Inspection Report

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

SpaDental - Wotton

43-45 Long Street, Wotton-under-Edge, GL12 7BX

Tel: 01453844428

Date of Inspection: 07 November 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ 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	SpaDental Wotton LLP
Registered Manager	Mr. Timothy Esau
Overview of the service	SpaDental Wotton LLP provides NHS and private treatments including restorative care, implants, orthodontics (tooth alignment), periodontology (gum health) and tooth whitening.
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'.

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who used the service were given appropriate information and support regarding their care or treatment. One person we spoke with had been using the practice for three years. They said that treatment was pain free and they confirmed they received reminder calls when their appointment was due. They told us the dentist always explained treatment to them and they gave consent for it to proceed. They said the staff were "all very nice".

Another person had been using the practice for one year. They also found it very good found it easy to make an appointment and their treatment was pain free. They spoke about the polite receptionist and the flexibility of the practice.

A person who had been using the practice for over 15 years described it as "very good" and the treatment as "first class".

One person told us they had an appointment within one week of their check up that had identified the need for a tooth cavity filling. They told us "the treatment was fine" and the dentist had put them at ease and "explained every step". They said they would recommend the dental practice to others.

We looked at the records of treatment and found them to be comprehensive. There were good arrangements in place and staff knew their responsibility for reporting suspected abuse. People were treated in a clean and hygienic environment. Staff we spoke with told us they felt supported. There were systems in place for monitoring the quality of service.

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 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

People who used the service were given appropriate information and support regarding their care or treatment.
We saw there was a 'Welcome to the practice' leaflet. It gave contact details for the practice, information about opening times and information about the dental support team. The leaflet explained the types of treatment available and treatment planning. It also explained that the practice was on the first floor of the building and reached by stairs. This meant that the practice was not suitable for those with restricted mobility however the leaflet explained that home visits could be arranged.

We found the practice website easy to navigate. There was information about the practice, treatments available and the cost of treatment.

The practice had developed a range of reference materials to explain to people what was involved in their treatment. There was also information for people to read about differing types of cleaning techniques. The principal dentist spoke about developing staff by encouraging them to undertake training in oral health education. This would enable them to explain dental treatment to people.

The principal dentist explained that people gave verbal consent to routine treatments and signed when more complex treatment was needed.

There was a poster displayed with pictures of the staff team. This showed what their role within the practice was so that people could identify them.

People's diversity, values and human rights were respected. We noted practice protocols relating to age discrimination and disability, dignity and respect, discrimination and equal opportunities.

People received emails or telephone calls to remind them they had an appointment in the near future.

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.

Reasons for our judgement

The reception and waiting area were welcoming and comfortable. There was a range of information leaflets about dental treatments, PALS (Patient Advice and Liaison Services) and smoking cessation. Posters were displayed relating to the practice health and safety, child protection and complaints protocols.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The dentists provided hygiene services and there was a visiting Orthodontist for tooth straightening treatments. There were on call arrangements for out of hours, weekends and bank holidays.

We saw peoples' records. These were electronic and in paper format. The computer based records contained personal information and records of appointments. These noted the treatment people had and where anaesthesia had been used it recorded the type, batch number and expiry date. There were records of people's medical history and charts to record dental treatment and the condition of people's gums. Paper records included medical history forms people had completed along with copies of letters referring them to other practitioners and written treatment plans.

We looked at the radiation protection file. It showed that the principal dentist was the radiation 'lead' for the practice. It outlined the mission to ensure safety and quality in the taking of x-rays. There were monthly audits that showed the quality of each image taken.

There were arrangements in place to deal with foreseeable emergencies. Emergency procedures were displayed. There was a supply of oxygen and an external defibrillator, as recommended by the Resuscitation Council. Emergency medicines were available and checked on a weekly basis. Records showed that the date of checking was recorded along with the name of the staff member who checked the medicines. Expiry dates were recorded.

The practice provided antibiotic treatment for infection. A record of when these were given was maintained.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the child protection protocol that listed types of abuse and a flowchart for action to be taken if abuse was suspected. The practice lead had obtained details of the lead nurse within the PCT (Primary Care Trust) and there were forms for making referrals.

The practice had obtained guidance from the local authority for making referrals in respect of child protection and safeguarding vulnerable adults. The vulnerable adults' policy defined the term 'vulnerable adult' and listed the different forms of abuse. There were useful 'indicators' to assist staff in recognising that abuse may have occurred and action for staff to take. Contact information for making referrals were in place.

We noted that six staff attended safeguarding training with the local authority in May 2012. This meant they were aware of the local procedures for reporting. Staff we spoke with confirmed that they were aware of their responsibilities regarding the protection of children and vulnerable adults. They all said they would raise concerns with their colleagues and were aware of reporting abuse to the relevant authorities.

There were policies relating to mental capacity and consent to treatment so that the practice acted in the best interests of people who used the service.

One of the people we spoke with had travelled some distance for treatment. They said this was because they had been treated by the principal dentist when they had previously worked close to where they lived. They said they felt safe and had confidence that the dentist acted in their best interests.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw the infection control policy displayed. It outlined that the principal dentist was the nominated person with responsibility for infection control and also identified who should deputise. The policy included information about personal protective equipment, hand hygiene and decontamination of dental instruments. There was also information relating to waste disposal along with equipment and surface disinfection. This included the treatment room daily and weekly routines. We noted there had been an infection control audit in November 2011.

We asked one of the nurses to explain how the treatment rooms were cleaned between appointments. They explained that used dental instruments were placed in sealed boxes, debris was cleared away and all areas were cleaned with disinfectant wipes. Protective shields were applied to handles of the light above the treatment chair.

There was a dedicated room for the decontamination of dental instruments accessible from each of the surgeries. Dirty instruments were transported to the room in the sealed boxes and there was a clear flow from instruments being dirty to clean. Instruments were initially scrubbed and placed in the washer disinfector. They were then rinsed and examined under a lit magnifying glass before rinsing and sterilising. The practice had two types of sterilising machines. Instruments that were not used routinely were bagged with a longer use by date than those used daily.

We saw the records of testing of the decontamination equipment. These were to test the functioning of the equipment and were recorded as having taken place at the recommended frequency.

There was hand washing guidance displayed. This reminded staff of the need to ensure their hands were clean. It also encouraged people using the practice to do so.

There were packs available to ensure safe cleaning where there was blood or vomit spillage.

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

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well. Practice meetings were held on a monthly basis. We saw that in addition to reviewing clinical protocols during the meeting there was discussion held about the recent 'mock inspection' conducted by one of the clinical suppliers. We were told that the advice they had been given to make improvements had been actioned. Staff told us they valued the practice meetings as they kept them informed.

Staff received appropriate professional development. Staff told us about the training opportunities they had. The Practice Coordinator told us about the group that was established in the area to provide 'core' training to staff locally. The receptionist had completed NVQ (National Vocational Qualification) training in customer services and was awaiting training in business administration.

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 received.

Reasons for our judgement

There was a practice manager who worked on a 'freelance' basis. They were responsible for ensuring that policies and procedures were updated and involved in auditing. They also provided a human resources function and were involved in structured appraisals for staff.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The practice conducted audits for the Somerset and South West Local Assessment Panel. These had related to 'delivering better oral health for children and people's satisfaction with the practice and treatment. 100% of respondents said they were made to feel welcome and that the practice was clean. Most people also said their medical history was checked and that treatment options were explained to them. Comments added to the survey forms included "Excellent service, well done" and "I feel the service is excellent in all areas". The most recent audit was for the quality of radiography.

There was also a separate survey conducted more recently to determine the best time for the practice to telephone people. The results of this survey were displayed in the waiting room. It showed that the most effective time to call people was between 2pm and 5pm with 50% of calls during this time being successful.

An information governance audit carried out in March 2012 checked whether staff had completed training in this area. It also checked the policy to ensure it was up to date and the code of practice for data protection.

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.

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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