

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

## Promenade Dental Practice

12 Gloucester Road, Bishopston, Bristol, BS7  
8AE

Tel: 01179240678

Date of Inspection: 10 December 2013

Date of Publication: January  
2014

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>	✗	Action needed
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Ms. Iris Regina Bormann
Registered Manager	Mrs. Patricia Evadney Clarke
Overview of the service	Promenade Dental Practice is based in the Bishopston area of Bristol and provides both NHS and private dentistry.
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 10 December 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with six people on the day of our inspection and all were satisfied with the service they received at the practice. One person was particularly pleased with how the dentist had managed a 'complex' issue that they had. This person told us that they had been to a number of other practices before finding this one that they were happy with. We were told that treatment was well explained and the costs involved were made clear.

People were protected in the event of an emergency because staff were trained and emergency medication was available if required. Staff had some knowledge of safeguarding children and vulnerable adults; however there was a lack of formal training which meant that there was a risk of staff not being up to date with latest guidance and best practice.

The procedures in place for the decontamination of dental instruments did not fully meet the requirements of the Health Technical Memorandum 01-05. This is the guidance that all dentists must follow to ensure that their practice minimises the risk of cross infection.

There were processes in place to monitor the quality and safety of the service provided and this included auditing the quality of radiographs. Checks took place to monitor the safety of the premises.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 25 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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

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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.

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### Reasons for our judgement

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People that we spoke with told us that staff were friendly and welcoming to the practice. We noted that arrangements had been made to ensure that the practice was as accessible as possible. For example, there was a hearing loop available for people in the practice and there was a ramp available for use should it be required by a person using a wheel chair. When necessary, arrangements could be made to ensure that people with mobility needs could be seen in a downstairs surgery.

We spoke with six patients as part of our inspection and received a number of positive comments about the service that they received at the practice. One person told us that they were very pleased to have found their current dentist, having been unhappy with the care they'd received at a number of other practices. We were told that treatment was well explained and that all the various options for treatment were given as well the costs that would be incurred. This meant that people were able to make fully informed decisions about the treatment they received.

Thought had been given to protecting people's right to confidentiality and privacy. There was a policy in place for confidentiality which included clear information about personal information and the circumstances in which it might be disclosed. Patient records were computerised which reduced the risk of an unauthorised person gaining access to them.

We spoke with staff about how they would involve a person who was unable to make decisions about their own care or treatment. Staff told us that they would involve a family member or care staff to make sure that the individual concerned had understood. This would help ensure that decisions were made in the person's best interest and in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who aren't able to make decisions independently. The provider might find it useful to note that knowledge of the Act was variable amongst staff.

**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's treatment needs were assessed and met. Suitable arrangements were in place for dealing with emergencies that might occur.

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**Reasons for our judgement**

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Arrangements were in place to ensure that people were protected in the event of an emergency. Emergency medication was available if it was required and checks were made to ensure that the medication was kept in date. There was also oxygen available should it be required and a defibrillator. We saw certificates as evidence that staff had been trained in managing medical emergencies.

People that we spoke with told us that appointments were easy to make and some had been pleased to have had the offer of appointments on the same day or at short notice. We were told that out of hours, there was a telephone message on the phone advising people of how to proceed.

People that we spoke with gave positive feedback about the treatment they had received. One person had been particularly pleased, having been to a number of other practices before finding a dentist that they were happy with. This person told us that the dentist managed their nerves very well and had "saved a tooth" that other dentists had recommended removing. People told us that they were given all the advice they needed and were provided with opportunities to ask questions.

We viewed a selection of patient records and saw that information was recorded about what was discussed during appointments. Medical histories were kept and we were told these were updated at least every six months. This would help ensure that the dentist was aware of any important medical information that may have implications for the treatment they were able to offer.

We spoke with members of staff about how they kept up to date with current best practice and latest guidance. We were told for example that staff read dental journals and also undertook some training in their own time to help develop their knowledge and areas of special interests.

**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 not meeting this standard.

People who used the service were not fully protected because staff had not received formal training in safeguarding children and vulnerable adults.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at the arrangements in place for safeguarding children and young adults. We found that there were policies and information in place to support staff in their duty to safeguard people who used the service. For example, we saw a flowchart that included the contact details for local agencies that could be contacted in the event of staff identifying an issue of concern.

The guidance available to staff included information about the different categories of abuse and the kinds of injury/behaviour that might raise concerns with staff. Staff that we spoke with knew where to find this information should it be required. Staff that we spoke with were able to provide some examples of what issues might indicate harm to a child, such as injuries that did not match the explanation.

We checked what arrangements were in place for ensuring that staff were trained in safeguarding and found that only one member of staff had a certificate on file as evidence of completing a relevant course. However this certificate had expired, meaning that refresher training was needed.

Staff that we spoke with had some knowledge of the kinds of issues that may cause concern or may require reporting to a relevant agency. However, the lack of formal training meant that there was a risk that staff would not be aware of latest guidance and best practice within the field of safeguarding.

**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 not meeting this standard.

People who used the service were not fully protected from the risk of cross infection because the procedures in place did not meet with the requirements of the HTM

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We looked at the procedures in place for the decontamination of surgical instruments. We found that the procedures did not fully meet with the requirements of the Health Technical Memorandum 01-05 (HTM). This is the guidance that all dentists must follow to ensure that their practice is safe and minimises the risk of cross infection.

We saw that decontamination of instruments took place within the surgeries, using an ultrasonic cleaner and then an autoclave for the purpose of sterilising. The HTM requires that instruments are submerged in water prior to being placed in the ultrasonic; however we were told that this was not happening within the practice. We were also told that there was no illuminated magnifier in place to check for soiling on instruments after the cleaning process, as per the requirements of the HTM.

Some checks were being carried out to ensure that equipment used in the decontamination process was working efficiently; however one test that is required to be carried out quarterly on the ultrasonic cleaner was not being done. Overall more needed to be done to ensure that the risks of cross infection were minimised and compliant with current guidance.

We spoke with dental nurses who told us about their cleaning practices between patients and confirmed that they had all the items they needed, including personal protective equipment such as aprons and eye protection. There was a policy in place to support staff in maintaining a clean environment and this included reference to hand hygiene and the management of clinical waste.

We saw evidence that autoclaves were serviced regularly to ensure that they were working efficiently. An audit of infection control had been carried out; however the audit had not resulted in action being taken to address the issues highlighted in this report. This meant that the audit had not been used to improve practice in relation to infection control.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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We looked at the procedures in place for monitoring the quality of the service provided. We saw that there were systems in place to ensure the physical safety of the building. For example, we saw a certificate of examination in relation to the radiological equipment. PAT (Portable Appliance Testing) had been carried out to ensure the safety of electrical items and we saw that fire safety equipment had been checked to ensure that it was working efficiently.

There was a complaints procedure in place so that people who used the service were able to raise issues of concern. The complaints policy identified the person responsible and the timescales in which they would answer people's concerns. It also identified the other agencies that could be contacted if the complaint wasn't resolved by the practice.

We were told that each year, patient feedback questionnaires were used with a newly qualified dentist. However, the provider might find it useful to note that there weren't any procedures in place for gathering feedback more generally about the service provided.

Some audits took place to monitor quality within the practice. For example, we saw a radiograph audit which looked at the quality of images produced and whether they were clinically acceptable. This would help ensure that any problems, in relation to the quality of images would be identified. An audit of infection control also took place in order to monitor whether the processes in place for decontamination of dental instruments was meeting the requirements of the HTM.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p><b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safeguarding people who use services from abuse</b></p> <p><b>How the regulation was not being met:</b></p> <p>People who used the service were not fully protected because staff had not received formal training in safeguarding children and vulnerable adults.</p>
Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p><b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Cleanliness and infection control</b></p> <p><b>How the regulation was not being met:</b></p> <p>People who used the service were not fully protected from the risk of cross infection because the procedures in place did not meet with the requirements of the HTM</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 January 2014.

**This section is primarily information for the provider**

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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