

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

## Broadway Dental Care - Cotswold Dental Limited

64 High Street, Broadway, WR12 7DT

Tel: 01386853800

Date of Inspections: 07 June 2013  
05 June 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</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	Cotswold Dental Limited
Registered Manager	Mrs. Clare Howe
Overview of the service	Broadway Dental Care practice offers preventative treatments, dental care, and implants for people on a private 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'.*

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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 5 June 2013 and 7 June 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 and talked with staff.

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### What people told us and what we found

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Our inspection was discussed and arranged with the practice a couple of days in advance. This was to ensure that we had time to see and speak with staff who worked at the practice, and people who were registered with the practice. We spoke with the practice manager, a dentist, a dental nurse, a trainee dental nurse and a receptionist. We also spoke on the telephone with six people who used the practice.

People who used the practice were very complimentary about the care and treatment they received. One person said the practice was: "First Class, I would recommend it". People told us they were given information about their treatment and the dentist: "Told me everything I needed to know". There was medication and oxygen available for medical emergencies and staff were trained to know what to do if a person became unwell at the practice.

The practice was clean, hygienic and very well organised. People we spoke with confirmed that this was their experience too. There were suitable arrangements for the cleaning, sterilisation and storage of instruments so that people were not placed at risk of infection.

The dental team were qualified and kept their professional training up to date as required by the General Dental Council so that they knew how best to support people. The provider had systems of audits in place to enable them to monitor the quality of the service provided. People were asked for their views about the practice and these were listened to.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People who used the practice told us they were given choice, and all treatments were explained to them fully before making any decision. People told us the dentist: "Always explains the treatment and how much it will be". "The dentist always tells me what he is going to do and always asks me if I understand". The dentist: "Told me the treatment options and took time out to make sure the prices he told me were correct". "Everything was explained in detail, and he made sure I could cope with the aftercare too". Staff told us that the dentist often used diagrams to make it easier for patients to understand their options.

We looked at the dental records and treatment plans of five people treated by the practice. These showed that people's treatment options had been discussed with them and showed where consent had been obtained. This meant that people had been kept fully informed about the treatment available to them and had been able to make informed decisions about their care and treatment.

We spoke with the dentist and the practice manager who were aware of the need to obtain informed consent from people who used the practice prior to treatment being given. This meant that staff at the practice recognised the importance of ensuring people agreed to treatment before it was given.

**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 had been assessed and care and treatment had been planned and delivered in line with their individual needs. People we spoke with were complimentary about the care and treatment they had received. One person said: "I have never had any issues or had to wait too long. The staff are always pleasant, polite and courteous". People told us their treatment was: "Excellent in every way". "They are all really helpful. The dental nurses are really nice and really helpful. The receptionist was very helpful on the phone; she was knowledgeable about the processes". "I am really impressed with them". "Very good. I can thoroughly recommend going there. They have treated me very well. The staff are always very good".

We looked at the records of five people who had recently used the practice. The records contained information about each person and identified any potential medical risks. They also included details of all appointments attended and the care and treatment provided. Records showed that people's medical history had been recorded and that people were asked about any changes to their medical history at each appointment. People we spoke with confirmed this. One person told us: "The dentist always asks me how I am". Another person told us the dentist: "Checks my teeth, asks if there are any problems. Gives my teeth a clean, checks my gums and jaw and gives me advice about brushing my teeth". This meant that any potential health risks could be identified to ensure the safety and welfare of the individual.

We saw that information was available to people about the services provided and the associated costs. Information leaflets on maintaining good dental health and general wellbeing were also available. Staff told us post treatment advice leaflets were provided, for example following a tooth extraction or when antibiotic medicines had been prescribed.

We saw that the practice had a range of emergency medicines. These could be administered in an emergency to treat conditions such as asthma, diabetes and unexpected shock from treatments. Records showed that medicines and equipment for administering them were being regularly checked to ensure they were in date and fit for use. Staff spoken with told us how they dealt with any medical emergencies that may occur. They all knew where emergency equipment was stored and had received the

appropriate emergency first aid training. This meant that arrangements were in place to deal with any potential emergencies.

**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 cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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People were cared for in a clean, hygienic environment. We saw that there were effective systems in place to reduce the risk and the spread of infection. People we spoke with told us that they had no concerns about the cleanliness of the practice. People said the cleanliness was: "Spotless". People said it: "Always looks fine. It is clean and tidy; the nurses are clean and tidy". "I have no complaints". "They are always cleaning up after me at the end of my treatment, so this means they have done the same for me too".

We saw that treatment rooms were clean and well organised. Records showed that staff received on-going training in infection prevention and control. Staff told us how they cleaned the treatment room and cleaned and checked equipment between uses. People we spoke with told us that: "Everything looks very clean and I feel very safe". This meant that people would be cared for in a clean environment and would be protected from the risk of infection.

There was a designated infection control lead member of staff with responsibility for the management and monitoring of infection control in the practice. This included responsibility for undertaking infection control checks at the practice.

We saw that there were effective systems for the transportation of clean and dirty instruments. For example, there was a designated room for the decontamination and sterilisation of surgical instruments. We found the areas were clean, tidy, well organised and there were clearly defined clean and dirty areas. Staff showed us the process they used for cleaning and sterilising the instruments.

We saw that personal protective equipment (PPE) was available for staff to use. Staff told us they changed their PPE between accessing clean and dirty areas. People we spoke with told us that: "Staff wear uniforms, masks, and aprons. They also give me bib and glasses to wear too". We saw that hand gel was located around the practice. Hand washing facilities were provided in treatment rooms. There were arrangements for the management of clinical waste products which included a secure area for storage of waste prior to collection. This meant that staff ensured that they and the people who used the practice would not be placed at risk of the spread of infection.

**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 received appropriate professional development. We spoke with people who used the practice who told us that staff appeared very competent in the way they cared for them. One person said the staff were: "Professional and very, very friendly and very nice". Another person said: "I have never had any issues; they have always come across as professional, polite and courteous".

The dentist and dental nurses that worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the United Kingdom. Records showed that the provider had carried out checks on staff's professional registration. This meant that the provider ensured that staff were suitably skilled to provide care and treatment to people who used the practice.

Records showed that staff had completed a range of relevant training. Examples included safeguarding adults, resuscitation, as well as specific dental topics. Staff used a range of methods to update their knowledge and skills. For example, records showed that some training was done within the practice, some was done using internet based courses and some took place at external venues. Discussion with staff confirmed this.

Records showed that new staff to the practice had received induction training in line with the provider's procedures. Discussion with staff confirmed this. Staff told us: "Staff helped me when I started. It is a nice atmosphere". The practice manager: "Is very good and will help you out". "Staff are brilliant". "We all get on really well".

Staff told us they received supervision and appraisal from the practice manager. They also told us they felt able to approach the dentist and the practice manager at all times should they need to. "They are both really approachable and supportive. It's like family here". Staff told us that they were able to raise any training needs and felt supported by the practice manager to achieve these. This meant that the provider was able to identify areas where staff may need additional support and training to enable them to meet people's 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 received.

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### Reasons for our judgement

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We found that the practice had internal audit systems in place that enabled them to monitor the quality of the service. For example, infection control, and patient records audits. The practice manager told us that audits for records last year identified a gap and that changes were made that improved this. We were shown the system of back up records now in place. This meant that people who used the practice were not placed at risk of receiving inappropriate care and treatment.

People who used the practice were asked for their views about their care and treatment. The outcome was very positive. We saw that a suggestions box and forms were located in the waiting room. The practice manager and dentist told us: "We are a small practice and try to meet the needs of all individuals. We always listen to individual comments and try to meet all our patient's needs. From the most recent questionnaires we have carried out patients did not ask for change but the surveys were considered and results and comments discussed". This meant that the provider encouraged people to comment on their experience of the care, treatment and facilities provided by the practice.

Records showed that the provider investigated any complaints received in line with their procedures. People we spoke with had no concerns about the treatment they had received. We saw records were held which recorded any accidents and incidents. The practice manager told us that where these occurred the information would be analysed and any changes needed would be implemented. This meant that any lessons could be learnt and action taken to reduce incidents reoccurring.

Staff told us that they had: "Staff meetings every month if we can" and that being such a small practice: "They could have meetings at any time". Staff said they were able to give their feedback about the practice at the staff meetings. Staff told us they were able to make suggestions at any time to improve the practice and the practice manager listened to their views and acted upon them. This meant that staff's views had been listened to and used to improve the practice where needed.

## 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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