Inspection Report

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

Bath Spa Dentistry

19a James Street, Bath, BA1 2BT Tel: 01225464346

Date of Inspection: 19 September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
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	Bath Spa Dentistry Limited
Registered Manager	Dr. Dermot McNulty
Overview of the service	Bath Spa Dentistry Ltd provides private dentistry and cosmetic treatments to adults and children. It reverted back to single ownership in 2013.
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'.

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 19 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three people who used the service, one dentist (who was the provider) and three staff members.

We found people had a high level of satisfaction with the service provided. One person we spoke with told us "it's amazing (the practice). They're gentle. They think about everything to make you comfortable." Another person said "I couldn't have more confidence. They're wonderful (staff), excellent. I'm very satisfied with the treatment."

People were aware of their treatment costs and were involved in their dental plan. They were able to see their X-rays to gain an understanding of their dental issues.

We found the dentist ensured people's care and treatment was safe and effective. There was emergency equipment available. The provider had all the emergency drugs recommended by the British National Formulary advice for dental practices.

We saw the X-ray equipment had instructions to ensure safe practice when working with X-ray equipment (local rules) and an up to date certificate of examination.

People we spoke with told us they were satisfied with the cleanliness of the practice. Overall the practice met the guidance recommendations of the Department of Health 'Health Technical Memorandum 01-05: decontamination in primary care dental practices' (HTM01-05).

Staff were appropriately qualified. They had regular training updates.

We saw the provider had a system to monitor the quality of the service provided.

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 people we spoke with told us they had no problems getting appointments. We saw the practice opened earlier and later some days to offer flexible appointment times.

We were told and saw from people's records they were involved in their treatment plans and understood the costs of their treatment. One person said "everything's explained in detail to help you make a choice. All the options are in writing." Another person we spoke with told us "you're informed of the costs at the beginning. It's all fully set out."

We saw there was information in the waiting room detailing treatment costs and on the dental practice website.

We found overall there were arrangements in place to support people with mobility needs. The practice was over two floors with treatment areas on the ground and first floor. The practice administrator told us they knew the people who required the use of the downstairs treatment room and this was clearly identified in the appointments diary. This enabled staff to be aware of people who might require additional assistance. The dental hygienist treatment area was on the first floor. They had equipment which could be mobilised for use in the ground floor dental treatment areas for people unable to use the stairs. The provider may find it useful to note not all of the recommendations identified in the practice disability discrimination audit in 2011 had been implemented. For example provision of an access ramp and emergency cord pull in the patient toilets. This may have meant people with a disability could have been disadvantaged.

The practice administrator showed us a room on the ground floor where staff could discuss confidential matters with people in private.

The practice administrator told us they had access to a translation service if necessary for when English was not the person's first language.

The staff we spoke with understood the support people who might have difficulty

remembering and understanding information needed. One member of staff said "I would make sure things are said clearly. I would keep going over the points if it looks as if they are not understanding them. I would also ask them if there was someone who could accompany them." Another staff member told us "we have comprehensive treatment proposals. We would write a plan for even a simple treatment such as a filling".

We saw from people's records, oral health advice was given. People told us and we saw from dental records, they were able to view their X-rays. They were also able to see their treatment in progress via an intra oral camera, whilst their treatment was being carried out in order to understand their dental issues.

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

We spoke with three people attending the practice and looked at people's written feedback on the service. We saw people's experiences of the treatment and support from the service was good. One person we spoke with said "it's amazing (the practice). They're gentle. They think about everything to make you comfortable." Another person told us "I couldn't have more confidence. They're wonderful (staff), excellent. I'm very satisfied with the treatment."

The staff we observed were friendly and professional. One staff member told us "we try to make people feel at ease. We take care of patients. Because we have time we can make relationships." Another member of staff said "it's not just a matter of treating their (patients) mouths but their wellbeing."

The dentist described some of the strategies used to alleviate patient anxiety. These included allowing extra time with people and exploring people's expectations of the treatment and costs. We were told "we need to listen to them (patients). We want them to feel in control."

We found the provider ensured people's care and treatment was safe and effective. We looked at ten people's electronic care records. They demonstrated what oral care advice had been given and consent had been sought. The expiry date and batch number of local anaesthetic used was documented should this information be required for audit purposes.

Specific health conditions or allergies were clearly highlighted in the patient record to alert staff to information they would need to be aware of.

The provider may find it useful to note of the records we reviewed people were not regularly asked to complete a medical history in line with the provider's recommendations. This may have meant changes in a person's medical condition which may have impacted on treatment may not have been identified.

There was emergency equipment available. This included portable oxygen in a convenient 'grab' bag, ventilation equipment suitable for adults and manual suction. The provider had

all the emergency drugs recommended by the British National Formulary advice for dental practices. This meant the dentist was able to respond quickly in the treatment of life threatening conditions. The senior dental nurse told us the automated external defibrillator and oxygen levels were checked weekly and equipment serviced annually. Records of medicine stored and expiry dates were checked monthly.

The practice offered a sedation service for some aspects of treatment for adults. The dentist told us the sedation was administered by a dentist (sedationist) from another practice experienced in administering sedation. We were told people were assessed for their fitness prior to their treatment. The dentist told us the emergency equipment was checked before sedation and remained in the surgery throughout the procedure.

We saw the X-ray equipment had local rules for operation and an up to date certificate of examination. We noted the provider engaged the services of a radiation protection advisor, a legal requirement for services using radiation equipment. The recent radiation protection report advised overall good compliance with the Ionising Radiation Regulations (1999/2000). These regulations were designed to protect patients from the potentially harmful effects of X-rays.
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The dentist described the support they offered people before and after treatment. We were told people were provided with the contact details of emergency cover arrangements. After some treatments people were able to contact their dentist directly for advice or reassurance. This was confirmed by the people we spoke with.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

The people we spoke with said they were satisfied with the cleanliness of the practice.

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

We found the provider had systems to promote cleanliness and reduce infection. We looked at the two surgeries and the dental hygienist treatment room. We found they were well lit, clean, tidy and uncluttered. The work surfaces were jointless. This aided cleaning and prevented the accumulation of dust. The dental chairs were in good condition and repair. We noted the waste disposal bins were foot operated to reduce the risk of contamination. There were appropriate hand washing facilities for staff within the treatment areas to reduce the risk of cross infection.

The dental nurses we spoke with described their cleaning routine and the checks made to ensure instruments and equipment in the treatment area were working effectively and safely. We saw records demonstrating the infection control lead regularly monitored the completion of decontamination and cleaning records.

We observed the provider had followed guidance from HTM01-05 and had a dedicated decontamination area for each of the treatment areas. The decontamination rooms were small without hand washing facilities. We noted however there was a 'dirty' to 'clean' workflow to lower the risk of used instruments coming into contact with decontaminated instruments. We saw there were suitable hand washing facilities close to the decontamination area. Two dental nurses talked us through the process they followed for decontamination. The provider may find it useful to note there was not a separate bowl to rinse clean instruments away from the area used for cleaning dirty instruments. This meant the risk of contamination of instruments was increased. We observed all other stages of the decontamination process were in line with (HTM01-05) guidance and manufacturers guidelines. We saw plans were in place to improve the decontamination facilities in line with (HTM01-05) guidance.

Accurate records were maintained of all checks on the steriliser and ultrasonic equipment.

We saw equipment had been routinely serviced.

All staff appeared clean and tidy and wore the appropriate personal protective equipment.

The lead person for infection control was an experienced dental nurse. We saw there had been infection control audits every three to six months to monitor the cleanliness and infection control measures in the practice. Actions from the most recent audit were in the process of implementation.

The provider may find it useful to note staff training records demonstrated staff had not attended infection control training. This may have meant staff were not up to date with changes in infection control practice.

The practice had comprehensive up to date policies regarding infection control and waste disposal.

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 told us they worked well as a team. One staff member said "the staff are helpful and have explained (what is needed). Because it's (the practice) is small we know each other and help each other.

We were told practice and staff related concerns and issues were addressed on an informal basis as and when they arose. The provider may find it useful to note the frequency of practice meetings was not in line with the provider's policy. There were no records kept of discussions from informal meetings. This may have meant staff were not fully informed of practice issues or actions required.

We saw from records staff had attended training to support safe effective practice. Subjects included specific dental techniques, safeguarding and basic life support. We saw from staff records the provider had started a programme of performance review. Staff told us and we saw they were able to attend courses to prepare them to work safely and effectively in their role for example, a radiography course.

The manager told us since the change of ownership there had been a number of new staff recruited. We saw and were told by a new experienced member of staff there had been an orientation to the practice, policies and procedures when they started. This provided an initial introduction to how the practice worked.

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 in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider had an effective system to monitor the quality of the service.

People's views on the service were collected via a questionnaire at the end of treatments and through a satisfaction survey. We saw there were no actions from the survey in August 2012. People had been highly satisfied with the service provided such as, explanations provided, comfort of the practice surroundings and attention received.

We noted complaints were managed appropriately. We looked at the most recent complaint which was on-going and complex. There was a comprehensive audit trail of correspondence made and actions taken. The provider may find it useful to note complaints were recorded in people's individual care records. A log of all complaints received was not kept. This may have meant trends may not have been identified and actions required may not have been followed through. People we spoke with told us they were aware of how to make a complaint.

We were told by the practice administrator there had been no accidents or incidents. We saw the provider had a system to record accidents and incidents and a relevant policy to provide guidance for staff.

We saw there had been a comprehensive practice risk assessment including Control for Substances Hazardous to Health (COSHH) and the provision of services for people with a disability and Legionella. The provider may find it useful to note not all of the action plans had been reviewed or updated. This may mean actions required may not have been followed through.

We saw the provider had a regular schedule of infection control audit and radiation audits.

The provider kept an up to date record for maintenance of equipment such as oxygen cylinders, X-ray equipment decontamination equipment and electrical testing.

Staff personal records included evidence of training completed, hepatitis B immunity,

professional registration details and Criminal Records Bureau (CRB) essential information. This made sure people were supported by staff with the appropriate qualifications, experience and skills.

The provider had comprehensive and updated policies to provide guidance to staff.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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