

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

## Church Street Dental Centre

7a Church Street, Wincanton, BA9 9AA

Date of Inspection: 18 February 2013

Date of Publication: May 2013

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>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Church Street Dental Practice Limited
Registered Manager	Mr. Simon Albiston
Overview of the service	The three surgery practice is located in a central position of Wincanton, close to the town centre. It has three dentists working at the practice and a part-time hygienist. It sees both NHS and private patients.
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

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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 18 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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On the day of our visit we spoke with four patients all of whom were very complimentary about the practice. One patient said "They always explain what they want to do very well" and another said "The staff are really helpful". All four patients said they felt that they were treated with respect and dignity. They told us that they were informed about the choices, alternatives and possible outcomes of their treatment. We were told that the staff were friendly, which we observed to be the case, and that they treated people with courtesy. One patient we spoke to said "It would be nice to have the answer phone on at weekends". The practice manager informed us that the answerphone is on and but she would look into it straight away. This demonstrated the practice responded to any adverse comments in a positive way.

We noted that a suggestion box was present in the waiting room and that a patient satisfaction survey was ongoing. We saw the analysis from this survey and found that the results were very positive towards both the practice and the staff.

We found the practice was friendly, welcoming and informative and the patient we interviewed felt the same.

The patients we spoke with told us they felt the practice was clean and comfortable.

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.

People who use the service understood the care and treatment choices available to them

People expressed their views and were involved in making decisions about their care and treatment.

People who use the service were given appropriate information and support regarding their care or treatment.

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### Reasons for our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw that opportunity was provided for patients to provide feedback about the treatments they had received. We looked at a sample of comments from the comments box which was located at reception. These comments were mostly favourable and would be discussed at the regular practice meetings. One comment said "It is a real pleasure to come here", and another said "Excellent service received and very friendly staff". We were told that one patient had commented on the fact that the chairs were too low. This was discussed and it was agreed that some chairs would be provided with cushions accordingly. This showed that the practice was listening to patients and respecting their concerns.

We saw that a patient satisfaction survey was being done annually. This was done by asking every patient, after treatment, to complete a questionnaire and put in the comments box to ensure confidentiality. Analysis would take place and the results discussed at the practice meetings. We saw the results for the 2012 survey and noted mostly favourable comments, such as "Made us feel relaxed and explained everything".

We could see that confidentiality was being observed. We were told that any confidentiality issues would always be discussed away from the reception area if required. We saw ongoing training was provided.

We were given a thorough explanation of the procedures at reception and observed accordingly. From this we could see that correct pathways were being followed concerning NHS forms, written treatment plans, consent and medical history updates. Leaflets were available to patients describing future treatment options. This showed that patients were

given appropriate information and support regarding their treatment.

We looked at a small sample of the computerised records. These recorded that medical histories had been updated and that treatment options were discussed. We saw that all patients were given a written treatment plan.

**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.

People experienced care, support and treatment which met their needs and protected their rights

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We could see that medical histories were updated and entered on to the computerised record system, this meant that the staff were aware of any relevant medical information that may affect the patient's treatment. One patient said "They always explain what they want to do very well." From the examination of the clinical records we could see that the dentists were aware of Department of Health clinical guidelines carrying out recommended examinations carrying out oral health checks so that the patient could be made aware of changes in their oral condition.

We saw evidence of risk assessments being carried out. We could see that all fire extinguishers had been serviced and that adequate signage was in place in the event of evacuation. We saw that a fire risk assessment had been done in April 2012 and that the fire extinguishers had been service in July 2012.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate kit including an external automated defibrillator. We saw that emergency drugs were in date and there was a robust checking system in place to ensure all equipment and drugs were in-date. We saw evidence that the staff had undergone CPR training in December 2012.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. An infection prevention and decontamination lead person had been appointed. We were told that this lead person along with the practice owner supervised the decontamination protocols and procedures. We saw that the whole team had received training in disinfection and decontamination, which was ongoing. The practice manager carried out regular audits to check for hand hygiene and surgery inspections to ensure the procedures are being followed correctly.

We were shown the decontamination procedure which complied with the Department of Health guidelines on decontamination (HTM 01 05). We saw that secure transport containers were being used to transfer used instruments to the decontamination room. We found this to be well equipped with well defined "Dirty" and "Clean" areas to ensure that clean instruments were not re-contaminated by dirty instruments. We could see that personal protective equipment was readily available and that the staff were following correct procedures regarding hand hygiene. There were two autoclaves and staff showed us the system for recording of the cycles was being logged correctly. We saw that the bagging and storing of instruments was being done correctly to ensure instruments were used by the expiry date.

We saw that service and maintenance records were in place and that new autoclaves had been installed in December 2012 for which we were shown all the relevant certification.

Waterlines in the dental units were treated with disinfectant and up to date legionella risk assessments were seen.

Clinical waste audit, protocols and policies were in date and evidenced. Sharps boxes were seen in each surgery. We saw the latest consignment notes to show that the waste was being transferred by a registered carrier on a regular basis.

Staff that we spoke with demonstrated an understanding of what to do if there was a blood spillage.

We saw that a system was in place to ensure the correct cleaning of the general practice environment. We note that mops and buckets with colour coded handles were in place.

The Department of Health guidance on decontamination (HTM-01-05) and NHS guidance on cleaning were adhered to and we saw evidence of this through appropriate records and observation.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We noted that each staff member had their own personal file which contained staff induction records, registration certificates, indemnity records and ongoing training. We also saw evidence that staff appraisals were being carried and that all staff were attending courses as part of their continuing professional development. We saw that annual staff appraisals were being done and that each staff member had a personal development plan in place.

We could see that staff were able to receiving ongoing training within the practice. This was seen to be done by on-line training programmes, in-house training and external courses. This was supervised and recorded by the practice manager. We could see that all staff had certificates to show that they had attended many training courses and that this was encouraged and supported by the provider.

We saw records showing that staff received training on dealing with complaints, customer service and health and safety awareness. We also saw evidence that the practice received training on confidentiality and information governance. It was also seen that training was given in gathering patient feedback and analysing the results, which would then be discussed at the regularly held practice meetings.

The staff indicated that they were well supported and that it was easy to raise an issue if required.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's personal records including medical records were accurate and fit for purpose.

Records were kept securely and could be located promptly.

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### Reasons for our judgement

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Patient's records were accurate and fit for purpose. We saw that record keeping audits were being done every six months. We examined six patient records which were detailed and contemporaneously written. Medical histories were regularly updated. We noted that a computerised patient record system was being used and that all staff were well trained in confidentiality and information governance to ensure patients records were protected.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. These were easily accessible. We saw the radiation protection file and saw that a radiation risk assessment had been done. A quality assurance policy was in place to monitor the quality of radiographs. We saw records to show that three of the X-ray units had been serviced in February 2012, and the other in March 2012, which showed the X-ray equipment was properly maintained.

Records were kept securely and could be located promptly when needed. We saw records relating to all practice equipment and saw that it was being properly maintained. Equipment maintenance logs were seen and were up to date. We saw records showing that both the autoclaves were new and that the compressor had been serviced in January 2013.

Records of risk assessments were seen with a fire risk assessment having been done in April 2012 and records confirmed that the fire extinguishers were serviced in July 2012.

We saw that the portable appliance electrical testing had been done in April 2012. We also saw records confirming the water safety risk assessment for legionella was being done and was ongoing.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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