Inspection Report

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

Bulmer Dental

51 Palace Avenue, Paignton, TQ3 3EN

Tel: 01803556422

Date of Inspection: 06 December 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Ronald Bulmer
Overview of the service	Bulmer Dental provides general dentistry including advice and preventative and restorative treatments for people under private arrangements. One dentist works at the practice and a dental nurse and receptionist are employed by the dentist. A dental hygienist and therapist works at the practice on a self-employed basis.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 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

One dentist worked at Bulmer Dental Practice. They were supported by a dental nurse and a receptionist. A dental hygienist and therapist worked one day a week. The practice had 1500 people registered for treatment. All treatments were private and were available to both children and adults. Information about treatments and costs was on display at the practice.

We spoke with three people during our inspection. They told us that they felt they received safe and effective dental care. Comments included, "On a score of one to ten I would give them eleven!" and "He (the dentist) takes his time and is always very good". We also observed the treatment of one person. The dentist spoke with them and reassured them throughout the treatment.

The practice was visibly clean. Comments from people we spoke with included, "Yes, it seems clean when I come, no problems there". There were effective processes in place to ensure that people were protected from the risks of infection. Systems were in place to ensure that decontamination equipment was effective and safe. Staff demonstrated competence in carrying out decontamination processes.

There were systems and equipment in place to deal with emergencies and staff had received training for medical emergencies.

The provider had monitored the quality of service. Audits had been completed and action had been taken as a result. People told us that they had informal opportunities to provide feedback.

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Bulmer Dental surgery was housed in a terraced building. Access to the practice was via four steps with an adjacent handrail. The dentist offered home visits to patients who were unable to visit or access the practice. There was a surgery and waiting room on the ground floor and also a surgery on the first floor. This meant that patients with limited mobility could be seen in the ground floor surgery. Toilet facilities were also available on the ground and upper floors.

The reception area was clean, spacious and homely with a range of reading materials available. If patients wished to speak with staff in private additional rooms were available.

One dentist operated from the surgery and was supported by a dental nurse and a receptionist. A dental hygienist and therapist worked one day a week. The therapist was not working on the day of our visit but we later spoke with them by telephone. The practice had 1500 patients registered for treatment. All treatments were private and were available to both children and adults.

We spoke with three patients at the surgery during our inspection. They told us that they felt they received safe and effective dental care. Comments included, "On a score of one to ten I would give them eleven!" and "He (the dentist) takes his time and is always very good". We also observed the treatment of one person, who consented to us doing so. During the treatment the dentist explained to the person what they were about to do. At the end of the treatment they also provided an overview to the person of the general state of their oral health. The person who received the treatment told us that their treatment was, "Always first class". They said that the dentist had explained the choices of treatment to them.

All the people we spoke with told us that they did not have any difficulty obtaining appointments. One person was being seen as an emergency on the day of our inspection and said they had been fitted in promptly. Another person told us they preferred early

appointments and that they usually had no problem obtaining them. We saw that this preference was recorded in their patient record. This indicated that the service paid regard to people's needs and choices for timings of treatment.

People told us that they had sufficient information about the practice, their treatment, and dental health advice. We saw there was a range of dental and health information available to patients at the practice. Lists of treatment fees were displayed and practice information was also displayed prominently in the waiting area. This included the practice's opening times and mission statement.

The practice used a paper based patient record system and a computerised appointment system. The receptionist demonstrated to us how the systems operated. We looked at four people's treatment records. We saw the records had been updated with the person's medical history, allergies, soft tissue checks and the on-going condition of their teeth. Where people had specific needs for reassurance or had conditions which affected their treatment these were recorded. Details of the person's GP and emergency contact details were also shown on the individual records that we saw.

People we spoke with confirmed they felt involved and consulted in their dental care and treatment. They told us that they were offered treatment plans, though they sometimes declined to take one. They said that they were provided with information in advance about costs and we observed this to be the case during our inspection. Patient records also showed that people had various treatment options explained to them and that these had been discussed. Records showed that appropriate referrals had been made to specialists such as orthodontists and follow ups had been undertaken in respect of these.

We spoke with the dentist, the dental nurse and receptionist about the arrangements which were in place to deal with foreseeable emergencies. They were knowledgeable about the practice's emergency procedures. We saw that all emergency equipment, such as oxygen, was readily available and had been checked and stored in accordance with the manufacturer's instructions.

We saw records which showed that staff had received training in resuscitation, medical emergencies and use of emergency equipment. We checked expiry dates on emergency medication. The provider might wish to note that a batch of medication had exceeded its expiry date. This meant that it may not have been fully effective. The dental nurse told us that new stock had been ordered from the pharmacist. We spoke with the pharmacist and confirmed this. We saw that procedures were in place to ensure that the practice's use of x-rays was safe.

Overall we found that people were provided with safe effective care.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us they felt "very safe" at the practice. They said that they would not hesitate to raise concerns if they had any.

We saw that details of how to report concerns and the contact details for the local safeguarding teams were on display. Records showed that staff had up to date training in the protection of children and vulnerable adults. The staff knew how to identify possible abuse and escalate concerns to the appropriate authorities.

Staff demonstrated an awareness of the importance of obtaining valid consent and we saw that consent to treatment had been obtained and recorded. We found that the practice was taking appropriate action in relation to one person whose capacity to consent appeared to be changing. The practice had taken steps to involve the person's GP and family in discussions. This indicated that staff were acting in accordance with the principles outlined in the Code of Practice of the Mental Capacity Act (2005). The Code sets out procedures which should be followed in order to protect the rights of people who may not have the capacity to make decisions about their treatment. It describes the actions which should be taken to ensure that decisions are taken in people's best interests.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection visit we noted the practice was visibly clean. People we spoke with commented that the practice was clean and that they had no concerns about the surgery environment. Comments included, "Yes, It seems clean when I come, no problems there". The dental nurse and receptionist undertook the cleaning and explained to us the schedule of activities they carried out.

In 2009 the Department of Health published a document called Health Technical Memorandum 01-05: Decontamination in primary dental care practices (HTM 01-05). This document was updated in April 2013. It sets out in detail the processes and practices essential to prevent the transmission of infections and to ensure clean, safe care. The document set out standards of compliance for dental practices. Bulmer Dental was meeting the "essential quality standards" set out in HTM 01-05.

The surgery at Bulmer had a separate decontamination room. This was located in an additional treatment room which was no longer used. We noted the decontamination room had a clear "dirty to clean" workflow that meant used and sterilised instruments were kept apart. This reduced the risk of sterilised instruments becoming contaminated. We saw that in each treatment room there was a hand wash basin as well as one sink for the cleansing of instruments and a separate bowl for rinsing them, as set out in the "essential quality standards" in HTM 01-05.

The dental nurse confirmed that they had all the equipment they needed to ensure a safe and clean environment. They showed us the decontamination process. Appropriate personal protective equipment (PPE) was worn throughout the process. There was a washer disinfector and a steriliser and a magnifying light which was also used to ensure that instruments were free from debris. Records showed that regular checks had been carried out, in line with the manufacturer's instructions, to confirm that the decontamination equipment was effective and safe.

Systems were in place to monitor that packaged, date stamped instruments were used within a safe timescale. The dental nurse demonstrated which items could be re-used and

that singe use instruments were disposed of after each use. Clinical waste was placed in yellow clinical waste bags which were sealed and stored appropriately. A contract was in place for the removal of clinical waste and sharps.

Staff records showed that clinical staff had up to date training in infection control. The dentist was the Infection Prevention and Control (IPC) lead. We saw a record of an infection control audit carried out by the IPC lead and the action taken in respect of this audit. Replacement of a section of carpeted flooring (which was not in the immediate treatment area) had been identified in one audit record we saw. We asked about this and were provided with evidence that recent quotes had been obtained for replacement flooring.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff at the practice told us that they felt well supported. They said as a very small practice they had frequent informal meetings with the dentist and had opportunities to discuss any training needs. We also saw records of more formal staff meetings which noted the topics which had been discussed which included training and clinical updates.

Staff told us that they had regular personal development meetings with the dentist but that these were informal and not recorded. The provider might wish to note that making written records of those meetings would assist in ensuring that all training needs were clearly documented and met.

We saw records that showed staff received training that enabled them to maintain their continuing professional development. Examples of training courses attended by staff were: safeguarding children and vulnerable adults, management of medical emergencies, infection control and CPR and basic life support. We saw that the dentist had completed on-going training, as required by their professional regulatory body. We saw evidence of a range of training and study which the dentist had completed to maintain and update clinical knowledge.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw records that showed the provider had systems in place to monitor the quality of service provided. We saw a number of audits were carried out during the year in accordance with the requirements of the HTM 01-05, and that these were used to inform better practice. For example, we saw that an infection control audit had been undertaken and that action had been taken as a result.

Records at the practice showed that required quality checks on safety, such as legionella checks, had been completed and were up to date.

We saw the practice had an extensive range of detailed policies and procedures. These gave clear information and instruction about the expected quality standards at the practice. Examples of policies we saw were, medical emergencies, safeguarding vulnerable adults and disposal of clinical waste. We saw that staff had signed to say that they had read these. We saw records of staff meetings which showed that current guidance on clinical issues had been discussed. The provider might wish to be aware that some policies required updating as they included the name of a former member of staff. .

All the people we spoke with during the inspection praised the quality of the service. Comments included, "I have been coming here years and they know me well. I am very happy here". The service had not received any recent complaints. We asked people if they had been given an opportunity to express their views about their treatment, such as completing a survey. Three people we spoke with said that they had not been asked to complete a survey but could tell the dental staff anything they wanted to about the service. They felt that they could influence the service if they wanted to.

A notice in the reception area invited people to make comments about the surgery. No comments or suggestions had been received. The provider might wish to be aware that pro-active use of questionnaires and surveys could provide useful information to inform quality monitoring at the practice.

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.

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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