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

Wellsway Dental Practice

56 Wellsway, Bath, BA2 4SA
Tel: 01225312847

Date of Inspection: 25 February 2014
Date of Publication: March 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✔ Met this standard</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✔ Met this standard</td>
</tr>
</tbody>
</table>
Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Dr. David Morley</th>
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<tbody>
<tr>
<td>Overview of the service</td>
<td>Wellsway dental surgery provides general dentistry and some cosmetic dentistry for predominately private patients and some NHS patients. The practice is run and owned by three dentists. Each dentist is registered with us, resulting in three reports for this practice. The dentists share facilities, staff and policies and procedures.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
</tbody>
</table>
| Regulated activities | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>4</td>
</tr>
</tbody>
</table>

| Our judgements for each standard inspected:      |      |
| Respecting and involving people who use services | 6    |
| Care and welfare of people who use services      | 8    |
| Safeguarding people who use services from abuse  | 10   |
| Cleanliness and infection control                | 11   |

| About CQC Inspections                            | 13   |
| How we define our judgements                    | 14   |
| Glossary of terms we use in this report         | 16   |
| Contact us                                      | 18   |
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 25 February 2014, 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 and talked with staff.

What people told us and what we found

People were positive in their comments about the practice and the treatment they received. One person said of their dentist "He is excellent, he’s my star."

People described the receptionists as "perfect." People said they were reminded of forthcoming appointments by text message.

People told us they were well informed of the treatment options available to them. One person said the dentist had "showed them their X-rays" and they "never felt rushed."

People told us they were aware of the potential cost of treatments.

People were asked annually to complete a medical history report. This meant the dentist was aware of any health changes which might impact treatment.

Emergency equipment and drugs were available in the event of a medical emergency taking place. All clinical staff were trained in responding to medical emergencies and this was updated annually.

All of the staff team had attended training on safeguarding children and vulnerable adults.

People told us they were confident about the cleanliness of the practice. Regular audits were completed by a dental nurse to monitor infection control within the practice.

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**

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**Our judgement**

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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**Reasons for our judgement**

People were positive in their comments about the practice and the treatment they received. One person said of their dentist "He is excellent, he's my star."

People described the receptionists as "perfect." People said they were reminded of forthcoming appointments by text message.

People told us they were well informed of the treatment options available to them. One person said the dentist had "showed them their X-rays" and they "never felt rushed." People told us they were aware of the potential cost of treatments.

One person explained how the dentist looked at various options regarding their treatment plan, They added "he tried to save me money, he explained everything."

The dentist had a flat screen television in their treatment room, which they used to provide people with information about treatments. We saw there was plenty of information leaflets available in the practice for people to read and take away with them.

The practice had completed a disability access assessment on 29 January 2014. The practice was fully accessible for people with mobility issues. There were four treatment rooms on the ground floor and two toilets, which were accessible to wheelchair users. The practice manager said there were approximately five people who visited the practice who were wheelchair users.

The dentist told us they did not have many people coming to the practice with specific needs. They said there was a couple of people with Down's Syndrome who regularly attended the practice, although they had never had to carry out any treatment for them.

People we spoke with could not recall being asked for their views regarding the practice. The practice manager told us the last satisfaction survey had been completed by a dental insurance company. The practice had been provided with the outcome of the survey. There was a suggestion box in the waiting area where people could share their views. The
manager said people rarely used the suggestion box. Audits were completed monthly checking on patient waiting times.

There was an office on the first floor where people could discuss their treatment in private, if they wished to do so. The room was away from the communal areas where they could be overheard. We saw there was a confidentiality policy.
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.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

People said they found it easy to make appointments. One person told us they had called to make an appointment on a Friday afternoon. They said they were asked if they were in pain and were given an appointment “that suited me.” One person said “the dentist is very popular so sometimes I have to wait to see him.”

People told us they were offered oral health advice. This included how to clean their teeth properly and care for their gums. One associate dentist explained how they enquired about people’s lifestyle and ensured they understood any potential risks. The practice had two part time hygienists who were available to treat people, if required.

People were asked to complete a medical history report annually. People said they were asked if they had any changes to their health or medication, which the dentist needed to be aware of. The associate dentist told us they would be alerted to any medical conditions within the electronic records. They demonstrated how they recorded people’s treatment and care. This included who else was present during the treatment, a brief medical history and whether this had been updated, assessments completed such as soft tissue and periodontal checks. This meant the dentist had a robust audit trail of the person’s treatment.

Emergency equipment and drugs were available in the event of a medical emergency taking place. The practice had an Automated External Defibrillator (AED) and an oxygen cylinder and various masks. All clinical staff were trained in responding to medical emergencies and training was updated annually. One dentist described the training they received as “excellent.” The last training had taken place in July 2013. A dental nurse checked the drugs and equipment regularly and records of checks were maintained. We saw one medicine was out of date. The dental nurse said they were waiting for a replacement since November 2013 and all staff were aware it was out of date. We saw a syringe was also out of date (the expiry date was September 2013) The provider might find it useful to note if out of date medicines are left in the drugs box, in the event of an emergency taking place staff might inadvertently use the medicine.

Another dentist at the practice was the lead person for radiography. Only dentists used the X-ray machines. The practice had an X-ray machine in each of the treatment rooms. Local
rules were displayed next to the machines. People told us they were invited to look at their X-rays, if they wished to do so. The lead dentist for radiography told us the film fails were audited every three months. He added the rate of film fails was very low.

There was a service agreement in place to ensure the safe disposal of waste products. An audit of clinical waste had been completed in October 2013.
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 use 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

At our last inspection in March 2012 we said improvement was needed in relation to staff training in safeguarding vulnerable adults and children.

At this visit we saw all staff had completed training in safeguarding vulnerable adults and children. Staff we spoke to had a good understanding of their responsibilities regarding safeguarding protocols.

People we spoke with said they felt safe and trusted the dentists at the practice. One person told us "He was so kind to me."

One dentist was the named lead person for safeguarding within the practice. This meant staff had a person they could go to if they needed guidance or advice about a person's safety and welfare. The hygienist confirmed that although they had never had to make a safeguarding referral, they understood the procedure to follow.

The dentist described their experiences in relation to making safeguarding referrals and the actions they had taken. They said they had discussed the issue with their partners in the practice.

Relatives and carers were able to act as a chaperone to people attending the practice, if they wished to do so. One dentist said people who had specific needs were generally accompanied, when they visited. This meant any decisions were made in the person's best interests.

There was a safeguarding vulnerable adults and children policy. There was a list of the local safeguarding contacts numbers and a flow chart for staff to refer to, if they had concerns.
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

People we spoke with said they were confident about the cleanliness of the practice. The dentist was the named lead person for cross infection at the practice. Quarterly audits were completed by a dental nurse to monitor infection control within the practice. We saw the last audit had been completed 4 January 2014. The audit showed the practice met best practice standards by 90%.

The practice had an infection control policy which covered all aspects of managing cross infection.

We examined cleanliness and infection control in conjunction with the Department of Health's 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

We observed the treatment rooms and communal areas to be well lit, clean and uncluttered. Overall fixtures and fittings were in a good state of repair.

The dental nurses took responsibility for cleaning the treatment rooms. The practice employed a daily cleaner to cleaning all communal areas and floors in the treatment rooms. The cleaner had a checklist to work to however we noticed between 13 January 2014 and 31 January 2014 the cleaning check list had not been completed.

The providers might find it useful to note the hygienist's room was found to have nine drilled open holes on the floor by the base of the dental chair, which could retain debris and present a risk of infection. We saw in the treatment room, the dental chair had been installed incorrectly, which had resulted in the base of chair, where it met the floor becoming rusty. The dentist told us the chair had been fitted onto a display mount, which should not have been there. The dentist was in the process of attempting a resolution with the fitter. Rust in a clinical area could result in harbouring infection.

The dental nurses and dentists explained the procedure used between each person to reduce the risk of cross infection. This included wiping down surfaces and the dental chair and light and cleaning the spittoon. Dental water lines were flushed through between each
Hand washing facilities were available in the treatment room. Antibacterial hand wash was available, although they were not mounted on the wall, as recommended in HTM01-05. Paper hand towels and hand washing guidance was located by the basins. We noted hand washing basins had plugs, which is also not recommended by HTM01-05.

The decontamination process took place within the treatment room. Dirty instruments were transported to the decontamination area for cleaning. There was a clear flow of work to prevent clean instruments being contaminated by those which were dirty. Instruments were hand washed and placed into the ultra-sonic cleaners. Three monthly foil tests were completed to ensure the efficiency of the machines. Records were maintained. Instruments were then rinsed and checked under the illuminated magnifying glass for debris. Instruments were then placed into one of the autoclaves to be sterilised. Once sterilised, instruments were bagged, sealed and dated with an expiry date.

We saw the autoclaves had been serviced and were next due for a service during March 2015.

The dentists and dental nurses were supplied with personal protective equipment (PPE). We saw there were plenty of supplies available to them. People we spoke with confirmed staff wore protective clothing. Clinical staff took responsibility for laundering their own uniforms.

We were told all staff had been vaccinated against blood borne viruses (including Hepatitis B) in line with the practice's policy.
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.

**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)

<table>
<thead>
<tr>
<th><strong>(Registered) Provider</strong></th>
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<tr>
<td>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’.</td>
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<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
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<tr>
<th><strong>Responsive inspection</strong></th>
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<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<tr>
<th><strong>Routine inspection</strong></th>
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<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<th><strong>Themed inspection</strong></th>
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<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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