice. They confirmed to us that they felt they could discuss anything with the dentists without going through a formal system.

Staff we spoke with told us, "This is a lovely practice. The training is very good and we tend to all go together to training sessions. We also have lunch and learn sessions which are extremely good and helpful." Another person told us, "I feel well supported in the practice. I would not hesitate to ask for help if I didn't understand anything."

Staff were able to confirm to us that they had undertaken all necessary mandatory training. Staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register.

We discussed the provision of training for members of staff. We found that this was formalised and there was evidence of on-going update training being undertaken. In discussion with staff members they confirmed they had access to a training and development programme. Each person had the responsibility for their own individual continual professional development (CPD) plans. This ensured that the people in their care were being supported by a well-trained and competent staff team. One member of staff told us; "We are a good team and have worked together for a long while". Another said; "It is more like a family here, you can say what you want without being worried."

We saw the records of staff meetings which were held every two months. They demonstrated to us that the practice had systems in place to keep all staff up to date and to discuss any incidents or complaints which had occurred. Any changes to practice were formally discussed and notes within the staff meeting minutes.

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

We found that the practice did have a system in place which enabled them to regularly assess and monitor the quality of service that people received. The practice had a development plan which recorded that that they would, 'maintain high standards of care and treatment by constant development and improvement and by listening to our patients.'

People were formally asked for their views about their care and treatment on an on-going informal basis and with a patient satisfaction questionnaire. If people had any concerns or complaints we were told that this was acted upon immediately.

We looked at the information regarding the number of complaints received by the practice. We saw that there had been no complaints within the last 12 months.

We found that audits had been undertaken regarding the cleaning of the premises, infection control, waiting times for people, completion of care records and medical histories and waste storage and disposal. All audits were recorded and any problems identified were supported by actions.

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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