

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

## The Martock Dental Surgery

13 Church Street, Martock, TA12 6JL

Date of Inspection: 14 January 2014

Date of Publication: February 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>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	The Bruton Dental Practice Limited
Registered Manager	Mr. Andrew Keeling
Overview of the service	The Martock Dental Surgery provides private dental treatment to approximately 1,200 people in Somerset. The surgery is run as an expense sharing partnership between two dentists who are registered as separate providers. The providers share policies, procedures and support staff.
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 14 January 2014, 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 staff and reviewed information given to us by the provider.

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### What people told us and what we found

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All three of the patients we spoke with were satisfied with the care and treatment they received at The Martock Dental Surgery. Comments included, "It's great, I couldn't really be more positive", "excellent" and "great, I live quite a few miles away but still come here".

People's privacy, dignity and independence were respected and care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People who used 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.

People were cared for in a clean, hygienic environment by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We spoke with three patients during our inspection, who told us "the dentists explains the different options, he always considers the basic options initially and explains the prices" and "it's easy to make appointments I called on Thursday and am here today (Tuesday)".

The practice was located over two floors with the reception area, waiting room and a treatment room located on the ground floor and two additional treatment rooms and the patients toilet located on the first floor. There was level access to the reception, waiting room and ground floor treatment room for people who used wheelchairs.

The reception area was separated from the waiting room and staff demonstrated during the inspection clear concern for people's privacy. Reception staff told us clinical matters were never discussed at the reception desk. We saw that staff greeted patients by name in a friendly and welcoming manner and that face to face interactions were prioritised over incoming telephone calls.

The waiting room was warm, comfortable and contained children's toys, books, old magazines, patient information leaflets and a patient notice board. A television screen within the waiting room provided information on oral hygiene products and tooth brushing techniques.

We reviewed the practices appointment system and found dedicated emergency appointments were available during each morning and afternoon treatment sessions. Staff told us a digital records system had been introduced and patients were now offered appointment reminders via either post or text message.

Patients told us that it was "easy to make appointments" and we observed reception staff making appointments at times convenient to the individual. Staff told us that the practice had an arrangement with a number of local dental practices to provide emergency treatment at the weekend. During the inspection a member of the public visited the practice looking for a NHS dentist, the receptionist was helpful and provided the individual

with contact information for a number of local NHS dental practices with open lists.

The practice had policies in relation to patient confidentiality and the Data Protection Act. We saw that patient information was held in both paper files behind the reception desk and on password protected computer terminals. We saw all consultations and treatments were conducted in treatment rooms with the door closed. This ensured the privacy and dignity of patients was respected.

With the patients consent we observed a routine check-up appointment. The dentist welcomed the patient to the treatment room and provided clear explanations of each stage of the examination process. The findings of the examination were explained and the dentist told us that intraoral photography was used to allow the dentist to show patient photographs of their teeth when explaining available treatment options.

We saw that a patient satisfaction surveys had been completed, the results were positive with 100% of respondents reporting that overall they were satisfied with the practice. We saw a suggestions box was available in the waiting room and the minutes of staff meetings demonstrated that patient feedback was regularly discussed and acted upon.

The practice complaints policy indicated that all complaints would be acknowledged within two days of receipt and investigated and resolved within 10 days. Documents demonstrated all complaints received by the practice had been appropriately investigated and resolved in accordance with the practice policy.

**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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All three of the patients we spoke with were satisfied with the care and treatment they received at The Martock Dental Surgery. Comments included, "It's great, I couldn't really be more positive", "excellent" and "great, I live quite a few miles away but still come here".

We reviewed three patient records and found that they included medical history records, notes of patient examinations, records of treatment discussions and treatment plans. We saw that the treatment plans included itemised costs of treatment and an appointment schedule. Each treatment plan had been signed by the patient to record their consent. During the inspection a patient asked the receptionist for additional information about treatment options. This patient was provided with a full colour leaflet that clearly described the types of treatment available.

We saw a system of symbols was used on both paper records and within the digital patient record system to alert clinical staff to relevant allergies and other important medical information. This meant that the staff were always aware of any risks to patients and would ensure they were safe during consultations and treatments.

With the consent of the patient we observed a dental examination. We saw the dentist provided a professional and courteous examination. Medical history records were reviewed and updated with the individual at the beginning of the appointment and they were asked to sign the updated medical history form at the end of the appointment to confirm its accuracy. The dentist provided specific oral hygiene advice as a result of the findings of the examination.

We saw there were arrangements in place to deal with most foreseeable medical emergencies. We inspected the practice's emergency medications and found that the emergency drugs were in date and oxygen supply was full and in date. Staff told us that the emergency medications were checked regularly and we saw that a summary sheet included in the emergency medication box accurately recorded details of each medications expiry date.

The practice failed to comply with the General Dental Councils Standards as there was no

Automated External Defibrillator (AED) available in the practice as recommended by the UK Resuscitation Council. An AED is a device that can deliver an electrical shock to restore a normal heart rhythm.

Records showed that all staff had completed annual training in Cardio Pulmonary Resuscitation (CPR). Patients were thus protected against the risks of medical emergencies as the provider had complied with most relevant guidance and staff had received appropriate training.

We saw digital X-Ray equipment was available at the practice. Every dental practice with radiographic (X-Ray) equipment is required to provide a set of "local rules". These record all the working practices dentists must follow to ensure safety when working with radiation. We found that detailed local rules were available and thus staff were able to access relevant safety information when required.

**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 used 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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We saw that enhanced Disclosure and Barring Service checks (DBS) had been carried out for all permanent members of staff at The Martock Dental Surgery. This meant people who used the service were protected from the risks associated with staff who were unsuitable to work with vulnerable people as appropriate checks had been completed.

The practice had policies in relation the safeguarding of children. This policy included definitions of the types of abuse and information about presentations, injuries or behaviour that should alert the dental professional to the possibility of child abuse. The policy included the correct contact telephone number for Somerset social services although it was not prominently displayed within the policy document. The provider may find it useful to note that the majority of the contact information in this policy was out of date as it referred to organisations that no longer exist.

Staff demonstrated during our conversations with them a reasonable understanding of local procedures for the safeguarding of children. Records demonstrated most staff had completed training in the safeguarding of children and vulnerable young people.

The provider may find it useful to note there was no information available to staff at The Martock Dental Surgery on local procedures for the safeguarding of vulnerable adults.

**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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Patients that we spoke with told us that the practice was "clean". We observed that the practice was clean and that treatment rooms were well organised.

During the inspection we observed that the flooring in the upstairs treatment rooms was damaged in high use areas and the patient chairs the hygienist's treatment room and ground floor treatment room were showing signs of significant wear. The provider may find it useful to note that damaged surfaces are difficult to effectively clean and can pose an infection control risk. We discussed these observations with the provider who was aware of the issues. The provider explained that they were in the process of arranging for the flooring in both upstairs treatment rooms to be replaced and the hygienist told us that their chair was due to be recovered imminently.

There were a dedicated hand wash sinks in all of the treatment rooms with appropriate hand washing guidance on display. We saw that the dental chair, dental equipment and working surfaces were cleaned between appointments using an appropriate technique and waste was disposed of safely.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. The reprocessing of instruments at The Martock Dental Surgery was conducted in accordance with most of the essential quality requirements as defined in HTM01-05.

We observed that dental instruments were reprocessed within the treatment room at the end of each appointment. After use instruments were immersed in a cleaning solution while the treatment room was cleaned. The instruments were then rinsed and inspected using an illuminated magnifier. Staff told us that if any visible debris was identified the instrument was returned to the cleaning solution and manually cleaned. After inspection instruments were cleaned in a covered ultrasonic bath and re-inspected prior to sterilisation an autoclave.

During our observation of a patient examination, we noted the ultrasonic bath and autoclave was operational while the patient was present in the treatment room. The

provider may find it useful to note that HTM01-05 requires that the reprocessing of instruments should be separated from clinical work by either physical or temporal means. In addition reprocessing equipment generates significant noise which can adversely impact on patient comfort.

In order to demonstrate compliance with the essential quality requirements of HTM01-05 dental practices are must have valid quality assurance systems in place to assess decontamination procedures and have a plan which sets out how they will achieve compliance with best practice. Prior to inspection no audits of infection control procedures had been completed. We saw evidence that an initial audit had been begun immediately prior to the inspection and have, since the inspection, received evidence that demonstrated an effective audit of infection control procedures had been completed. This audit identified a number of issues and an action plan has been produced to address the identified issues.

We discussed the changes necessary to the practice in order for it to achieve best practice as defined in HTM01-05 with the principle dentist who explained that they had developed a plan to convert a ground floor storage area into a dedicated decontamination room. We saw that a detailed plan had been developed and quotes for the works received however we did not see any evidence to show the works had been commissioned.

We reviewed The Martock Dental Surgery's control of infection policy. The reprocessing of instruments we observed had been conducted in accordance with this policy. However we noted that the policy referred to a manual cleaning procedure for instruments. This document was not available during the inspection. Since the inspection we have received an updated version of the practices infection control policy which now included the manual instrument cleaning procedures.

Records demonstrated that there was a maintenance contract in place for the autoclaves and annual tests by a qualified engineer had been completed to ensure their compliance with the requirements of HTM01-05. Staff told us they completed regular checks of instrument reprocessing equipment to ensure their effective operation.

We saw that single use instruments were disposed of into sharps bins and appropriate contracts were in place for the collection and disposal of clinical wastes by registered waste contractors.

**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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The three patients we spoke with told us the staff at The Martock Dental Surgery were friendly and approachable. Comments included, "charming, they are all nice", "very obliging, very considerate" and "they are all very good, sensitive and caring".

We saw that the practice had developed an induction checklist to ensure that new members of staff received necessary information about their new role, the practice, its policies and procedures.

We reviewed the records associated with three members of staff and found them to include a contract of employment, details of each individual's registration with the General Dental Council, vaccination records and some training certificates. The provider may find it useful to note that some files did not include an effective system for monitoring staff compliance with the General Dental Council's continuing professional development (CPD) training requirements.

We found that regular staff meetings occurred at the practice. The minutes of these meetings showed that patient feedback had been reviewed and that all members of staff had been able to raise issues for discussion.

Staff told us they felt "very supported" and "enjoyed" their work. We noted that on the day of our inspection the staff team spent lunchtime together in the staff room. Team morale was good, we heard staff chatting pleasantly with each other and laughing throughout their lunch break.

## 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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