

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

## St Michael's Dental Surgery

Walwyn Close, Twerton, Bath, BA2 1SX

Tel: 01225334733

Date of Inspection: 13 November 2013

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December 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>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	Mr. Calum Macpherson
Overview of the service	St. Michael's Dental Surgery provides NHS and private dental treatment for adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with six people who used the service, the dentist (the provider) and four dental nursing staff.

The people we spoke with told us they were highly satisfied with the service. One person said "it's very nice, helpful and relaxed. They are very considerate." Another person told us "it's good you don't feel as if you are at the dentist."

People said they were fully informed of their treatment plans and understood the costs of their treatment. One person said "they don't push you into anything you don't need. I'm fully informed of the costs. They show me my X-rays and talk me through it."

We found the dentist ensured people's care and treatment was safe and effective. There was emergency equipment available. The provider had all the emergency drugs recommended by the British National Formulary for dental practices. We saw the X-ray equipment had instructions to ensure safe practice.

People we spoke with told us they were satisfied with the cleanliness of the practice. The practice had implemented most of the recommendations for decontamination of the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

Staff were appropriately qualified. They had regular training updates and had performance appraisal. This enabled them to deliver care to an appropriate standard.

We saw the provider had an effective system to monitor the quality of the service provided.

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

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We were told and saw from people's records they were involved in their treatment plans and understood the costs of their treatment. One person told us "they don't push you into anything you don't need. I'm fully informed of the costs." Another person said "they (the dentists) always explain what they are going to do." We saw there was information regarding NHS dental costs in reception. Information about the practice dental payment plan was on the website and in the practice leaflet. The practice manager explained patients were given a written breakdown of costs.

The dentist used a range of methods to enable people to understand their dental issues. For example people told us and we saw notes in dental records, they were able to view their X-rays.

The provider had arrangements to support people with mobility difficulties. The treatment areas were on the ground floor. There was a ramp to promote access to the main entrance to the building and adequate parking close to the building. The customer toilet was large enough for wheelchair use. We were told by the practice manager a note would be made in the appointment diary regarding the support people required to access dental services. This meant staff were prepared to provide the appropriate support for people.

The staff had experience supporting people with sensory impairment. For example when assisting people who had hearing difficulties they arranged for an interpreter, family member or carer to accompany them to the treatment. One member of staff was able to use some sign language. We noted some of the information in reception was in large print to assist people with visual difficulties.

The staff we spoke with understood the support people who might have difficulty remembering and understanding information needed. They told us they would treat people as individuals and consult with family or carers with the person's permission. The practice manager told us they had in-house training on the Mental Capacity Act 2005 to support their practice.

The practice was designed to enable confidentiality and privacy to be maintained. The reception area although open plan, was large. The main seating area was sited away from the reception desk which meant conversations between receptionist and patient could not easily be overheard. We observed staff spoke quietly when discussing people's personal details and treatment to ensure confidentiality. The practice manager told us there was also usually a treatment room available for use for confidential discussions.

**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.

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

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**Reasons for our judgement**

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We found people's experiences of the treatment and support from the service was good. We spoke with six people attending the practice and looked at people's written feedback on the service. One person said "he's (the dentist) excellent. Pain free. I've no complaints." Another person told us "they make you feel relaxed. They put you to sleep (sedation for treatment) and that's why I've chosen it (the practice)." Some of the people we spoke with told us they preferred to travel to the practice rather than change their dentist when they had moved away from the area.

The dentist (provider) used effective strategies to alleviate anxiety and fear. The dentist told us "we sit and listen. We find out their past history and what's made them anxious. If they are afraid of the drill they can bring an IPOD or their own music. We have custom made earplugs too." Of the six people we spoke with three told us they had previously been afraid of going to the dentist. They said they were no longer nervous of treatment and attended appointments regularly. The dentist offered a sedation service for some aspects of treatment for adults.

The dentist told us they were experienced in sedation procedure. They explained how sedation helped some people with their dental care. For example the dentist we spoke with told us "we're not trying to do a quick fix. The goal is about long term care. We help people get to the point where they are symptom free, this then enables them to improve their oral care." We saw from people's dental records appropriate measures were taken to ensure people were safe during the procedure. This included gaining patient consent and an assessment of their fitness prior to treatment. People's vital signs were monitored during the procedure. Emergency equipment was checked before sedation and remained in the surgery throughout the procedure.

The dentist told us they used national guidelines when managing people's dental issues. For example, the frequency of dental check-ups and oral cancer screening during treatment. We noted appropriate staff had attended training on the prevention and detection of oral cancer.

We looked at ten people's electronic care records. They demonstrated what oral care

advice had been given and consent had been sought. People were asked to complete a medical history which was reviewed at each appointment. Specific health conditions or allergies were clearly highlighted in the patient record to alert staff to risks they would need to be aware of.

The provider had the appropriate equipment and procedures to manage emergencies. The emergency equipment available included portable oxygen, ventilation equipment suitable for adults and children, and manual suction. The provider had all the emergency drugs recommended by the British National Formulary for dental practices. This meant the dentist was able to respond quickly in the treatment of life threatening conditions. The provider told us oxygen levels were checked monthly and equipment serviced annually. Records of emergency medicine stored and expiry dates were checked monthly and were up to date. All staff had attended basic life support training in 2013.

The provider had a system to ensure safe practice when working with X-ray equipment. The X-ray equipment had instructions (local rules) for safe operating practice. There was an up to date certificate of examination of all radiography equipment. We noted the provider engaged the services of a radiation protection advisor, a legal requirement for services using radiation equipment. There were easily recognised radiation warning symbols on surgery doors to remind people that X-ray machinery may be in use. The dentist had appropriate qualifications to operate the machinery.

All the people we spoke with told us they were able to get an appointment when they wanted. One person we spoke with had an emergency appointment and this had been readily accommodated. Contact details for emergencies were available, on the telephone answering service, practice information leaflet and website.

**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.

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

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**Reasons for our judgement**

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The people we spoke with said they were satisfied with the cleanliness of the practice.

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

We found the provider had systems to promote cleanliness and reduce infection. We looked at the two surgeries. We found they were well lit, clean, tidy and uncluttered of unnecessary equipment. Although the work and floor surfaces were not totally seamless the joints were well finished. This aided cleaning and prevented the accumulation of dust. The dental chairs were in good condition and repair. There were appropriate hand washing facilities for staff within clinical areas. The taps were automatic sensor 'no touch' operated and waste disposal bins were foot operated to reduce the risk of contamination. Computer keyboards in the clinical areas were wipe clean and the computer mouse was covered in plastic to minimise cross infection.

The cleaning logs recorded what had been carried out. These were completed and up to date. Each day the dental nurses completed a checklist of tasks to ensure instruments and equipment in the treatment area was working effectively and safely. Staff told us the cleaning and maintenance records were regularly reviewed to ensure they were completed. We noted from staff meeting minutes actions from the reviews had been discussed and followed through. Accurate records were maintained of all checks on the steriliser and washer/disinfector. We saw equipment had been routinely serviced.

We observed the provider had followed guidance from HTM01-05 and had a dedicated decontamination area accessed from the dental surgery. The decontamination area was small. The use of a well developed routine for surface cleaning and decontamination enabled a 'dirty' to 'clean' workflow to be maintained. This lowered the risk of used instruments coming into contact with decontaminated instruments.

The dental nurses talked us through the decontamination processes in both areas. The staff we spoke with were knowledgeable about their role and responsibilities in preventing

cross infection. We noted all stages of the decontamination process were in line with HTM01-05 guidance and manufacturers' guidelines. We saw from staff training records most staff had attended infection control training updates in 2012/2013. Staff we observed had tidy uniforms, short nails and wore minimal jewellery to reduce the risk of cross infection. Staff consistently wore the appropriate personal protective equipment.

The practice had comprehensive up to date policies regarding infection control and waste disposal as guidance for staff.

The practice manager had completed infection control audits regularly in line with HTM01-05 guidance. All aspects of the most recent audit were compliant.

**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.

People were cared for by staff who 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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Staff we spoke with told us they were well supported and worked well as a team. One staff member said "it's lovely. I really enjoy working here." Staff appreciated the support from the provider with regards to training. One member of staff said "you always feel as if you are moving forward and not stagnating." Another told us "there are no problems with training. He (the provider) pays for it all."

We saw from staff training records they had the appropriate professional qualifications and up to date training to support safe, effective practice. Subjects included radiography updates, safeguarding vulnerable adults, and cardiopulmonary resuscitation (CPR). Some staff had received specialist education for example relating to sedation. Staff had maintained their continuing professional development activities to meet the requirements of the General Dental Council.

Practice and staff related concerns and issues were addressed on an informal basis as and when they arose or at the two monthly staff meetings. We saw from the minutes of the staff meeting in March 2013 there were opportunities to discuss practice and clinical issues. People who were not able to attend the meetings could access the minutes on the staff notice board to remain updated

The provider had an induction programme to enable effective integration into the practice. The programme included reading of practice policy and procedures such as infection control, health and safety and time spent with the practice manager. Although there were new staff we were not able to speak with them to evaluate the effectiveness of the programme as they were not working on the day of the inspection.

We saw from records most staff had an annual performance review where they had the opportunity to identify personal learning and development needs.

## 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 people receive.

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### Reasons for our judgement

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We saw people's views on the service were collected annually through a satisfaction survey. People rated the practice highly and had taken the time to post compliments about the service provided on the NHS choices website. We saw some actions had resulted from the survey responses, for example, access to more information for patients about record keeping and confidentiality.

There had been one complaint recorded which had been dealt with in a timely manner. The people we spoke with told us if they had a complaint or concern they would not hesitate to discuss this with the dentist. We saw there was information regarding the complaints procedure visible in reception and in the practice leaflet to remind people of the process.

The provider had a regular schedule of audits to monitor the quality of the service. These included for example X-ray, infection control and care records. The provider may find it useful to note not all action plans had been completed and updated. This may have meant actions required may not have been followed through.

The provider had a system to record and investigate accidents. There had been three accidents since 2011. There were no trends in the accidents recorded.

The practice manager had completed a Control of Substances Hazardous to Health (COSHH) risk assessment to ensure people and staff were protected when the substances were used. We saw there were regular audits of practice quality standards such as infection control, X-rays, care records and sedation processes. The provider may find it useful to note some action plans had not been completed and updated. This may have meant actions required may not have been followed through.

The provider kept well organised and up to date records for maintenance of equipment such as oxygen cylinders, X-ray equipment and electrical testing which demonstrated equipment used was fit for purpose.

Staff had ready access to policies and procedures to inform their practice. We noted there were quizzes held on some of the policies to monitor staff were up to date with their knowledge and to improve the content of the policy.

## 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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