Inspection Report

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

Twindent Dental Care

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Date of Inspection: 25 June 2013

Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr Martin Suchter
Overview of the service	Twindent Dental Practice is based in Bristol. They provide a comprehensive range of dental services including general and cosmetic dentistry.
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'.

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During the inspection we spoke with five patients regarding their experience of the service and their involvement in treatment planning. We were told that medical histories were taken regularly and that advice was given following a course of treatment.

We viewed five treatment plans. We found that treatments were explained and that the costs were made clear. People said that appointments could be made easily and that staff were very professional.

People we spoke with confirmed that information about their treatment and the available options had been given to them. Comments included "I understand what is available and I'm always asked for a medication update" and "the dentist is excellent. I'm provided with enough information and it was my decision regarding the way forward".

We found that there was a safeguarding policy in place. The policy provided the procedures involved in raising concerns about the possible abuse of children and vulnerable adults

We saw that the practice was clean and well organised and that staff had a good understanding of infection control procedures. We found that there were arrangements in place to ensure that equipment was kept clean and ready for use.

There were arrangements for monitoring the quality of the service and people who used the practice were encouraged to provide feedback about the care and treatment they received. This meant that the provider actively encouraged feedback and used it to influence the way care was provided.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We made observations on the day of our inspection of people being treated in a helpful and professional manner when arriving at the practice.

People expressed their views and were involved in making decisions about their care and treatment. A separate room was available for private conversations, should a patient request it. People we spoke with told us that treatments were well explained and that any costs involved in their treatment were made clear. Information was made available in the surgeries and the waiting area regarding the fee structure. Comments included "I was provided with the options available and information leaflets. I was advised to think about it before providing consent about the proposals. I have been given advice about the do's and don'ts and aftercare advice".

We reviewed 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 were kept fully informed about the treatment available to them and were able to make informed decisions about their care and treatment.

The practice was fully accessible for people with mobility needs and a surgery was based on the ground floor. This meant that people were treated fairly and equally within the physical layout of the practice.

We were told that one patient who used the practice lacked the mental capacity to make their own decisions. The person's relative was involved with the decision making process and their consent was sought before they commenced treatment. This meant that the person's advocate could express their views and were involved in making decisions about their relative's treatment.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the treatment records for five people who used the service. Records held on the practice database included information regarding medical histories and what was discussed with the person. Where complex treatment was required we found that the dentist had written to the person regarding a treatment plan, the options available and the fee structure. The assessment, planning and delivery of their treatment were centred on the person's individual circumstances.

We found that the treatment plan was based on an oral examination chart which involved an assessment of the person's oral health needs. We found that verbal consent was recorded regarding the planned treatment. This meant that there was an audit trail of the discussion being held, and recordings were made of the person's involvement and consent with the planned treatment.

People using the service were protected in the event of an emergency because staff had received training in first aid and there were emergency medications available if required. Emergency drugs were in date and regular checks were conducted to ensure that they were replaced if their date expired.

People we spoke with told us that they were able to get treatment when needed and they understood their treatment plan and what would happen after their appointment. A dentist told us that time would be allocated to accommodate emergencies. If the practice couldn't accommodate an emergency appointment they had an agreement with two other practices in the area to make an emergency referral. One person who had visited the practice on the day of our inspection told us "my emergency appointment was catered for. They got me in straight away. They took my tooth out within a couple of hours of calling". This meant that arrangements were in place for dealing with unforeseeable emergencies.

We saw that a range of information was available to people about the services provided. Useful information on maintaining good dental health and general wellbeing was also available and displayed. This meant that people could access information about oral health and well-being when they wanted it.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People using the service were protected because staff were aware of their safeguarding responsibilities.

Reasons for our judgement

Staff we spoke with understood the signs of abuse and were aware of their responsibilities to safeguard children and vulnerable adults. They were aware of where to find the practice policies. The records seen demonstrated that the members of staff had received safeguarding training. Modules covered in the training included general awareness of the range of legislation and guidance surrounding safeguarding, being able to define the different types of abuse and understanding how to report safeguarding. This meant that staff understood the aspects of safeguarding processes that were relevant to them.

We saw that there were policies in place for both children and vulnerable adults. These outlined the different categories of abuse as information for staff to refer to. There was also a flow chart available as a reference for acting on concerns. Telephone numbers for relevant agencies were included. We found that people who used the service were protected from abuse, or the risk of abuse.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection we viewed the procedures for the decontamination and sterilisation of dental instruments to establish whether they met with the essential requirements of the Health Technical Memorandum (HTM) 01-05. The HTM is the guidance that all dentists must follow in order to ensure that their practice is safe and minimises the risks of cross infection.

We saw that treatment rooms were clean and well organised and that staff working at the practice demonstrated a good knowledge of infection prevention and control. When we spoke with staff they told us how they cleaned the treatment room and cleaned and checked the equipment between patients. There was a cleaning schedule in place for staff to record that cleaning tasks were being completed between patients. This meant that people would be cared for in a clean environment and would be protected from the risk of infection.

We looked at the procedures in place for decontaminating dental instruments. The cleaning of the instruments was undertaken in a separate decontamination room. There were defined clean and dirty areas. A washer disinfector system was usually used to carry out the processes of cleaning and disinfection consecutively in an automated cycle. On the day of our inspection the system had broken down and the staff had to revert to manual cleaning. To ensure all debris were removed, staff were required to visually inspect instruments under the magnifying light before placing them into the autoclave. The member of staff on duty was able to explain to us the process they used for cleaning and sterilising the instruments. There were arrangements for staff to carry out routine checks to ensure that any instruments to be used were within their expiry dates. This meant that people would be protected from the risk of cross infection.

We saw that personal protective equipment was available for staff to use. Hand gel was located around the practice and hand washing facilities were also provided in treatment rooms. This meant that staff took steps to reduce the risk of infection.

There was a designated infection control lead with responsibility for the management and monitoring of infection control in the practice. This included carrying out infection control

audits. The provider last conducted an infection control audit in August 2012. The audit identified an assessment of improvements required and an action plan with timescales. We found that the improvements identified had been taken forward within the stipulated timescales. Regular checks ensure people are not being put at risk of cross infection.

We found evidence that the decontamination equipment used was subject to the correct validation, testing, maintenance and servicing. Records were held to document that the appropriate tests and servicing had been conducted.

We found that the provider was minimising the risks of cross infection. The provider's practices for decontaminating instruments were in line with the HTM.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We viewed the systems that the provider had in place to monitor their own service. We saw that the risks associated with the building had been assessed and equipment maintained. Information was made available to show that checks were regularly made on equipment. This meant that the provider ensured that the equipment at the practice operated safely and efficiently.

We found that there was a system in place to address patient complaints and a policy was available to guide staff in how to manage complaints. The complaints policy was well publicised in the practice. We found that the practice had not received any recent complaints. People we spoke with told us they had no complaints about the treatment they had received.

There were arrangements in place for staff to record details of any adverse incidents that occurred at the practice. We were told that no adverse incidents had occurred. The provider had a system in place that enabled them to assess any potential risks to people and to take action to minimise any further risk.

We found that people using the service were offered a regular opportunity to provide feedback regarding their experience of the service. The last annual patient survey was conducted in November 2012. The results were analysed and identified factors where patients thought that improvements could be made. The analysis identified that the issues were minor and could be taken forward quickly. The feedback provided highlighted that the patients were happy with the practice. This meant that the provider regularly sought the views of the people who used the service to enable them to come to an informed view in relation to the standard of care and treatment provided.

The provider carried out an audit of infection control once a year. The provider may wish to note that the HTM states that as a minimum practice's should audit their decontamination processes every six months, with an appropriate review dependent on audit outcomes.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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