Inspection Report

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

Almondsbury Dental Practice

37 Lower Court Road, Almondsbury, Bristol, BS32 4DX

Tel: 01454613800

Date of Inspection: 30 May 2013

Date of Publication: June 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
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr. Paul Drugan
Registered Manager	Mrs. Elizabeth Anne Hill
Overview of the service	Almondsbury Dental Practice provides primarily an NHS dental service. Some private dental treatment is provided.
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

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 announced 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 30 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people when we visited the practice who were attending for treatment or check ups. They each told us "Waiting times are very good, I trust my dentist" and "I would highly recommend my dentist". We were told that they were involved in making decisions about treatment plans, were given explanations about any options available, and were informed of costs involved.

Almondsbury dental practice had three dentists, one hygienist, three dental nurses and two reception staff.

The dentists and dental nurses who worked at the surgery had Criminal Records Bureau (CRB) disclosures in place (now called DBS – Disclosure and Barring Service). These checks were undertaken to ensure they were suitable to work with vulnerable people and children.

People were cared for in a clean, hygienic environment. People that we spoke with said that the surgery was always clean and that they had no concerns about cleanliness or risk of infection. The dental nurse we spoke with told us that they were responsible for cleaning the dental treatment area between peoples' treatment and the cleanliness of the whole treatment room at the end of each day. We asked about the arrangements in place for the decontamination of dental instruments.

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

Information was displayed about the practice opening hours and the out of hour's arrangements and emergency telephone number. People were given information telling them how to raise concerns or complaints; this was confirmed in discussions with people.

In the waiting area there was a range of information leaflets available for people about the treatments they could receive. There was information about oral hygiene and private dental plans. We looked at the comments book sited in the reception area; we saw compliments had been made about the practice.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. Satisfaction surveys were undertaken yearly and we looked at the results of the latest survey people had made suggestions "I would like music played in the waiting room" and "We would like the windows open in the waiting room". We also saw evidence that the dentist had an action plan as a result of the findings and had taken the appropriate action when shortfalls had been identified.

The practice had level access into the reception and waiting area. Dental surgeries located on the ground floor were used for people with impaired mobility. The dental nurses told us that some mobility impaired people had wanted to remain registered with them, so they accommodated this by swapping round which surgery they worked in.

We spoke with six people when we visited the practice who were attending for treatment or check ups. They each told us "Waiting times are very good, I trust my dentist" and "I would highly recommend my dentist". We were told that they were involved in making decisions about treatment plans, were given explanations about any options available, and were informed of costs involved.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The six people we spoke with told us that were involved in making decisions about their dental care, were told about options in treatment plans and were informed of costs. We looked at the dental records for 10 people and saw that a medical history was taken and updated at each visit. The records showed that people were given explanations of their treatments and oral hygiene advice.

Dentists advised people what treatments could be provided under the NHS contract and what treatments needed to be referred to specialist dental providers. We were told that people were referred to other specialists for orthodontic treatment, complex periodontal treatments and other specialist dental treatments.

The practice was able to fit emergency dental appointments in, as needed and we heard the receptionist offering appointments for that day to patients who had telephoned the practice for urgent appointments. On call dental services for emergencies were provided by emergency and out-of-hours NHS dental care services in the evenings, at weekends and on bank holidays. The emergency number was on the practice answering machine and directed patients to contact the 111 service. We saw that this information was displayed at the front entrance of the practice.

All staff had received their annual medical emergencies and cardio-pulmonary resuscitation (CPR) training. We saw the training certificates to evidence this. Medical emergency equipment was located in a dedicated locked cabinet in the hallway and there were signs to identify its location. All of the equipment, oxygen cylinder, defibrillator and supply of emergency medicines were checked on a daily basis to ensure equipment was in working order and medicines remained in date. We saw the records of the checks that had been completed and the list of medicines held, complete with expiry dates.

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 who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The registered manager had taken the lead on safeguarding of both children and adults. We saw evidence that all staff had completed an online training programme in safeguarding vulnerable people. All staff had also signed to say they had read and understood the child protection policy. The Registered manager told us that staff were due to complete further safeguarding adults training.

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. We spoke with staff about child protection and safeguarding vulnerable adults. They demonstrated an awareness of the issues and had completed training on the protection of vulnerable adults and protection of children in 2011.

The dentists and dental nurses who worked at the surgery had Criminal Records Bureau (CRB) disclosures in place (now called DBS – Disclosure and Barring Service). These checks were undertaken to ensure they were suitable to work with vulnerable people and children.

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

We looked at the infection control policy dated January 2013. We saw that a full infection control audit had been completed in May 2013. The registered manager was aware that these now needed to only be completed on a six monthly basis. The dental nurses had daily and weekly checks to complete of the autoclaves and the dental instruments.

People were cared for in a clean, hygienic environment. People that we spoke with said that the surgery was always clean and that they had no concerns about cleanliness or risk of infection. The dental nurse we spoke with told us that they were responsible for cleaning the dental treatment area between peoples' treatment and the cleanliness of the whole treatment room at the end of each day. We asked about the arrangements in place for the decontamination of dental instruments.

The practice did not have a dedicated decontamination room. Used dental instruments were placed in a detergent mixture after use and then transported to the sterilization room in sealed boxes. The surgeries were clearly marked out with clean and dirty zones and the dental nurse knew that they had to transport used instruments via a specific route in the treatment room so as not to cross into a 'clean zone'.

The dental nurse had supplies of personal protective equipment (gloves, aprons, goggles and a face mask). Instruments were manually cleaned then checked using a lighted magnifying glass for debris. The instruments were then sterilised in an autoclave, dried and then bagged. The sealed bags were date stamped with a use by date. The dental nurse was aware of recent changes in the length of time that instruments can remain sterilised after being sealed.

The registered manager we spoke with was aware of the Department of Health guidance for dental practice decontamination: Health Technical Memorandum (HTM) 01-05. The lead dental nurse had responsibility for infection control and decontamination procedures. We saw that the dental practice was in the process of building a dedicated decontamination area to meet best practice guidance.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

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.

Reasons for our judgement

We spoke to people during our inspection but their feedback did not relate to this standard. Almondsbury dental practice had three dentists, one hygienist, three dental nurses and two reception staff.

General Dental Council registration was up to date for each of the dentists and the qualified dental nurses. They each had to submit evidence of continued professional development (CPD) each year in order to retain their registration.

Staff meetings were held regularly. All staff had yearly appraisals and these were completed by the registered manager. These had last been completed in April and May 2013.

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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