Inspection Report

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

Burridge Dental Practice

205 Botley Road, Burridge, Southampton, SO31 1BJ

Tel: 01489584757

Date of Inspection: 21 May 2013

Date of Publication: June 2013

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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Burridge Dental Practice Limited
Registered Manager	Ms. Janet Beal
Overview of the service	Burridge Dental Practice provides general dental services to NHS and private patients from a surgery in Burridge near Southampton. There are two dentists, three dental nurses and a practice manager / dental hygienist.
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
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
Records	13
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 21 May 2013, talked with people who use the service and talked with staff.

What people told us and what we found

Patients who used the dental practice told us they were satisfied with the service they received. One patient we spoke with described it as "Very good", and another said, "First class, no complaints". Patients said they were given enough information about their treatment and options available to them. They were given time to make decisions about their treatment. One said they were given "all the options" and their dentist was "very open". Treatment was delivered according to the agreed plans and they received appropriate follow-up information. They told us the practice was clean and hygienic, and that the staff were friendly and put them at their ease.

We found that people were involved in and understood the care and treatment choices available to them. They experienced effective, safe and appropriate care and treatment. Patients were cared for in a clean and hygienic environment. The provider was carrying out the necessary checks before staff started work. There were systems to regularly assess and monitor the quality of service that patients received, but the practice was not keeping all appropriate records to do with the management of the practice.

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 03 July 2013, 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.

Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Patients using the service understood the care and treatment choices available to them.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care or treatment. Information about the practice, including fees and charges for NHS and private treatment was displayed in the waiting area. There was a notice explaining the importance of keeping patients' medical histories up to date near the reception desk. The practice web site also contained information about fees as well as opening times and contact details. Various leaflets about dentistry and general health matters were available in the waiting area.

The practice had an introductory leaflet which was given to new patients with general information about the practice. Information about specific treatments and conditions was available in the form of video clips on the practice computer. The clips included topics such as extractions, crowns, drift and overeruption (the movement of neighbouring teeth after an extraction) and the effect of smoking on oral health. They enabled patients to visualise the impact of different treatment options.

Patients understood the care and treatment choices available to them. We spoke with three patients who told us they were given enough information to make decisions about their treatment. They were informed about their options, and the benefits and risks were explained to them. They were given enough time to come to a decision and understood the costs before consenting to treatment. Patients were supported to make informed decisions about their treatment.

The practice manager told us that once a treatment plan was agreed the dentists explained the estimated costs. There was a clear separation of NHS and private treatment charges. The standard NHS form was used to describe the treatment and costs for patients choosing that option. Private patients were given a written plan in which the costs of any treatment options were estimated. We looked at a sample of six patients' records and saw examples of both. Patients were given appropriate information about their treatment.

Patients expressed their views and were involved in making decisions about their care and treatment. The patient records we saw showed that options for treatment were discussed with the patients. The patients we spoke with told us they could make their own decisions about their treatment and the dentist respected their decision. The practice put patients and their own decision making at the centre of their care and treatment.

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 experienced care, treatment and support that met their needs and protected their rights. Care and treatment were planned and delivered in a way that ensured people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment were planned and delivered in line with their individual treatment plan. Both dentists working at the practice described their process for patient assessments and examinations, including x-rays. We looked at six examples of patients' treatment plans and saw that they were given written plans documenting the agreed treatment. The dentists' files recorded the treatment administered, and treatment planned for the future. We spoke with three patients who were all satisfied their treatment was delivered according to the agreed plan. They confirmed they were given general oral hygiene guidance and specific instructions appropriate to their treatment. They were all satisfied with the outcomes of their treatment, and two described themselves as "happy customers."

Care and treatment were planned and delivered in a way that ensured people's safety and welfare. Each patient's medical history was checked at every appointment and any changes were recorded. The principal dentist told us they contacted patients' doctors if there was any doubt about their existing prescribed medication. The practice was mindful of patients' safety and welfare while they were receiving treatment.

There were arrangements in place to deal with foreseeable emergencies. All staff received annual training in first aid and medical emergencies, including cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Certificates on file showed this training had last been given nine months before our visit. The practice had a protocol to follow if there was a medical emergency. Emergency equipment, including oxygen, emergency drugs and an AED, was kept in a readily accessible location. Regular checks were in place and recorded to ensure that the equipment was in working order and that drug expiry dates had not passed. Preparations were in place for medical emergencies.

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.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for and treated in a clean and hygienic environment.

Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. A dental nurse described to us how they cleaned and sterilised instruments. The decontamination equipment was in a dedicated sterilisation room which enabled a flow from dirty to clean to avoid recontamination of sterilised instruments. The process included a manual clean, use of an ultrasonic cleaner and sterilisation in an autoclave. Appropriate routine equipment tests were carried out at suitable intervals and logged. People were protected from risks associated with non-sterile instruments.

People were cared for in a clean, hygienic environment. We saw that the practice was kept clean and tidy. We spoke with three patients who told us they were satisfied with the cleanliness of the practice and confirmed that staff wore appropriate personal protective equipment (PPE). PPE was also provided to protect the patients and their clothing. Patients were satisfied with the cleanliness of the practice and the procedures followed by staff.

The provider had a system of infection control policies including a cross infection control policy statement, and policies for spillages, cleaning, sharps injuries, blood borne viruses and PPE. Adherence to the policies in the surgeries was verified by the dentists and by the observation of colleagues in other areas. Infection Protection Society (IPS) self-assessment audits had been undertaken in 2009 and 2013. The practice was aware of published best practice guidance in decontamination and undertook audits to assess their compliance.

All employees received training in infection control and certificates were on file to show this had taken place. We saw staff wearing appropriate personal protective equipment and noted they did not touch decontamination equipment if they were not wearing PPE. Systems were in place and practical steps taken to control the risk of infection.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files for three out of a total of six staff, and saw that appropriate checks had been undertaken before they started work. They contained records of Criminal Records Bureau (CRB) disclosures, General Dental Council (GDC) registration and professional indemnity certificates. The provider took steps to ensure employees were suitable people to work in dental practice before they started work.

There were effective recruitment and selection processes in place. Candidates were interviewed by the principal dentist and the practice manager using a standard set of questions. This ensured all candidates were treated fairly. References were taken up for successful candidates and evidence of their qualifications and previous employment record was provided. There was an induction process for new employees which was signed off by the employee and the practice manager. This was followed by a three month probation period. The provider ensured that employees had the right skills and knowledge to deliver the service.

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 regularly to assess and monitor the quality of service that patients received. The provider responded appropriately to complaints and comments from people using the service.

Reasons for our judgement

Patients who used the service were asked for their views about the care and treatment provided and they were acted on. Patient satisfaction survey questionnaires had been distributed to a sample of 20 patients. The questions covered the general service provided, practice arrangements, customer care, the dentists, and administration and finance. We saw that all the responses were "good" or "very good", and the practice manager told us that no actions or changes had resulted from the survey. The provider collected patients' views on the quality of the service.

The practice had a suggestions process. We discussed the four most recent suggestions with the practice manager. Actions had been taken in response to one suggestion, which had led to improvements in the waiting area. Two suggestions had been considered by the practice but they had decided not to take any action as the suggestions were not considered to be appropriate. The fourth was still being considered at the time of our visit. The provider considered suggestions and implemented them if they were considered appropriate.

The practice had a complaints process. This was publicised in the waiting area and included reference to the Dental Complaints Service if the practice did not resolve the complaint satisfactorily. The practice manager told us most complaints were followed up with the patient by phone or email. We saw a recent complaint about payments had been followed up and that changes had been made to the keeping of financial records and the cashing up process in response. Complaints were recorded with actions taken and the outcome. Comments and complaints were followed up to preserve and improve the quality of the service patients received.

The practice undertook one-off audits of aspects of the service. These included the quality of x-rays taken. An audit in March 2013 had led to changes in the procedures used and in the instructions given to patients. A second sample of x-rays had been audited which showed an improvement in quality over the first. Other audits of medical record keeping and the prescribing of antibiotics had not identified any actions or changes required.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Adverse incidents were logged and followed up. The two most recent of these had identified improvements to the policy for sterilising instruments and the need for additional staff training about consent forms. The practice had a system in place to learn from adverse incidents.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Patients were not fully protected from the risks of unsafe care and treatment because not all appropriate records were maintained. Accurate and appropriate medical records were kept and were available when needed. The practice did not retain copies of patients' signed consent forms. Other records to do with the management of the service were not kept.

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

Patients' medical records were accurate and fit for purpose, but not all documents were retained in their personal records. We reviewed the medical records for six patients and found them to contain relevant clinical information. The practice manager told us treatment plans for private patients were signed to indicate their consent to the treatment and agreement to the fees. However a copy of these signed plans was not retained on file which meant there was not a complete auditable record of patients' consent.

Staff records and other records relevant to the management of the services were accurate and fit for purpose where they were maintained, but some records were not maintained. There were no records, such as completed checklists, to show that routine environmental cleaning procedures had been followed. This meant that it was not possible to show when areas had last been cleaned.

There were no records of audits or spot checks to show that staff complied with the practice policies concerning infection control. There were no records of quarterly audits of decontamination processes as required by Department of Health guidance. We discussed this with the practice manager who confirmed these records were not kept. This increased the exposure of patients to risks associated with cross infection as it could not be demonstrated that the documented policies were being followed.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The registered person was not maintaining accurate records in respect of each service user including appropriate documents relating to their care and treatment. The registered person was not maintaining other records in relation to the management of the regulated activities. Regulation 20 (1) (a) and (b) (ii).

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 03 July 2013.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.