

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

Wadebridge Dental Care

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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
Staffing	✓ Met this standard

Details about this location

Registered Provider	Wadebridge Dental Care LTD
Registered Manager	Dr. Daniel Ball
Overview of the service	Wadebridge Dental Practice provides dental services to predominantly NHS patients. It is located in the town of Wadebridge close to local transport links.
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	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Staffing	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 2 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five people who attended the dental practice during our visit. People told us they were happy with the practice and felt they were treated with respect and dignity by the dentists and staff at the practice.

People made positive comments about staff and indicated that they felt safe and well cared for. One person told us, "It is a good standard of treatment. I am happy to recommend this practice". Another person remarked, "I am very happy to be treated here". One person told us they were unsure about their position as regards payment for treatment due to their circumstances and was reassured by the dentist that this would be looked at again with a view to reassuring the person of their position.

We looked at three sets of patient records and observed that these included a medical history. The records were regularly updated to ensure they accurately reflected treatment discussions and choices. We also observed a period of treatment and saw the dentist took time to discuss different treatment options with the person and provided sufficient time for the person to make an informed decision about their treatment.

The premises were clean and well maintained. There were arrangements for infection control checks and daily cleaning tasks. Staff were knowledgeable regarding infection control and decontamination procedures. There was documented evidence that equipment used had been maintained and inspected by specialist contractors.

There were sufficient numbers of suitably qualified, skilled and experienced staff employed at the practice.

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 privacy, dignity and independence were respected.

Reasons for our judgement

The practice was housed on two levels. There was a ground floor entrance with two surgeries. This enabled anyone with a mobility issue to access the practice. The second floor was accessed via an external staircase.

There were two reception areas which were comfortable and had a range of magazines and a small selection of dental consumables available for people to take. Information about treatments and the costs of treatments was made available upon request.

People told us that treatments were explained to them in a way they understood. One person told us, "I am given a written plan of what we have discussed about my treatment and how much it will cost, if it's going to be treatment that goes on for a bit or is going to be expensive". People told us that their privacy and dignity were respected by the dentists at the practice. Comments included, "Treatment here is very good indeed. I am more than happy with the practice".

We spoke with the practice manager about what feedback opportunities were in place for people to give their views about the dental service. The practice manager told us there was a suggestion box made available to patients in reception but this had not been used. We saw a patient satisfaction questionnaire had been developed by the practice manager who told us this would be piloted from January 2014. This would be provided to a random sample of people to gather their views of the service and to gather suggestions on improvements which could be made.

We observed staff to be polite, helpful and respectful towards people who used the service. There was a policy in place which ensured people's equality, diversity and human rights were respected. We were told the practice had used a translation service for patients in the past. They had found the system very easy to access and a translator had visited the practice to offer assistance to a family whose first language was not English and assisted them with understanding the treatment required.

There was a clear process in place for handling complaints. A complaint form was available for people and all complaints were handled as quickly and expediently as possible. The practice aimed to resolve the majority of written complaints within 10 working days. The provider may like to note the importance of ensuring an outcome is recorded for each complaint logged at the practice. This would allow for clearer information to be available for reporting purposes.

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

Our judgement

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.

Reasons for our judgement

We reviewed three sets of dental records. These included people's medical history, current medication and any allergies. People confirmed that their individual treatment needs were addressed and treatment options were discussed with the dentist. One person confirmed they were given time to ask questions and consider alternative treatment options.

There were arrangements in place to refer people to specialist services for treatment that was not available at the practice. This included orthodontic treatments, complex root fillings, implants and treatment under sedation.

With the permission of the dentist and the person undergoing treatment, we observed a period of treatment. We saw, that although the person's on-going treatment was complex and there had been a number of issues in the past due to on-going medical issues, the dentist was patient and took time to explain everything thoroughly, including the risks of the treatment ultimately not being 100% successful for the person. The dentist took time to ensure all questions were answered and there was full understanding of what would happen next for the person undergoing treatment.

Children were encouraged to attend regular appointments with the dentists and practice hygienists where it was felt necessary. A range of leaflets providing information promoting dental health were available at the practice.

There was emergency equipment including an emergency drugs box, an automated external defibrillator (AED) and oxygen readily available to staff. These were accessible and regularly audited to ensure the contents were in date. We saw evidence that staff were being regularly trained in emergency procedures. The provider may like to note, we saw the practice had a store of adrenalin for use in emergency situations such as anaphylaxis. We asked a dental nurse if they were trained in the use of the procedure required to administer the drug in this format and they confirmed they were not. It is paramount that all staff who may have to administer emergency drugs are fully trained and experienced in the procedures required.

The dentist was aware of current national Institute for Clinical Excellence (NICE) guidelines including recall intervals for children. People told us they could easily access

the services of the practice. There were emergency slots available daily and there was an out hours telephone number made available via a telephone message when the practice was closed.

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

People we spoke with told us they felt "safe" receiving treatment at the practice. One person remarked, "I am quite a nervous patient and I wouldn't go anywhere else. My dentist knows my concerns and is always patient and considerate".

The practice had a person in charge of co-ordinating child protection and vulnerable adult's policies and procedures, which covered how to raise concerns if required. The practice had a safeguarding children and vulnerable adults policy which described the procedure to follow both for internal reporting and also reporting procedures to the Local Authority.

Practice staff were aware of how to recognise the signs of potential abuse and neglect of children and adults. Staff told us they were confident to report any concerns and were aware of their rights under the Public Interest Disclosure Act (1998). Staff had access to information on the procedures for reporting abuse. Staff had experience of safeguarding training as well as an understanding of mental capacity issues necessary to ensure all persons were adequately protected from abuse. We discussed one incident where there had been a concern about some patients, with the safeguarding lead for the practice. We looked at records concerning this and saw that the practice had discharged their responsibility to report their concerns to the Local Authority Social Services department. The provider may like to note, it is important to ensure full recording of such incidents and ensure reporting to multi-disciplinary agencies takes place in a timely fashion.

We saw there were suitable pre-employment checks prior to new employees commencing employment. These included Disclosure and Barring Service checks (DBS) which are a mandatory process undertaken by any health and social care provider to ensure prospective employees are of suitable character.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We observed that all areas of the premises were clean and hygienic. The practice had a comprehensive policy on infection control procedures and there was a person with designated clinical responsibility as the infection control lead to ensure systems were well maintained and infection control risks were minimised.

We observed infection control procedures following a treatment, and this was observed to be thorough and in line with Department of Health guidance on 'Decontamination in primary care dental practices'. Staff, were aware of the importance of infection control. We were told staff had undertaken infection control training and this was evidenced by staff training records.

The practice did not have a dedicated room for following the decontamination process. Instead each surgery was equipped with decontamination equipment. Rooms were set out with the ability to follow a clear flow of work from manual cleaning of dirty equipment to sterilisation and packaging of clean equipment. The practice had a written plan in place for conversion to best practice standards as set out in the Department of Health Technical memorandum 01-05: decontamination in primary care dental practices. The provider may like to note we observed that in one surgery there was limited space available in the 'clean' area used for re-packaging sterile equipment. We spoke with the dentist about the current situation and there was acknowledgement that updating of areas where decontamination processes were taking place was required.

Clinical waste was stored securely, and disposed of appropriately through waste disposal contract arrangements.

Records were available to show decontamination equipment such as the autoclave machine was checked and maintained in line with the manufacturer's requirements.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with five people who attended the practice on the day of inspection. People told us their experience of the staff was positive. One person remarked, "Everyone from the receptionist to the dentists are very nice indeed".

There were 19 members of staff who worked at the practice, this included five dentists, including a Vocational Trainee dentist. There were two hygienists, eight dental nurses and one dedicated receptionist. There was also a practice manager, a cleaner and a member of administrative staff.

We looked at staff records which confirmed that clinical staff were appropriately registered with the General Dental Council to undertake clinical work. Staff were provided with a range of in-house training opportunities including training in emergency first aid and fire procedure training.

The practice nurses held monthly meetings to discuss issues pertinent to the practice. Staff took responsibility for their own continuing professional development and we observed that all clinical staff had undertaken a range of courses to develop their professional skills. Clinical staff had access to a range of dental education journals to assist with their continuing professional development.

There was a staff policy which outlined the appraisal system to be followed. We looked at staff files and saw that appraisals were done twice a year and provided staff and management with an opportunity to review work and allowed staff to discuss their on-going objectives and training needs and identify any areas for development.

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.

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