

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

## Bigby Street Dental Practice

16 Bigby Street, Brigg, DN20 8ED

Tel: 01652653163

Date of Inspection: 16 August 2013

Date of Publication:  
September 2013

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

<b>Consent to care and treatment</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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mrs. Monica Odukoya
Registered Manager	Mrs. Anne Westfield
Overview of the service	Bigby Street Dental Practice carries out NHS and private primary dental care from a two storey premises in Brigg town centre. Public car parks and on street parking are located nearby.
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 unannounced 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 16 August 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 carers and / or family members and talked with staff.

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### What people told us and what we found

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The Bigby Street Dental Practice obtained informed patient consent prior to treatment. Patients said the dentist explained treatment options to them. Clinical assessment of patients informed the planning of their dental care and treatment.

Patients we spoke with told us they were content with their treatment. Comments included, "I see the same dentist all the time; the treatment was definitely satisfactory, and they've made another appointment to keep an eye on it," and "It's nice and they are all friendly; it's not been too painful; I see the same dentist."

Patients commented favourably about cleanliness: "It is really clean," "I had glasses and an apron to wear and the dentist wore protective equipment," and "The whole place was washed down between each patient treatment. They used clean instruments and they wore a mask and gloves."

Patients spoke positively about the staff that worked with them. Patient comments included, "Staff are friendly and very nice to talk to; they always make time for you," and "The staff were very nice; the dentists are quite informative." A relative told us, "The staff are really nice and I've never had a problem with them."

Arrangements were in place for auditing the quality of the service. Questionnaires of patients were used although we found patients we spoke with had not completed these. The provider had made arrangements to monitor and improve practice. Procedures for people to make complaints were in place.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before patients received any treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with patients who had received treatment from the dentist. They confirmed they were asked for their consent before any treatment and that their treatment options were discussed with them. Patients also confirmed they received information from the dentist about choices of treatment. We saw examples of information for patients in the reception area.

We looked at a selection of records including the records of the patients we spoke with. The provider used the NHS FP17 form to record patient acceptance of treatment. We found that patients signed their personal dental treatment plan to indicate where NHS and private treatments were agreed. One patient commented, "I signed the FP17 for myself and the children and gave consent for the children's health questionnaire." Consent was requested separately from the patient for some particular treatments, for example root canal treatment or dentures. We saw the FP17 forms were included in audit arrangements.

One of the dentists attended training in mental capacity and consent in May 2013 and we found that arrangements were being made for other staff to attend this training during 2013. Where patients did not have the capacity to consent the provider acted in accordance with legal requirements.

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

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**Our judgement**

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The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Patients' needs were assessed and treatment was planned and delivered in line with their individual treatment plan and their treatment reflected relevant research and guidance. We spoke with the dentists and the practice manager about how treatment was planned. We found patients could choose the dentist they preferred when making an appointment. We observed that patients were seen after only a short wait and there were minimal hold ups. An appropriate length of time was allocated for each procedure which reflected the planned treatment. Each patient had a separate treatment plan. We found that details of the patient's medical history was recorded and reviewed with them at each visit. We found evidence that the recall interval between visits for treatment was based on assessment of risk to the patient's dental health. Discussions with the patient about their treatment were recorded, so that care and treatment followed the patient's wishes.

Patients we spoke with told us they were content with their treatment. Comments included, "I see the same dentist all the time; the treatment was definitely satisfactory, and they've made another appointment to keep an eye on it," "I have a regular check-up; I come every six months, but have just gone to a year," and "It's nice and they are all friendly; it's not been too painful; I see the same dentist." A relative told us, "It was really good; it was my daughter's first appointment today and we have to ring back to make a further appointment."

Care and treatment was planned and delivered in a way that ensured patients' safety and welfare. We saw information about emergency dental services in the patient waiting area. A recovery room was available for patients to use following dental surgery. An emergency protocol was in place and staff were trained to follow this procedure in the event of emergencies. We reviewed the emergency drugs kit that the provider held to deal with medical emergencies and we reviewed the expiry dates of medication held. We found that appropriate supplies of drugs and oxygen were available, so that a patient could be treated and stabilised before the arrival of an ambulance. Staff were aware of the ambulance service response time for their location, which provided additional assurance that adequate quantities of medication were held in stock to deal with patient emergencies. A weekly audit of emergency drugs was completed. We found a needle stick accident policy was in place. We saw evidence that staff received training in medical emergencies. There

were arrangements in place to deal with foreseeable emergencies.

**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.

Patients were cared for in a clean, hygienic environment. Patients were protected from the risk of infection because appropriate guidance had been followed.

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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. We conducted a tour of the practice and inspected clinical areas. Patients we spoke with confirmed that staff used personal protective equipment such as disposable masks, aprons and gloves during their treatment and provided an apron and protective spectacles for the patient. Comments of patients included, "It is really clean," "It's looking really nice since they refurbished," and "I had glasses and an apron to wear and the dentist wore protective equipment." A patient attending with her children told us, "The whole place was washed down between each patient treatment. I noticed they used clean instruments and they wore a mask and gloves." A relative commented, "It's always really clean."

We spoke with staff about the decontamination of reusable dental instruments. The premises had a designated sterilisation room and a pass through hatch to a designated clean area for storage. Decontamination was undertaken daily and we saw a clear dirty to clean flow was followed by staff. Staff explained the process of sealing, date stamping and storing the clean instruments, so that the practice was clean and hygienic. Sterilised instruments were packaged, sealed and date stamped ready for further use within one year, conforming to current guidance. Hand wash sinks were accessible and clearly designated throughout the practice. Liquid soap dispensers and paper towel dispensers were provided.

The practice had policies and procedures in place for the prevention and control of infection. We saw there were infection control procedures for practice staff and a daily checklist for infection control was completed. Cleaning contractors undertook daily cleaning duties in the practice and we saw a daily record of cleaning tasks undertaken. A monthly audit of cleaning tasks undertaken was carried out by the cleaning contractors. Sharps bins were dated and signed and a clinical waste contract was in place, with monthly collection of clinical waste. Arrangements were in place to protect patients from the risk and spread of infection.

The practice had a member of staff designated as lead for infection prevention and control. We found evidence that staff undertook training in infection prevention and control and this was refreshed annually. We saw evidence that the system used in the practice was

monitored against the requirements of the Department of Health guidelines for decontamination in primary care dental practices (HTM 01-05). We saw evidence that weekly and monthly audits of cleanliness were completed for each surgery. Audits of infection control were completed which the practice monitored to provide assurance that patients were safe.

**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.

Patients were treated by staff that 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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Patients were treated by staff that were supported to deliver treatment safely and to an appropriate standard. Patients spoke positively about the staff that worked with them. Patient comments included, "Staff are friendly and very nice to talk to; they always make time for you," and "The staff were very nice; the dentists are quite informative." A relative told us, "The staff are really nice and I've never had a problem with them."

Staff received appropriate professional development. We found that new members of staff received an induction to the practice, supported by shadowing of experienced colleagues and informal supervision. We discussed the arrangements for staff training with the practice manager and we reviewed training records. Training files for members of staff provided evidence that essential training was completed. Copies of professional certificates were evident in staff files. Clinical staff followed a system of continuous professional development (CPD) that was supervised by their professional regulator and submitted annually to maintain professional registration. Patients were treated by adequately trained staff.

We spoke with dentists, nursing staff and the practice manager who informed us that clinical supervision of nursing staff was undertaken on a daily basis, although this was done informally and was not recorded. Staff we spoke with felt they were adequately supported in their role. Staff worked closely as a team and were supportive of each other. We found evidence that six monthly and annual appraisals were conducted for staff in the practice. Patients who used the service received treatment from motivated and competent staff.

## 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 to regularly assess and monitor the quality of service that patients received.

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### Reasons for our judgement

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Patients who used the service, their representatives and staff were asked for their views about their treatment and they were acted on. A patient satisfaction questionnaire was conducted every three months. We saw a box for posting patient questionnaires, and a suggestion box, in the reception area. We also saw summarised results from the June 2013 patient satisfaction questionnaire displayed in the patient waiting area. The patients we spoke with had not completed the questionnaire, although most said they would consider completing it. One patient told us, "I've never completed a questionnaire but I'm aware of the box in reception and would complete it." The provider arranged for patients to be consulted about matters which affected the running of the service.

Decisions about treatment were made by staff at the appropriate level. We asked to see the provider's arrangements for quality assuring the service. We found evidence that the provider undertook audits to support improvement of the service. Audits of patient records and treatment plans were undertaken every six months by selecting five patients for each dentist and staff told us they each participated in this audit. An audit of medication was undertaken weekly by the practice manager. Audits of cleanliness and infection control were completed. The quality of radiographs was audited monthly: we saw evidence of the July 2013 audit. We saw evidence of other audits being completed to monitor the quality of treatment which people received, for example, audits of recalls intervals, free replacements, and of patient failure to attend appointments. The performance of the service was monitored and action taken to improve the service patients experienced.

The provider took account of complaints and comments to improve the service. The practice had a complaints handling policy in place which staff signed to say they had read and understood. The complaints policy was displayed in the patient waiting area. We saw evidence that staff attended training in handling complaints. Complaints were analysed and audited. Patients told us they knew what to do if they needed to make a complaint. Patients' comments included, "I would know what to do if I had a complaint; I would speak to staff and then put it in writing," "I would speak to reception if I had a complaint," and "I would want to speak to the dentist if I had a complaint."

Accidents and incidents were recorded and monitored. An accident report book was used to record incidents. A "Significant event analysis reporting form" was completed and action taken recorded in a "Significant event action plan" which was discussed at monthly staff meetings. Practice issues were fed back during these meetings, which were also linked to staff training so that action was taken to minimise the risk of similar accidents occurring. We found staff signed to say they had attended a staff meeting, and completed an evaluation form. A member of staff told us, "Staff meetings are good; there is very good teamwork." Risks to the safe care of patients were identified and managed and improvements made to the service.

## 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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