

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

Bedminster Dental Practice

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Date of Inspection: 23 January 2013

Date of Publication: May 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
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Easton Dental Partnership
Registered Manager	Mrs. Joanna Gilborson
Overview of the service	The practice provides routine dental care for patients of all ages. The practice sees patients both under NHS regulations and under private arrangements. The practice has surgeries on the ground and first floor.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke to three patients who received treatment on the day of our visit were very satisfied with the quality of care received. Care and treatment was planned and delivered in a way to ensure patient's safety and welfare.

The patients commented on how friendly and helpful the practice staff were. One patient said "I had not been for ten years another following a bad experience and dreaded the dentist". Now they look forward to going to the dentist.

All three patients commented on the cleanliness of the practice. One person said " the surgeries look great as would be expected, there is no problem with cleanliness". We found the practice very clean and tidy.

Patients were given appropriate information and choices about their treatment options. The prevention of dental problems was always emphasised by the dentists and other staff. One patient commented that "prevention is discussed". All three patients commented how easy it was to make an appointment. They said they only had to wait a couple of days for an appointment when they had problems. Appointments always ran to time.

Through training and development the provider was supporting the staff to deliver care and treatment to a high standard.

Review of records demonstrated that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that a continuous patient satisfaction survey is undertaken by the provider. This survey included satisfaction with the standard of cleanliness, waiting times and overall quality of service. This ensured that continuous feedback from patients was taken into account in the way the service was provided and delivered.

We spoke to three patients who used the service. One patient was new to the practice and the other two were regular attending patients. All three were given very clear treatment options which were discussed in easy to understand language. They confirmed this was always reinforced at the beginning of each treatment session. This was also confirmed by the dentists, supported by details contained in the clinical record and by the results of the patient feedback questionnaires/

The patients we spoke to confirmed that they understood and consented to treatment. This was confirmed by observing the patient records and the use of the appropriate NHS forms. Children were treated in the same way. This meant that patients who used the service were given appropriate information and support regarding their care and treatment.

The three patients we spoke to were all very happy with the standard of care provided. They all described how helpful and friendly the practice staff were. Patients were happy with appointment waiting times and the cleanliness of the practice. This was further supported by observing the results and comments contained in the continuous patient satisfaction survey.

Each patient we spoke to was aware if they were treated under the NHS regulations or privately. We saw a poster displayed in the waiting room which gave details of the NHS fee bands charges. There was also information on how patients could complain and details of out of hours cover if they needed urgent care out of hours. Although people were aware how to complain the people we spoke to never felt the need to complain. This meant that patients had access to appropriate information in relation to their care and a satisfactory level of care was provided.

Maintaining patient confidentiality was an important aspect of patient care for this provider. This was captured as part of the patient satisfaction survey. Compliance with all aspects of the Department of Health Information Governance Tool-kit was observed. This toolkit brings together the legal rules and central guidance sets out the information governance requirements. This demonstrated the practices' commitment to the management of patient confidentiality. This meant that patients who used the service could be confident that their personal information was properly protected.

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 care and treatment was planned and delivered in a way that ensured patients' safety and welfare. We saw by examining patient records that a written medical history was obtained prior to the commencement of dental treatment in all cases and scanned into the computer records. This meant that the staff were always aware of any risks to patients and would ensure that they were safe during a consultation.

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three treatment records. The records contained details of the condition of the gums and soft tissues lining the mouth. These were carried out at each dental health assessment. This meant that the patient was made aware of changes in their oral condition. The patients dental recall interval was determined by the dentist using a risk based approach based on current National Institute for Health and Clinical Excellence (NICE) guidelines. The recall interval was set following discussion of these risks with the patient. This meant that people's care and treatment reflected relevant research and guidance.

The dentists told us that they followed national guidelines in relation to the assessment of third molars and antibiotic treatment. This was supported by discussions with the dentists when reviewing patient records. This provided further evidence that people's care and treatment reflected relevant research and guidance.

One dentist we spoke to was aware of the Mental Capacity Act and explained how they would manage a patient who lacked the capacity to consent to dental treatment. This meant where people did not have the capacity to consent, the provider acted in accordance with legal requirements. This ensured that vulnerable people are treated with dignity and respect.

There were arrangements in place to deal with foreseeable emergencies. We were told that staff undergo yearly team training in dealing with medical emergencies in the dental chair. This was facilitated by a suitably qualified person from a training organisation. The practice manager showed us staff training certificates to verify this training had taken place. There was a range of suitable equipment, drugs and oxygen available for dealing with medical emergencies. This was this was in line with the Resuscitation UK guidelines. The emergency drugs were all in date and the drugs were securely kept along with emergency oxygen in a central location known to all staff. This meant that the risk to

people during dental procedures was reduced and patients are treated in a safe and secure way.

The practice manager showed us a very comprehensive file of risk assessments covering all aspects of clinical governance. These were very well maintained and up to date. This means that patients are at a reduced risk of untoward occurrences.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

We noted that the practice was clean and well maintained. The three patients we spoke to told us that the practice was always very clean and tidy when they visited. This was supported by results of the continuous patient satisfaction survey in relation to the questions on cleanliness of the surgeries and waiting areas.

It was demonstrated through direct observation of the cleaning process and a review of practice protocols that the Department of Health's guidance known as HTM 01 05 on the essential quality requirements for infection control were maintained. The practice also has an action plan in place demonstrating how they will meet best practice guidelines for infection prevention control. This meant that the practice can demonstrate that they are compliant with current infection control guidelines. A quarterly audit of infection control had been carried out and was observed by us and was in line with current guidelines. Patients could be assured that they are protected from the risk of infection.

The registered manager told us they were the designated infection control lead. The practice had a decontamination policy which was observed by us. This was supported by a series of practice protocols in relation to infection control. This meant that effective systems were in place to reduce the risk and spread of infection. All staff we spoke with recognised the importance of maintaining good infection control procedures. All staff had undergone update training in infection control. This supported the ethos of the practice in relation to a commitment to regular update training. The two surgeries were observed, they were very clean and free from clutter. This meant that patients could be assured that they were protected from the risk of infection.

The dental nurse demonstrated to us the decontamination process this validated the various practice protocols in place for infection control. The dental nurse showed us the process from taking the dirty instruments through to clean and ready for use again. Due to limitations of the building, decontamination takes place within each surgery. It was clearly observed by us that clean and dirty instruments did not decontaminate each other. This meant that patients could be assured that they are protected from the risk of infection.

When instruments had been sterilised they were pouched and stored until required. All

pouches were dated with an appropriate expiry date of 21 days. The dental nurse told us that regular checks were made to ensure that the expiry dates were not exceeded. This was supported by the use of a stock rotation protocol which we observed. The registered manager also demonstrated to us that systems were in place to ensure that the ultrasonic cleaner and autoclave used in the decontamination process were working effectively. The registered manager showed us the latest pressure vessel testing certificates for the autoclave and compressor. The manager also showed us the maintenance contract for the autoclave thus demonstrating that it is safe and effective for use. This meant that decontamination equipment was maintained to the standards set out in current guidelines, ensuring that patients could be confident of receiving safe and effective care.

The decontamination processes described by the dental nurse were in line with current decontamination guidelines as laid down by the Department of Health. This meant that patients could be assured that they were protected from the risk of infection because appropriate guidance had been followed.

The drawers in each surgery were inspected by us in the presence of the dental nurse. These were very clean and tidy and free from clutter. All of the instruments were pouched and it was obvious which items were single use. The single items were clearly new. All surgeries had the appropriate personal protective equipment available for staff and patient use. This meant that patients were protected from the risk of infection.

The dental water lines were maintained in accordance with current guidelines. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided. This meant that patients were protected from the risk of infection due to Legionella.

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

Staff received appropriate professional development. The registered manager told us that the practice ethos was that all staff should receive appropriate training and development. This was demonstrated by the practice owners commitment of freely making the time available for professional development and also funding the appropriate training for all staff. An external company was used to deliver team professional training. This company provided training in medical emergencies, adult and child safeguarding, infection control and information governance. We were shown certificates in staff files that demonstrated staff had attended appropriate training for their role. This demonstrated that the provider was supporting the staff to deliver care and treatment to a high standard. This meant that patients could be assured that they were receiving appropriate standards of clinical care.

The practice manager showed us their system for recording training that had been attended by staff working within the practice. We were shown the personal files for various staff. These contained details of continuing professional development, current Criminal Records Bureau (CRB) certificates, current General Dental Council (GDC) registration and current professional indemnity cover where applicable. This meant that patients could be assured that they were receiving the appropriate care from properly trained, supported and qualified staff.

We saw that all staff members had undergone training in the management of medical emergencies. The records also showed that members of staff had training in infection control. There was also an appraisal record in staff personal files. Each member of the support staff had a contract of employment detailing their terms and conditions of employment and new staff undergo an appropriate induction process. This meant that staff had received appropriate professional development.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. Records were kept securely and could be located promptly when needed. Staff records and other records relevant to the management of the services were accurate and fit for purpose.

Reasons for our judgement

The patient records were computerised and were secured by password access only. Information such as written medical histories, referral letters, dental radiographs and NHS forms were scanned and uploaded onto the patients clinical records. This meant that people's records were kept securely and could be located promptly when needed. This also meant that patients could be assured that their confidential information is properly protected.

We were shown a well maintained radiation protection file. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. These included critical examination packs for each x-ray set along with the three yearly maintenance logs. A copy of the local rules was displayed with each x-ray set. Quarterly radiographic audits were available for inspection along with a quality assurance system for radiographs. This meant that the practice was acting in accordance with national radiological guidelines. A dosimetry (the measurement of radiation) report detailing staff exposure doses for radiation was reviewed demonstrating that dental staff were not exposed to harmful levels of radiation. Patients and staff were protected from unnecessary exposure to radiation.

A current public liability insurance certificate was displayed in accordance with current Health and Safety legislation. We also saw that statutory signage was also in place. This means that the practice conforms to current health and safety legislation and patient safety was assured.

We saw evidence that the registered manager maintained a full range of general operating policies and procedures for the practice. We saw evidence of a well maintained information governance file which demonstrated that the practice staff were fully conversant with information governance protocols and procedures. This meant that staff records and other records relevant to the management of the services were accurate and fit for purpose. The file also demonstrated that staff have received proper training in all areas of information governance. This meant that staff understood fully the principles of confidentiality and the processing of sensitive patient data. This meant that patients could be assured that their confidential data was protected.

A sample of three patient records were observed. The clinical entries were completed by the dentists themselves. The written medical history was signed and dated by the patient and the dentist. The records contained assessments and details of the treatment provided which included details of the local anaesthetic given along with batch numbers and expiry dates. This meant that people's personal records including medical records were accurate and fit for purpose.

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.

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