

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

Bridge Street Dental Centre

47 Bridge Street, Taunton, TA1 1TP

Tel: 01823288941

Date of Inspection: 22 May 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
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	Bridge Street Dental Centre
Registered Manager	Mr. Peter Copland
Overview of the service	Bridge Street Dental Centre provides a broad range of conventional and cosmetic treatment, together with a full preventative service by a qualified hygienist. The service is for private patients, including those with dental insurance. An NHS service is provided for children and young people. The practice has four dentists.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced 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 22 May 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, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider and talked with other authorities.

What people told us and what we found

On the day of our visit we spoke with seven people who were complimentary about the practice. All felt they were treated with respect and dignity. We observed verbal consent to treatment was obtained prior to treatment thus respecting people's wishes. All seven people told us they were informed about the treatment alternatives and possible outcomes of the treatment.

One person told us "my dentist is very good and has cured my dental phobia". Another person told us their dentist was "very thorough; didn't rush anything and always explained treatment options well". Two other people told us they had no concerns and found the practice to be very calm. We observed people were treated with courtesy and found that overall people felt they received an excellent service.

We saw a patient satisfaction survey was used to gather feedback. The results demonstrated people were very happy with most aspects of the practice.

People told us they could make an appointment at times that suited them. They told us they were aware of the emergency number and had always been able to get an appointment within 24 hours.

The practice had disabled access via a ramp through the rear of the building. Once in the surgery there were facilities on the ground floor to provide all the services offered by the practice.

People were protected from abuse by staff who had received regular training and demonstrated good awareness of this subject.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views were taken into account in the way their treatment was planned and delivered.

Reasons for our judgement

We spoke with seven people who used the service. They told us the staff were friendly and treated them with respect and maintained their privacy. Two people we spoke with told us the staff were aware of people's anxieties when visiting the dentist and did their best to alleviate them.

The dentists and their nurses demonstrated they had a good understanding of the needs of children and young people when visiting the practice. One parent gave us a good example of how the dentists ensured that communication was age-appropriate. They told us how staff encouraged children and young people with good dental habits and oral hygiene.

All seven people we spoke with felt confident and comfortable with the practice staff. People told us the dentists took trouble to explain treatment options to them and gave them time to ask questions in order to make an informed decision. We saw people were given a copy of their treatment plan, including the costs. People told us the dentist always asked for their verbal consent to any treatment actions.

We saw examples of a range of patient information leaflets available and given to people using the service. We were told they could be obtained in other formats for people if required. We saw the practice had a policy to ensure the equality and diversity needs of people were met. Staff were aware of how to access this policy.

There was a 'suggestion box' in the reception area together with pen and paper for people to anonymously make their comments or suggestions. This meant that the views of people were sought by the provider to inform service provision. We were shown the results of a recent survey of people who used the service. Over 90% were happy with most aspects of service provision. However only 50% of people felt they had been informed of the fees prior to treatment; and only 14% of people knew about the complaints policy. The provider told us they were aware of these areas for improvement and were addressing

them. The comments people had made were "excellent care". The staff are pleasant and helpful".

Treatment records seen showed evidence of discussions with people regarding treatment options and decisions made. The dentists and their nurses demonstrated a good understanding of the needs of people who have learning difficulties or have some memory impairment. They had some knowledge regarding "best interests" meetings where an individual's treatment plan could be discussed with other professionals involved in their care.

The complaints procedure was available and displayed in the reception area. The process for making a complaint and the timeframe for a response, were clearly identified in the document displayed. We saw there had been one complaint in the last 12 months. We read that it had been handled appropriately and in line with the procedure displayed. The outcome of the process for the complainant was recorded.

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

All seven people we spoke with told us the practice was comfortable and accommodating to their needs with flexible appointment times, as well as offering emergency appointments when needed. They told us they knew there was an emergency number should they need it.

Parents we spoke with told us their children enjoyed visiting the dentist and had been given good information to encourage dental health and oral hygiene. They told us the dentists had a good understanding of how to meet the needs of children and young people.

We looked at the dental case records for three people who used the service. We saw that at each visit the medical history was updated to ensure any changes in medication were recorded and taken account of in treatment options offered. People confirmed to us the dentist asked them about their medical history and any medication they were taking. We were told that when they attended appointments they were asked to update this information.

We saw that people were given a copy of their treatment plan, including the costs. All seven people we spoke with told us they felt they had enough time and information to make an informed decision about their treatment.

In care records seen for those who had undergone x-ray examination there was a record of the frequency of the x-rays recorded, as well as feedback of the outcome from these images. The treatment plan following discussion was also recorded.

We were told staff were trained in dealing with medical emergencies and saw evidence of this training in personnel records kept. This was confirmed by the staff we spoke with who told us they had received training in first aid and basic life support. The practice had emergency equipment available including oxygen, airways and emergency drugs. The emergency equipment was kept in one of the dental surgeries and accessible by all staff. We were told by staff this equipment was checked regularly in accordance with the recommended guidelines. Records were seen which confirmed this. The provider might

like to note there was no specific equipment that was suitable for children as well as adults.

We spoke with four staff who told us the practice had regular meetings, bi-monthly, to discuss practice matters and any other issues or concerns. Staff told us that as a small practice they regularly discussed matters informally if they had any queries or concerns.

Staff we spoke with told us they regularly undertook training to ensure their continuing professional development and maintenance of their skills. This demonstrated they were aware of recent research and guidance and had maintained their skills and knowledge for the benefit of people who used the service.

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

Comments received from people we spoke with indicated they felt safe and their human rights were respected.

All nine staff we spoke with told us they had received training in the safeguarding of vulnerable adults. Only five staff members had received training in the safeguarding of children. They told us safeguarding issues were also discussed at practice meetings. Minutes of practice meetings confirmed this.

All staff were able to describe their role and responsibilities should they become aware of a safeguarding concern. The dentists demonstrated a good understanding about recognising signs of abuse through oral examination.

The practice had a safeguarding and whistle blowing policy that staff were aware of and knew how to access. They had a flowchart showing how to make a safeguarding referral for a child thought to be at risk which included the local numbers to call. The policy was also linked to the local authority and NHS trust policies.

All nine staff and the dentists we spoke with were aware of the Mental Capacity Act 2005 but had not received training in this area. They had some understanding of this legislation which was implemented to protect the rights of people for whom others need to make important decisions on their behalf. They understood the process to identify a suitable representative to provide consent, and protect the individual through "best interest meetings". Staff told us that this training was planned and records seen confirmed it would be delivered at the next staff meeting

All of the dentists and nurses who worked at the practice had enhanced Criminal Record Bureau (CRB) or Disclosure and Barring (DBS) checks for protection of people who used the service.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

The people we spoke with who used the service told us the practice was always clean and pleasant. On the day of our inspection the practice was noted to be clean and well maintained.

Staff were seen to comply with the infection prevention and control practices by wearing protective clothing and washing hands appropriately. We were told the practice is cleaned thoroughly each evening. The provider should note the cleaning cupboards and equipment were not appropriately labelled in accordance with infection prevention and control guidance.

The practice had a lead person who took responsibility for ensuring staff understood the infection control policy and practices to prevent the spread of infection. All clinical staff had hepatitis B vaccination certificates and these were seen in their personnel files. The nine staff we spoke with told us they had received infection control training. They demonstrated good knowledge of the principles and practices used to minimise risk. They told us they had access to an infection control policy, which we saw displayed in the staff area. They also showed us a cleaning policy for the surgery. This included a daily cleaning schedule and a routine for cleaning the surgery between patients. We observed the nurses cleaning the surgery between patients were using appropriate infection control techniques. This meant staff understood how to protect people from the spread of infection.

We read in the personnel records that staff had received training in infection control and decontamination practices. We saw they received regular updates through their ongoing E learning and practice meetings where information update was seen to be a standing agenda item.

The practice had installed a system to meet the essential standard required by the Department of Health's - Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). While it did not have a separate decontamination room there was a clear flow from dirty to clean in the surgery. It was then moved to the autoclave from which equipment was appropriately stored. This followed good practice guidelines to minimise the risk of spreading infection. We were shown a

recent audit against the HTM01-05 criteria had been completed. This showed the practice was compliant with the regulations.

All the surgery rooms were equipped with hand wash basins and were seen to be clean and well maintained. We observed that each surgery was equipped with two bowls for washing and rinsing instruments after use, and a magnifying glass with light for staff to examine cleaned items. There was an autoclave available for each surgery for sterilising equipment. The dental instruments were processed and sterilised through appropriate processes. We saw records that showed the machines were checked and maintained in line with the manufacturer's requirements to ensure they were working correctly.

We were shown the daily, weekly and monthly test schedules for washing and sterilizing equipment which had been signed by staff sign to prove these had been done. The provider should note this was not the case in the dental hygienist's surgery. These tests included periodic testing to detect any residual protein left on the instruments.

We saw that regular tests of the water quality and an external audit of the water quality had been undertaken. The results of these showed it met the relevant criteria, for the benefit of people who used the service.

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

People we spoke with told us they felt the staff were knowledgeable, competent and well trained.

We were shown evidence that staff received appropriate professional development through E learning, practice meetings and external providers. The practice manager told us the practice ethos was that all staff should receive appropriate training and development. This meant that people were cared for by competent practitioners.

We saw in personnel records that staff received an annual appraisal where goals were set and any training needs identified. Staff spoken with confirmed there were opportunities for further development. For example, we saw in one person's personnel records they had been employed as a trainee dental nurse. We saw documentary evidence that demonstrated the support offered to the individual to complete their training.

Staff spoken with told us there was good team work. They said they supported and encouraged one another to develop their knowledge and skills to provide a high quality service for the people who used it. This meant people could be assured they received appropriate standards of clinical care.

Records inspected showed an external company was used to facilitate team training in medical emergencies. We were shown minutes of regular staff meetings which demonstrated an effective medium for cascading training and information to practice staff. We were also shown certificates in staff files that demonstrated staff had attended appropriate training for their role.

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 received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about the care and treatment provided. We were told by all people and staff that they felt the provider was very responsive to any comments. One person gave us an example about the fees. They told us they had complained previously about not having the full information about the cost of treatment before it was given but that this had now improved.

The provider asked people to complete regular satisfaction surveys which they analysed to inform the quality of the practice and improvements needed. We saw records of the most recently completed survey. The results were positive in the main but clearly identified areas where service provision could be improved for the benefit of people who used it. For example only 87% were happy with the waiting times and how they were managed. The provider told us they had implemented a messaging system to enable reception staff to inform people of the estimated delay to their appointment.

The provider had an effective system to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw records of risk assessments. These included fire, health and safety, building maintenance and security, information governance and radiography and x-ray. There was a process in place for recording incidents and accidents and learning from the outcome. There had been no incidents in the last 12 months.

We saw the provider had an effective system for monitoring all aspects of service provision. Regular audits were undertaken on a rolling programme, and in line with dental practice requirements. This ensured the provider was monitoring and assessing the quality of service provision on a regular basis for the benefit of people who used it.

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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