

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

## Bucklersbury Dental Studio

27 Bucklersbury, Hitchin, SG5 1BG

Date of Inspection: 24 September 2013

Date of Publication: October 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	Bucklersbury Dental Studio
Registered Manager	Dr. Shakir Mughal
Overview of the service	Bucklersbury Dental Studio provides private dental treatment for adults and some NHS dental treatment for 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## 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 24 September 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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When we inspected Bucklersbury Dental Studio on 24 September 2013 we found that people were given information about their treatment and were asked for their consent. One person who was visiting the dental practice on the day of our inspection said, "The dentist always explains whatever is required in lots of detail. My [relative] also comes here and has had extensive treatment. We always know what is required and how much it is going to cost."

People's dental needs were assessed and their treatment was planned in accordance with those needs. One person told us, "I feel very much involved. I always have a clear picture of what I need and I get to discuss with the dentist what the different available treatments are. I have been given a written treatment plan that broke everything down with the costs and the timescales."

The dental practice operated hygienically and used decontamination procedures that were in accordance with Department of Health Guidance.

Staff received appropriate professional development that was relevant to their role. The dentists and the dental nurses undertook continuing professional development that ensured they maintained their professional registration.

The provider carried out a range of audits to ensure the practice was operating safely.

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

The provider was meeting this standard.

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

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### Reasons for our judgement

When we inspected Bucklersbury Dental Studio on 24 September 2013 we found that people were provided with information about their treatment and they were asked for their consent. We spoke with one of the dentists who told us about their approach to consent. They explained that they always ensured people had sufficient information to make a decision about their treatment. This included information about the risks and benefits of different treatment options together with information about costs. We looked at the records of three people that were using the service and saw that this information had been recorded by the dentist at the time of their examination.

People were given written information about costs in a printed estimate that they were given by the receptionist at the end of their check-up. Information about costs was clearly displayed in the reception and also on the practice web-site. Staff members we spoke with told us that people would sometimes take time to think about whether they wanted to proceed with their treatment. The dentist and the staff members also knew what the arrangements were for obtaining consent from children under 16 years of age.

One person who was visiting the dental practice on the day of our inspection said, "The dentist always explains whatever is required in lots of detail. My [relative] also comes here and has had extensive treatment. We always know what is required and how much it is going to cost." Another person told us, "I am always given lots of information about the [risks and benefits]."

**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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People's needs were assessed and treatment was planned and delivered in line with those individual needs. We spoke with one of the dentists who explained the treatment pathway experienced by people using the service. We saw that people's examinations included an assessment of their general health and their declared medical history.

We saw that people's assessments and their treatment plans were held on computer and we looked at the computerised records of three people who were using the service. These showed a detailed record of the examination and assessment for each person. The records also noted the explanation given to people about their treatment plan and advice about after-care and the promotion of dental health.

We asked two people visiting the dentists on that day to tell us what their involvement was in planning their own treatment. One person told us, "I feel very much involved. I always have a clear picture of what I need and I get to discuss with the dentist what the different available treatments are. I have been given a written treatment plan that broke everything down with the costs and the timescales." Another person said, "I have been very happy here. I get the same dentist every time I visit and they seem to know me very well."

We found that there were arrangements in place to deal with foreseeable emergencies. Staff members had received training in life support in June 2013. The provider also had emergency oxygen and medicines that were checked every month and these were all within their expiry dates.

**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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There were effective systems in place to reduce the risk and spread of infection. We noted that the provider had an infection control policy that was reviewed in February 2013. Staff members told us that they understood the policy and that they had received infection control training at the end of 2012. We noted that further refresher training had been booked for November 2013.

We saw that the provider had a dedicated decontamination room at the practice. A staff member demonstrated the instrument decontamination process. We saw that used instruments were transported appropriately to the decontamination room where they were scrubbed, rinsed and visually inspected. They were subjected to an ultrasonic clean and then sterilised under high temperature and vacuum in a sterilising machine before being packaged ready for re-use. These procedures were in accordance with Department of Health Guidance on decontamination.

One person who was using the service on the day of our inspection said, "Everything looks clean and well organised." Another person said, "I have always had the impression that they operate very hygienically."

**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 that was relevant to their role. The dentists and the dental nurses undertook continuing professional development (CPD) that ensured they maintained their professional registration. The provider kept a copy of all CPD activity and training undertaken and we saw certificates in staff members' files. Training in key subjects that were relevant to their role was undertaken regularly. For example, training in infection control and in life support had been received within the previous 12 months.

We saw records of staff meetings that took place every three to four weeks. These showed that key information about the provider's policies and practices was conveyed to the staff team. For example, the provider used one of the meetings in December 2012 to ensure staff were aware of the child and vulnerable adult protection policy.

Staff members told us that they felt supported by the provider and we saw records that showed that they had formal appraisals every year. Staff members also told us they received a one-to-one 'mini-appraisal' every month with the practice manager and that these examined their strengths, developmental needs and future goals.

## 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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The provider took proper steps to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider carried out a range of audits to ensure the practice was operating safely. For example, we saw that the sterilisation equipment was monitored daily to ensure that it operated within acceptable parameters for temperature and sterilisation time. We also saw that the provider carried out a six-monthly infection control audit using a self-assessment tool based on the government's decontamination guidance.

The provider had carried out a radiography audit between July and August 2012 to check whether x-rays had been carried out to a good standard and for the right reasons. We saw that some changes in the method for taking x-rays had been recommended in order to improve their quality as a result of this audit. These changes had been communicated to the staff through the team meetings. The provider explained that this audit was about to be repeated so that they could check whether the x-ray quality had improved.

People who were using the service had been asked for their views about it by way of a patient survey that the provider carried out in November 2011. The survey produced largely positive feedback but had also identified that some changes were required in the manner that staff greeted people when they visited or telephoned the practice. We saw that this feedback had been shared with staff members through circulation of the survey results and staff members we spoke with were aware that this had been an issue. However, it was not clear whether the improvements had been made because the survey had not been followed up. The provider assured us that the survey was to be followed up as part of a larger patient survey that they intended to carry out in November 2013 after the practice had undergone some planned refurbishment. This was to enable the provider to seek people's views about a range of issues, including whether the refurbishment had improved people's experience of the practice.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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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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