

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

London Road Dental Surgery

1A Blackcross, Chippenham, SN15 3LD

Tel: 01249446568

Date of Inspection: 24 January 2014

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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
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Ross Wilson and Christopher Catton Taylor
Registered Managers	Mr. Christopher Catton Taylor Mr. Ross Mark Wilson
Overview of the service	London Road Dental Surgery provides primarily private dental treatment and offers NHS treatment to children.
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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Supporting workers	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke with six people on the day of our visit they were all happy with the treatment provided at the practice and had been attending the practice for many years.

People we spoke with told us "I have been coming here since I was a child and I am pleased with the practice" and "I have a lovely dentist and I am always pleased with the treatments I have".

People were treated in a clean and hygienic environment that followed relevant guidance. People using the service were protected in emergencies because staff were trained in first aid and had access to emergency medicines.

Staff we spoke with told us the manager had worked continuously to maintain and improve high standards of care by creating an environment where staff were supported with individual learning and development.

Staff that we spoke with were aware of their responsibilities to safeguard children and vulnerable adults and told us that they would feel able to raise issues of concern. All were aware of where to find the practice policies.

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

When we visited the practice, we spoke with six people who were attending for treatment or check-ups. They each told us that they were happy with the service they received and had been attending the practice for many years. People told us "I am familiar with the staff here and the practice is local to me".

People who used the service were given appropriate information and support regarding their care or treatment. The practice had a website that enabled people to view information about dental treatment and the costs involved.

The practice had a patient information folder that listed the facilities and emergency dental care arrangements, what to do if they people not happy with any aspects of their dental care and the surgery opening hours. People were given information telling them how to raise concerns or complaints. We confirmed this in discussions with people.

The practice had a large waiting area. We were told the waiting room was newly decorated and they aimed to make people feel relaxed. We noted there was a range of information available on notice boards for people about the treatments and cosmetic procedures they could receive. There was information about oral hygiene and private dental plans. A comments box was placed in the waiting area.

The practice had level access into the reception and waiting area. The practice had two floors and we were told people with impaired mobility who were unable to use the stairs were seen in the downstairs surgery.

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

The people we spoke with told us that they were involved in making decisions about their dental care, were told about options in treatment plans and were informed of costs and estimates for follow up treatments. People told us "I am given a print out to take away with estimates and options of treatments.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the dental records for five people that were stored electronically on the computer system. We were told previous paper records were referred to during appointments. Within each person's records there were personal details, medical information, details of appointments and communications along with estimated costs of treatment.

People were asked to complete questionnaires relating to their medical history, sign and date them. Reception staff told us the information was transferred onto the computer system and kept within the person's record. We observed that people's medical history was checked by the dentist at each appointment and records were updated.

Medicines and equipment were available for use in the event of emergency. These were as recommended by the Resuscitation Council, and included oxygen, automatic external defibrillator machine and emergency medicines. There was guidance on resuscitation and information of the medicines kept in the practice. We saw these were checked by dental staff to ensure they were in date and safe for use.

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

Our judgement

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.

Reasons for our judgement

We saw evidence that the practice had policies for child protection and safeguarding vulnerable adults dated 2013. Within the policies staff were provided with definitions of abuse, along with the action to be taken in the event of suspected abuse and contact details for the relevant safeguarding authorities. We noted the child protection policy contained a flow chart for staff to refer to if they were concerned over the welfare of a child. The flow chart contained the contact details of the local authority social services team.

We spoke with staff about child protection issues and care of vulnerable adults. They demonstrated an awareness of the differing types of abuse and said that any concerns they had would be reported to the 'lead person'. We spoke with one dentist and a nurse who told us they had attended safeguarding children and adults training, they were able to talk about reporting protocols and demonstrated an awareness of how abuse should be reported. Staff told us they would follow reporting guidelines if they were concerned about a vulnerable person.

We viewed information in staff training records that confirmed staff had attended learning sessions to help them understand the subject of safeguarding people from abuse and child protection. Staff told us they were aware of the Mental Capacity Act 2005 and would follow the main principles of the Act.

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

There were effective systems in place to reduce the risk and spread of infection. The dental nurse we spoke with during the inspection showed us how they transported used instruments from surgeries via a specific route in the treatment room so as not to cross into a 'clean zone'. The dental nurses had supplies of personal protective equipment (gloves, aprons, goggles and a face mask).

The practice had a dedicated upstairs decontamination room. We observed that the decontamination room was also laid out according to relevant guidance ensuring a clear flow from 'dirty zone' to 'clean zone' for dental instruments. There was suitable storage above and beneath the work surfaces. We saw evidence that used dental instruments were placed in a detergent mixture after use and then transported to the decontamination room in sealed boxes marked 'dirty'. Instruments were placed into an ultrasonic bath, scrubbed, rinsed and were then checked for debris, using a lighted magnifying glass; the instruments were sterilised in an autoclave, dried and then bagged.

The sealed bags and dental trays were date stamped with a use by date. The dental nurse we spoke with was aware of recent changes in the length of time that instruments could remain clean until the use by date. Staff we spoke with were aware of the Department of Health guidance for dental practices in relation to decontamination: Health Technical Memorandum (HTM) 01-05.

There were protocols in place for the start and the end of the day for both treatment and decontamination rooms. Both areas were left clean at the end of the day. We were told prior to any treatment being given the treatment room was cleaned and prepared. Instruments needed were laid out ready and protective covers were changed on hand pieces and the overhead light.

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 with people attending the practice for appointments during our inspection but their feedback did not relate to this standard.

London Road Dental Surgery employed three dentists, two hygienists and dental nurses along with, reception staff. We were told that 'practice meetings' were held monthly and saw the minutes from staff meetings were shared with the staff. We saw records that confirmed staff had yearly appraisals and these were completed by the registered manager.

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) in order to retain their registration

Staff we spoke with told us the manager had worked continuously to maintain and improve high standards of care by creating an environment where staff were supported with individual learning and development. One nurse we spoke with told us they were due to attend sedation and implant training courses in April 2014.

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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