# Inspection Report

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

# Bramcote Dental Practice

Woodcock Street, Castle Cary, BA7 7BJ Tel: 01963350123

Date of Inspection: 11 February 2014

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

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|---|---|
| **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 |
| **Complaints** | ✓ Met this standard |

## Details about this location

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|---|---|
| Registered Provider | Dr. Nikolai Ramsay Stankiewicz and Dr. Lucy Elsa Anne Silk |
| Registered Manager | Dr. Lucy Elsa Anne Silk |
| Overview of the service | Bramcote Dental Practice is located in the centre of Castle Cary. The practice provides treatment predominantly under the NHS. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>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'.*

## 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 11 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

During our inspection we spoke with three people attending the practice for appointments. One person told us they had attended the practice for over 30 years. Another person said the dentist was "lovely."

People said the dentists made them aware of all the treatment options available to them. One dentist said people could go home and consider the choices. They said if the treatment was complex they detailed this in a letter to them. This meant the person had the information to fully understand their treatment plan. People said they were aware of the costs of treatment.

We saw people were asked to complete a medical history form annually. The dentist checked at each visit if there had been any medical changes they needed to know about and might impact on treatment.

We observed people were greeted in a friendly manner by the staff. People described the reception staff as "friendly and helpful."

The practice had appropriate drugs and equipment available in the event of a medical emergency. Staff received annual training on medical emergency procedures.

The practice had policies and procedures to safeguard children and adults. All staff had attended training on safeguarding vulnerable adults and children.

People told us they had no concerns regarding the cleanliness of the practice.

People said although they had not had reason to make a complaint, they were confident any concerns would be dealt with appropriately by 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

During our inspection we spoke with three people attending the practice for appointments. One person told us they had attended the practice for over 30 years. Another person said the dentist was "lovely."

People said the dentists made them aware of all the treatment options available to them. One dentist said people could go home and consider the choices. They said if the treatment was complex they detailed this is a letter to them. This meant the person had the information to fully understand their treatment plan. People said they were aware of the costs of treatment. We saw a price list was displayed in the waiting area.

Each dentist at the practice had a small white board which they used to demonstrate treatments to people. There were also models and information leaflets to inform people. One person told us "the dentist is very good and explains everything." All options and treatment plans were detailed in the individual's records.

We observed people were greeted in a friendly manner by the staff. People described the reception staff as "friendly and helpful." The reception staff told us they had attended training relevant to their role. This included training in customer care.

The practice manager explained how the patient participation group had developed. They said they had displayed a notice in the waiting room asking people if they would be interested in joining the group or had any views or thoughts they would like be discussed. We noted the group met annually. Meeting minutes demonstrated lots of suggestions had been made as a result of the group coming together. The practice manager said some suggestions related to providing a practice newsletter and contacting local schools. The manager told us they had taken an active role within the local community to raise awareness of the dental practice and good oral health.

We saw people had the opportunities to comment on the service provided. Patient satisfaction surveys were collected on an ongoing basis. We saw suggestions made were

displayed with feedback from the provider on the notice board in the waiting area. This meant people could see if there suggestions had been actioned and their views listened to. We saw people had responded positively to all of the questions asked. Comments included; "I have always received excellent care and advice," "I am very happy with the practice," and "efficient and friendly, very helpful."

The practice carried out ongoing disability discrimination assessments (DDA). All of the treatment rooms were located on the first floor. The provider has invested in the practice by maximising available space and installing a stair lift and grab rails in various areas around the practice.

The dentists treated many people from local residential homes. They said people were usually accompanied by carers or relatives. The dentists told us they allowed more time for people with specific needs. This meant people were enabled to fully understand the information being given to them. We saw there was an up to date equality and diversity policy to provide guidance to staff.

We saw there were information leaflets regarding the ethos of the practice available to people throughout the practice. Information about the registered dentists and hygienist and their qualifications were displayed by the front door for people to easily access. A voice mail message provided people with out of hours information and contact details.

We asked if there was an option for people to speak about their treatment in private if they wished to do so. The practice manager told us it depended on whether their query was clinical or not. Most clinical discussions were carried out in the treatment rooms. However, there was a room behind the reception desk where people could discuss other issues or have a cup of tea, if they were feeling a little shaky after treatment.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

## Reasons for our judgement

People told us they could make appointments easily. One person said "I have never had an emergency appointment but I have made appointments easily enough." The practice manager said there were always free slots for emergency appointments and people were seen the same day.

The practice kept paper records as this was their preferred method. We saw a good audit trail of people's treatments, advice given and decisions and any referrals made. We noted people had signed to consent to the proposed treatment plan. People were provided with a treatment plan, which they signed, with a copy kept in their records. One person we spoke with said "the dentist explains and makes clear what he is doing."

We saw people were asked to complete a medical history form annually. The dentist checked at each visit if there had been any medical changes they needed to know about and which might impact on treatment.

The practice had appropriate drugs and equipment available in the event of a medical emergency. Staff had attended training on medical emergency procedures in January 2013. The practice manager said the training was updated annually. They added practice meetings were used to role play emergency scenarios. All equipment and drugs were checked monthly to ensure they were working properly and drugs were in date.

People said they had X-rays taken but did not feel they were taken excessively. The practice manager said people were always asked if they minded having an X-ray taken. The provider was the named lead for radiography at the practice. We saw there was a radiography protection file, which confirmed the Health and Safety Executive had been informed that X-rays were carried out at the practice. The X-ray machines had been serviced in August 2013. Local rules were displayed next to each of the X-ray machines. The practice manager explained all X-rays taken at the practice were quality graded and scored. Every radiograph taken was also double checked and peer reviewed by another clinician working at the practice.

Records showed and people told us they were given oral health advice. The practice had a

hygienist they could refer people to if needed. The practice manager said as a result of a patient survey, they learnt some people were not aware they could access the hygienist, so this information was made clear to people through written information.

There was a service agreement to ensure the safe disposal of waste products. We saw the correct procedures for the disposal of clinical waste had taken place. There was a clear policy on the disposal of waste products. This included the disposal of amalgam waste and extracted teeth and mercury spillage. The provider had completed an audit on the disposal of waste products on 28 February 2012. The provider might find it useful to note guidance recommends audits of waste disposal are carried out annually.

The practice completed regular water temperature checks. Risk assessments included fire, Legionella and environmental. All health and safety risk assessments had been updated 2 August 2013.

**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

People we spoke with did not express any concerns about safety at the practice. One person commented "it has improved a lot since X (the provider) has taken over."

The practice had policies and procedures to safeguard children and adults. We noted all staff had attended relevant training in safeguarding, which was valid until July 2014. The practice manager told us the training staff received also covered the Mental Capacity Act 2005 (MCA). They added safeguarding and consent were both topics discussed regularly within the practice meetings and said "we are very aware of the issues around consent."

We saw in one child's treatment records the dentist had considered their ability to consent to treatment and their judgement had been recorded.

Staff were aware of the policies and procedures to make a referral to the local authority, if needed. The practice manager was the lead person for safeguarding within the practice. Although none of the dentists we spoke with had personally made a safeguarding referral, they were able to describe the signs that might alert them in their role as clinicians. They were aware of their responsibilities and the protocols to follow. Flow charts instructed staff on the protocols they needed to follow if they had concerns regarding a person's safety and welfare.

The dentist said vulnerable people attending the practice were generally accompanied by care staff or relatives. This meant any decisions were made in conjunction with the person's relative or carer and was in their best interests.

**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

People we spoke with said they had no concerns regarding the cleanliness of the practice. One person commented, "I am happy with the environment, it seems fine, very pleasant."

We examined cleanliness and infection control in conjunction with the Department of Health's 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

We saw the practice had completed an infection control audit in line with HTM01-05 during November 2013. Findings from the audit and actions taken were documented. The provider told us the findings were as a result of changes in guidance and the audit demonstrated the practice was still maintaining best practice.

We observed the treatment rooms and communal areas to be visibly clean and tidy. There were policies and procedures in place to guide staff to minimising the risk of cross infection. The policy had been signed by all staff to confirm they had read and understood the document. All aspects of infection control had been covered within the policy. We saw staff completed training in infection control, and was regularly discussed within the dental nurses regular meetings and at the quarterly practice meetings.

Dental nurses told us it was their responsibility to ensure the cleanliness of the treatment rooms and the decontamination room. They completed a daily check list, which ensured all tasks were completed. The dental chairs were found to be in good condition with no rips or visible wear. An external cleaner took responsibility for cleaning communal areas and the floors.

A dental nurses explained the procedure used between each person to reduce the risk of cross infection. This included wiping down the dental chair and work surfaces and cleaning the spittoon. We saw there were disposable covers on the head rest of the dental chair. Dental water lines were regularly flushed through between each patient and at the beginning of each session. Regular checks were completed on the dental water lines and findings were logged.

Separate hand washing facilities were available in the treatment rooms and in the decontamination room.  Antibacterial hand gel was available along with paper towels. Hand gel was wall mounted as recommended. The hand wash basins did not have plugs, as recommended by HTM01-05. There was written guidance on the correct hand washing techniques, located by each basin. We saw pedal bins were all lidded and foot operated to reduce potential risk.

A dental nurse demonstrated the process taken to ensure infection control within the practice. There was a separate decontamination room which was tidy and clean. There was a clear dirty to clean workflow. Appropriate protective clothing was available. Staff confirmed they had plenty of supplies.

Dirty instruments were transported to the decontamination area in lidded boxes. The dental nurse said dirty instruments were scrubbed under water and then placed in the washer disinfector. Instruments were then checked under the illuminated magnifying glass for debris. Instruments were then placed into an autoclave to be sterilised. The autoclave recorded the cycle and records were maintained. Once sterilised, instruments were bagged, sealed and dated with an expiry date. We saw the autoclave had been validated October 2013 and the washer disinfector in November 2013.

The practice manager told us all staff had been vaccinated against blood borne viruses (Hepatitis B) in line with the practice's policy.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints were responded to appropriately.

## Reasons for our judgement

People said although they had not had reason to make a complaint, they were confident any concerns would be dealt with appropriately by the practice.

One person told us "I have no worries or concerns about the practice."

There was information available for people on how to raise a concern or make a complaint, in the waiting area.

The practice had systems which enabled people to share their views and / or any concerns, if needed. We saw as a result of listening to people the practice had provided a coat rack and clock in the waiting room. Feedback on suggestions made was displayed in the waiting room. This meant the provider had ensured people had been kept informed.

We saw there were policies and procedures in place to deal with any concerns or complaints raised. The dental nurse told us there were currently no on-going complaints. The practice maintained a complaints log. This meant they would be able to identify any emerging trends or patterns.

The practice manager described how they had handled a situation previously. We saw all actions and correspondence had been recorded and responded to in a timely manner.

The practice manager told us "We are honest with staff and would discuss any concerns raised with them."

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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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