Care Quality Commission

Inspection Report

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

Perfect Smile Bracknell Limited

11-13 High Street, Bracknell, RG12 1DL

Date of Inspection: 23 May 2013 Date of Publication: July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Perfect Smile Bracknell Limited
Registered Manager	Mr. Palvesh Patel
Overview of the service	Perfect Smile Bracknell provides general restorative and preventative treatments to private and NHS patients. The practice also employs specialists in periodontal treatment, implantation, orthodontics and oral surgery.
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
Summary of this inspection:	
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
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	8
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 23 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 seven patients by telephone. People we spoke with complimented the practice on the quality of care and treatment provided. One person said, "the staff are very kind. I have recommended the practice to a friend". Another patient told us, "the service is very good. If you need to see someone urgently they go out of their way to help", "I used to worry about seeing the dentist but I'm more confident since I went to this practice". Another person said "this is the best practice I've been to, very professional, kind and friendly. An excellent service."

We saw from the records consent was sought from people appropriately before any treatment began. Records evidenced clear information was provided to people about treatment options and the various costs involved. People's medical and dental health needs were accurately documented and updated at each visit. We saw the practice was clean and hygienic and the staff followed appropriate infection control procedures. Staff told us they felt well supported by management and were offered appropriate training at frequent intervals.

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

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

Our judgement

The provider was meeting this standard.

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

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Patients told us the dentist always discussed the possible treatment options with them and the costs involved. They said they were asked to sign an NHS consent form in reception before they saw the dentist. We saw ten patient's records that had signed consent forms attached. We could see from the records the costs of treatment were broken down into what would be carried out under the NHS and what would be paid for privately.

The service was aware of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Children Act 1989 and knew who could agree and consent to treatment. In the case of children under 16, consent was routinely sought from the child's parent or guardian before treatment began. Patients told us "I am always asked to sign a form before I have treatment", "I have to sign my children's consent forms as they are only seven and eight years old. The dentist is very good they explain everything to the children so they know what's happening".

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care record. Patients told us they were always seen in private and they felt their confidentiality was maintained throughout the consultation. All new patients were offered a full examination where diagnostic treatments including x-rays were undertaken and the person's medical history was recorded. Patients were asked about medication they were taking and this was checked each time they visited the practice. The possible treatments were discussed and the various costs were explained.

We saw ten patients' records that included detailed records of dental examination and well documented medical information and treatment plans. We saw that each patient's record contained a completed medical questionnaire in the form of a medical history and an assessment of risk factors that could potentially affect or influence treatment. All complex treatments were discussed fully with the patient and consent was obtained before treatment began. Diagnostic tests including x-rays were taken with the patients consent when necessary. People were given information in writing about the proposed cost of their treatment.

We were told dentists gave people information following their treatment which could include advice about eating and drinking and pain relief. Patients would also be provided with information about what to do if they were worried or concerned out of hours or how to contact a dentist in emergency.

Although the majority of patients were treated under the NHS, the practice offered cosmetic dentistry and various treatments to patients privately. We saw records of NHS and private treatments with the various costs explained in detail. The practice also referred patients that required treatment under sedation or general anaesthesia to other specialist clinics with the patient's consent. There was also a 'fast-track' referral system in place for people who were at risk of developing oral cancers.

All staff at the practice were aware of equality and diversity matters and could effectively meet the needs of patients with diverse needs. We were told that children were encouraged to be involved in decisions about their care. Questions and explanations of

treatments were discussed with children in an appropriate and child-friendly manner. The practice encouraged child dental health and awarded children with stickers for their attendance. The practice had access to translators in order to communicate effectively with people whose first language was not English.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We asked staff to tell us how they prepared the room between patients and decontaminated the equipment. They told us the dentist's chair was thoroughly cleaned and equipment was cleaned and covered to prevent cross infection. We were shown how instruments that required decontamination were processed at the practice. Used instruments were transported to the decontamination room in closed boxes where they were scrubbed and cleaned manually and inspected under a magnifying glass. The instruments were sterilised using an autoclave. The instruments were then removed from the autoclave, labelled, dated and put onto treatment trays. The practice had robust measures in place to prevent cross contamination between clean and dirty equipment. There was a practice lead in infection control matters who was responsible for ensuring audits were undertaken on a frequent basis.

Equipment was maintained and serviced in-line with manufacturer's recommendation and requirements. The autoclaves were regularly serviced and there were regular audits carried out on the processing of instruments. The service had an up-to-date infection control procedure in place that was routinely followed by staff. Stock, files and equipment were well maintained and there were records of the regular audits that took place. The service was compliant with the essential requirements of Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination.

Cupboards and general storage was well organised and clean and tidy throughout. Staff told us they wore protective equipment such as disposable gloves, aprons, masks and eye protection and were required to launder their uniforms daily. Staff also removed their uniforms before leaving the practice to reduce the risk of cross contamination.

Clinical waste was removed from the premises by a recognised waste contractor. We saw records of clinical waste disposal including the disposal of amalgam and sharps boxes. We

were shown audits that had been undertaken and maintenance records. All crowns, dentures, veneers and inlays are made at local registered laboratories and we were provided with their registration details of the service.

People who used the service told us the practice always smelled clean and fresh and was always tidy and adequately maintained. They told us they had seen staff washing their hands between patients and staff always wore protective equipment such as gloves and aprons, goggles and masks.

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

Staff received appropriate professional development. The dental nurses told us they felt well supported by management and had opportunities to keep their training up-to-date. We saw files contained details and certificates of training which had been undertaken by staff. All dental nurses and hygienists had undertaken 150 hours of training over a five year period in order to maintain their registration. The training included topics such as law and ethics, radiation, medical emergencies, safeguarding, infection control and decontamination.

We saw the dentists' training portfolios. Dentists completed 250 hours of training in five years, 75 hours of which was verified, in order to maintain their registration and to keep informed about new developments in the field of dentistry.

All staff had completed various training courses to enhance their knowledge and skills. Some of the training had been provided on line and there were certificates on file to evidence this. Training had been provided in cross infection in July 2012, fire awareness in December 2012, resuscitation in November 2012 and safeguarding adults and children including the Mental Capacity Act 2005 in February 2013.

We saw the minutes of staff meetings which were held regularly. They were patient focused and followed a shared agenda. Staff met to discuss new policies and procedures and ways of working. Staff told us they enjoyed working at the practice and felt involved in the way the service was delivered. The dental nurses and dentists were appraised annually and were regularly observed in practice. Records were kept of development reviews.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the practice had a quality assurance system in place and staff took a pro-active role in seeking feedback from patients about their experiences. We saw patients were encouraged to write their comments on the practice website. The responses (blogs) were monitored by management and improvements made to services when needed. Receptionists distributed 40 questionnaires each month to patients selected at random. However, we noted the results were not collated to monitor trends. The provider may wish to consider how they can collate responses and share their findings with people who use the service.

A number of regular audits took place at the practice to ensure patient safety. The practice manager regularly audited the record system, infection control procedures, basic nursing skills, waste management, quality of x-rays, training records and the use of local anaesthetic.

We saw the practice had a robust complaints procedure in place. All complaints would be investigated fully by senior management and a written response provided to the complainant. People we spoke with told us they felt confident in raising any issues or concerns with the practice. However, none had actually made a complaint to the service as they were happy with the quality of their care provided.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk