

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

## East Street Dental Centre

68-70 East Street, Bedminster, Bristol, BS3 4EY

Tel: 01179663298

Date of Inspection: 06 December 2013

Date of Publication: January 2014

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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Petrie Tucker and Partners Limited
Registered Manager	Mr. John George Gilborson
Overview of the service	East Street Dental Practice is registered with the Care Quality Commission to provide dental services to the people who used their service.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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East Street Dental Centre provided primary dental care to private and NHS patients. There were four surgeries operating within the practice.

People told us that they were happy with the service they received at the practice. They told us that they had been coming there for a long time, and had got to know the dentists and other staff. One person told us " they are very polite and reassuring".

We observed people interacted well with staff in the reception area. People told us they felt comfortable when they asked questions and that staff were polite and helpful. People felt they were treated with dignity and respect when they visited the practice.

People told us that the dentist always discussed treatment options with them. One person we spoke with said they had always been informed of the cost of their treatment and they had signed a consent form. People said they were able to ask questions about their treatment and were kept informed.

Overall, we found that the provider was operating effective systems to ensure patients received suitable care and treatment in a clean environment. We had a couple of minor concerns, which we discussed with the registered manager and the practice support manager during the inspection. These related to portable electrical testing (the examination of electrical appliances and equipment to ensure they are safe to use). The other was in relation to providing a piece of equipment that ensured infection control process was completed.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who use the service had been given information and support regarding their care or treatment. We noted that people were treated as individuals. The manager told us that they take into account people's individual preferences, as well as their religious and cultural requirements.

We saw that a price list was displayed in the reception area, and leaflets were available giving information about the practice. The opening times were displayed on the door to the practice. When the practice was closed, the telephone had a recorded announcement. This included details of how emergency treatment could be obtained out-of-hours. If people required an urgent appointment, the policy was to try to fit them in on the day they called, or as soon as possible the next day. This meant that the service was flexible to ensure that people's needs were met.

People were called for a check-up every six to nine months. This depended on their treatment plan and assessment. People were contacted to remind them about their appointment by text message or phone. One person told us "they always send me a message to remind me of the appointment".

**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.

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

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**Reasons for our judgement**

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People's needs were assessed and their care and treatment were planned and delivered in line with their individual care plan. We saw that people's full oral and medical history was recorded when they registered at the surgery. Part of the process of registering a new patient included recording all the current medication that people were taking. It also included any current and past medical conditions. People then had a full oral examination, including taking x-rays if required. The dentist then discussed the treatment plan and options with people. This included a discussion about the benefits of certain types of treatment, and the different costs involved.

We saw that people were given a copy of their treatment plan, which they could take away to consider, or, if they preferred, they could commence treatment on the day. Treatment plans were signed by the person concerned to confirm their agreement. One person we spoke with told us "I made the decision straight away to have the treatment because the dentist explained the options to me clearly".

Arrangements was in place to deal with emergencies and to ensure that the correct equipment was accessible. We saw that the practice was equipped with emergency first aid equipment, oxygen and medicines. Staff had received training in managing emergencies. They had received training annually on life support, the last session being in October 2013. We saw regular maintenance checks on the equipment had been done and recorded. Risk assessments had been completed on a regular basis. These had been done at least every three months, but could be done more frequently if concerns had been identified.

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The provider had systems in place to respond to any allegations of abuse. We saw records which showed that staff had attended training in safeguarding children and adult from abuse on 19 March 2013. Staff told us they were able to access the local child and adult protection procedures online.

We saw that the Bristol City Council multi-agency safeguarding policy was displayed at the reception and in the manager's office. Staff were able to describe their responsibilities under this policy. Staff told us they would record any concerns. They told us they would report these to the relevant people in accordance with the policy.

Staff had recently received refresher training on safeguarding. This clarified the steps that would be taken if a safeguarding referral was made. This meant people would be protected as any concerns staff had would be highlighted.

The staff we spoke with were aware of the practice's whistle-blowing procedure. Staff we spoke with told us the policy made them aware of their professional responsibility to report concerns, and explained how they should go about this.

**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.

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**Reasons for our judgement**

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During our visit to the practice, we saw that there were effective systems in place to reduce the risk of the spread of infection.

The people we spoke with told us they were provided with protective material such as aprons, glasses before treatment commenced. They said the dentists and nurses always wore gloves and masks and protective eye wear when undertaking their dental health care. We saw evidence of this on the day of our visit.

We observed the practice did not have a designated decontamination room (where all used instruments were cleaned and sterilised). We saw that each surgery had its own decontamination area. The registered manager told us that the dentists the practice support manager and the dental nurses were responsible for infection control at the practice. They told us they followed their infection control policy and procedure to ensure the risks and spread of infection was prevented. For example, each dental surgery was divided into zones. There were clean zone, dirty zone and free zone.

We observed the autoclave (this is a device used for sterilizing instruments) was situated in each main dentist's surgery. The dental nurses we spoke with told that they made sure they had sufficient instruments for the morning surgery. One dental nurse told us "I make sure that I prepare for the surgery in the evening so that it is easier in the morning for the dental nurse on duty".

The dental nurse told us that the end of surgery used instruments were soaked in an ultrasonic soak, scrubbed and examined under a magnifying light. The instruments were then placed in the autoclave by the dental nurse who wore appropriate protective clothing, gloves and mask. We saw the autoclave had a cycle logger fitted to record any malfunction. This provided the proof that sterilisation had been completed at the correct temperature.

We saw that the autoclave was cleaned daily and we saw that cleaning records were kept. This demonstrated that cleaning took place daily. However we noted that one of the surgeries had no magnifying light used to ensure the cleaning process was completed.

The dental nurse told us that the practice manager had been informed. The practice manager told us that the magnifying light was broken and had not been replaced due to a gap in communication. This was replaced immediately with the one from the surgery that was not in use on the day of our inspection due to refurbishment.

The two dentists we spoke with told us they made sure all their procedures were safe, and they placed a high emphasis on patients' safety.

We were told all clinical areas, plus the floors of the dental surgeries were cleaned daily. We were also told that the practice had a contract with a company to do domestic cleaning to other areas of the building. A record of the cleaning was made available to us. We saw records that showed clinical waste and sharps were collected weekly by a private contractor. This meant that the practice ensured that people who used the service were protected from the risk of infection.

Review of staff training records demonstrated all staff were trained in Infection control.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who used the service, their representatives and staff had been asked for their views about their care and treatment, and their responses had been acted on.

We saw that there was a comment box in the reception area. People could submit comments or suggestions or could give feedback about the quality of care they had received. We saw that there were also complaints and compliments forms. We saw on the back of the form had free post details were provided for people to send their comment if desired. This method protected people from making their identity known. Some of the comments included "I was nervous when I came in. After I went inside to have it done the dental people were good and not rushed. The receptionist was very helpful". Another comment was "really very good level of service" and "very polite and efficient".

The manager told us that each person was asked to complete a survey questionnaire when they visited the practice. We sampled four questionnaires forms. The practice support manager told us that the feedback forms were collated and analysed quarterly. We were told that any concerns identified were discussed at the practice staff meetings. Comments included "excellent, friendly, and professional service" and "the dentist was polite, welcoming and put me at ease. He was gentle and efficient, in the year I have been with the practice he is the best dentist I have had".

We saw that regular staff meetings were held to discuss training needs and any changes to the care practice. The manager told us that members of staff who had not attended the meetings had been provided with the minutes and discussed at supervision. This was to ensure they were aware of any changes or improvements made. This meant that staff had current information to perform their work effectively.

We were shown the contract and maintenance records for various pieces of equipment used within the practice, for example, the x-ray machine and the autoclave. We saw examined the contracts for the removal of clinical and non-clinical waste. We looked at the incident and accident records, and noted that the practice had maintained records for all health and safety concerns that had arisen. For example, a recent needle stick injury. The

provider may wish to note the portable electrical testing certificate expired on the 11 November 2013. This could be a potential risk to the health and safety of the patients and staff. We saw that arrangements were made before the inspection was completed for the above testing to be carried out.

We saw that the organisation's clinical director visited on 10 September for clinical audits and the compliance manager visited quarterly. We saw the last visit was on 26 June 2013. An action plan was produced in relation to all the concerns raised. We saw that all the action plans had been completed. This meant that the service ensure that quality of the service was regularly reviewed to ensure that people's health and safety was protected.

## 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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