

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

## **CK Dental, Nuffield Health Bristol Hospital @ The Chesterfield**

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Date of Inspection: 25 June 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Cornelius Krause
Overview of the service	CK Dental Practice is a small practice providing a range of dental treatments. It currently offers private treatment only. It is located within the Nuffield Health Bristol Hospital.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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We looked at four patient records and spoke with the provider and practice manager on the day of our inspection. We looked at the provider's website to look at the information they provided patients and how they responded to patient feedback about their service.

We found service to be responsive because the practice opening hours were planned to ensure the people who used the service could attend without taking time away from work. The dentist was able to accommodate emergency appointments and out of hours support. We also saw the service provided a different payment schemes to enable patients to have treatment.

We were told about the caring attitude and attentiveness of the staff who work at the service. We read a testimonial from one patient who commented "After unexpectedly suffering trauma to one of my front teeth I was unfortunately left with the only option of tooth extraction. Having never experienced this procedure before I was obviously very concerned but on reflection needn't have been – I was in very good hands."

We saw there were policies and procedures in place which indicated the service was well led and provided professional guidance and training to the staff who worked there.

We asked if patients could provide feedback about the service and saw on the website patients expressed their satisfaction and effectiveness with the treatment they had received. We read "I had a wisdom tooth removed ... The process was so amazingly swift that I sincerely didn't even know the tooth had been removed."

During our visit we looked around the premises and at the equipment and recruitment processes in place in order to provide a safe service. We saw processes such as new staff induction were provided and ensured patients received treatment from staff who were appropriately trained and understood their responsibilities.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Patients' privacy, dignity and independence were respected. Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. The service is sited within a private hospital and patients opted to receive private treatment. The practice had shared a reception and waiting area within the out patient area of the hospital.

Patients who used the service were given appropriate information and support regarding their care or treatment. We saw information about the service was available for patients on the providers' website. We saw this information included cost of treatment for private care. Information was also made available about how to raise a complaint about the practice both internally and through the General Dental Council. The provider said they could access additional information for patients via the web link available in the surgery. The practice manager told us they were able to provide information in other appropriate formats and languages. This meant patients had information available to them to support decisions about their care and treatment.

Patients expressed their views and were involved in making decisions about their care and treatment. In the patient records we looked at we read notes which indicated how the dentist involved patients in their treatment and planning. We saw their preferred choice and how the risks of their choice were explained. The patient feedback we read with told us they were able to take part in decisions about their care. This demonstrated patients were able to express their views about the treatment they needed.

Patients' diversity, values and human rights were respected. The reception was separate from the waiting area and we observed reception staff interacted with patients to ensure confidentiality was maintained. The provider understood the need for privacy, dignity and confidentiality, ensuring that patients were greeted politely and by name. Patients were taken into the surgery for confidential for discussion about their treatment.

The service was on the lower ground floor accessible by a passenger lift for patients with

reduced mobility. The provider had made adjustments to improve access to the building, providing a ramp suitable for wheelchair users for the entrance to the building and accessible toilet facilities. The practice also had parking facilities.

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

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**Our judgement**

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The provider was meeting this standard.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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**Reasons for our judgement**

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Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the clinical records for four patients. They were computerised and included patient's personal details and charts which recorded past dental treatments. There were records of each appointment to show where assessment and treatment options were discussed along with the person's preferred choice. Medical histories and risk assessments for patients were reviewed at appropriate intervals and recorded on the computer based records system. Patients who visited the surgery were able to get treatment when they needed it and at a time which suited them. We were told reception staff offered a choice of times and days for future appointments. The practice provided patients with written information on how to access the service both during the day and out of hours. We observed patient could telephone the surgery or arrange an appointment via the internet.

We saw care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. We heard the provider allowed extra time to speak with the patient before their treatment to check how they were and to discuss planned treatments. This meant the dentists had the most up to date information about patients' health, which reduced risks for them.

Patients' care and treatment reflected relevant research and guidance. We saw that soft tissue examinations were recorded as well as risk assessments for caries, gum disease and oral cancer. The records showed where patients' gum health was assessed and the frequency for recall for appointment. The practice used the guidance produced by the National Institute for Health and Care Excellence (NICE) which meant patients could be seen depending on their oral health. The dentist was aware of recent updates to clinical guidance from the Royal College of Surgeons England Faculty of Dental Surgery and from the National Institute Health and Care Excellence (NICE). This meant staff applied current good practice to the way they provided care and treatment to patients.

The practice used diagnostic radiography and radiographs were stored within the computerised recording system. The service had a radiation protection folder contained an inventory of equipment, equipment performance reports, risk assessment and 'local rules' for taking of radiographs. We read on patient records the type of treatment which required

radiographs. We read people's agreement and justification for radiographs were recorded in clinical records.

There were arrangements in place to deal with foreseeable emergencies. Staff had recently had their basic life support training updated as recommended for all registered dental professionals. The Nuffield Hospital also provided support to deal with medical emergencies. We saw emergency drugs and equipment (including oxygen) were regularly checked and a record was kept of who undertook these checks. We saw the equipment was fit for use and had attachments for children and adults, emergency drugs were in date and replaced when their use by date approached. Emergency drugs and equipment were centrally located we saw that an automated external defibrillator (AED) was available.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use 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.

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## **Reasons for our judgement**

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The service consists of the provider and part time practice manager who had no direct contact with patients. We talked with the provider about identifying and preventing abuse. They had a good understanding of the different types of abuse and described correctly the procedure to be followed if they suspected or witnessed any abuse. The provider could also access the safeguarding lead at Nuffield Hospital for advice or support.

The provider was aware of the correct reporting procedures for both children and vulnerable adults. We saw there was an alert system on the computer records which indicated patients potentially at risk. We saw the policy and procedures available in the surgery included the contact details for the local adult and child safeguarding teams if abuse was suspected.

Training records and conversations with the provider confirmed they had undertaken appropriate levels of training including protecting children and vulnerable adults. They were aware of the whistleblowing policy and knew who to speak with if they needed to raise concerns.

We also discussed the Mental Capacity Act 2005 and how this was applied in practice with patients. The provider demonstrated they had a good understanding of this legislation which was implemented to protect the rights of patients for whom others need to make important decisions on their behalf. They understood the process to identify a suitable representative to provide consent, and protect the individual through "best interest meetings". This meant

the service was responsive to patient's needs, they were protected from the risk of abuse and their human rights were respected and upheld.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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Appropriate checks were undertaken before staff began work. The provider did not directly employ any clinical staff and used an agency to provide dental nurses. We saw appropriate recruitment checks, including those for the disclosure and barring service (DBS) had been undertaken by the agency and confirmed to the provider. General Dental Council (GDC) registration and registration numbers were recorded for the dentists, and dental nurses. We saw CV's which explained staff work histories and qualifications. Professional indemnity for the dentists was also available. The provider explained hospital required ongoing proof of registration, disclosure and barring service checks and insurance to ensure they could continue to use the dental suite within the hospital. This demonstrated appropriate checks took place which protected patients.

We saw evidence of induction training undertaken for agency staff for example, Infection Control, First Aid, Health and Safety and Safeguarding vulnerable adults and children. This showed agency staff received the basic training required to ensure a safe working environment was maintained. The service employed two agency nurses on a regular basis which ensured continuity of care. This ensured that patients were supported by staff with the right skills to maintain a safe environment and the staff were suitably skilled and knowledgeable about the support they offered.

## 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

Patients' personal records including medical records were accurate and fit for purpose. We looked at the records of four patients who used the service. The electronic records we looked at we saw they had been maintained well and were up to date. Records highlighted risks such as allergies or current medical treatments and had a 'pop up' reminder on screen each time the record was accessed.

Electronic records were regularly backed up each day to prevent records from being deleted. Records indicated how patients liked to be reminded about appointments, for example by phone calls or text messaging. We saw evidence of an audit of the content of patient records had been undertaken. This had highlighted some areas where additional information needed to be added into patient records. This showed the service monitored the quality of its information.

A current public liability insurance certificate was available in accordance with current Health and Safety legislation. We observed statutory signage was also in place for health and safety, fire exits and firefighting equipment and the storage of oxygen. This meant the provider had implemented health and safety legislation in order to promote patient safety.

We were told people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. However the sample of completed surveys received was very small. Patients were also invited to add their comments to the website, which we were able to read. This demonstrated patients could comment on the services provided.

The provider took account of complaints and comments to improve the service. We saw there was information available in the practice for patients to raise concerns or complaints. We were able to read the complaint process. We saw no complaints had been received.

The provider had a service level agreement with Nuffield Hospital which included regular maintenance checks for equipment, fire safety and building maintenance. We also read test certification labels on equipment and spoke the provider who demonstrated their knowledge of the maintenance requirements of the equipment used in the surgery. We

read the policies and procedures for the practice were monitored and reviewed to reflect current good practice guidance. This meant patients were protected against the risks of unsafe practices.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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