Inspection Report

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

Bath & Bristol Periodontal Clinic

506 Bath Road, Saltford, Bristol, BS31 3JF

Tel: 01225874444

Date of Inspection: 11 March 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Bath Oral Surgery Clinic Ltd
Registered Manager	Mr Timothy Michael Edward Milton
Overview of the service	Bath and Bristol Periodontal Clinic is registered with the Care Quality Commission to provide specialist treatment for patients requiring oral surgery procedures.
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 11 March 2014, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we found that the oral surgery clinic was visibly clean, welcoming and had clear information for people who used the service.

We found that the practice opened in the evenings on Tuesday and Wednesday from 1830 to 2130.

We spoke with two people who used the service. They were positive about the treatment they had received at the clinic. Comments included "the dentist was exceptional, the aftercare was very good. I drove an hour away from here because of the confidence I have in the dentist and the staff ".

People were given all the information they needed to make an informed decision about their treatment. We saw People signed their consent to such treatment. We saw an examination and assessment had been conducted and medical history taken before treatment.

We saw records that showed a detailed assessment of the initial appointment, including an oral examination, soft tissue checks and general dental health advice was undertaken.

People were protected from the risk of infection which included regular staff training in infection control. We saw that cleaning and disinfecting systems were in place to maintain people's safety and welfare.

We found that the provider had taken steps to ensure that people who worked at the service had relevant skills, experience and professional registrations in place before they started employment.

A complaints system was in place that encouraged peoples' feedback to improve the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We also spoke with two people who used the service. They told us they understood the risks and benefits of the surgery before signing the consent form. One person told us "the dentist explained everything to me and I signed the consent form". This meant people were fully informed to make an appropriate and informed decision.

We reviewed the processes in place to obtain consent from people before treatment was provided. We saw that the oral surgery clinic had a consent policy in place. This gave guidance around the ability to consent, mental capacity, best interest decisions and peoples' rights.

We spoke with two dental nurses. They confirmed that if a person was unable to consent to their treatment an appointed advocate or a representative who acted on their best interest consented on their behalf. However the dentist told us that it was rare to treat people who were unlikely to consent to their treatment at the clinic. We were told that such treatments were undertaken in a hospital. This meant that consent was provided before people received the treatment they required.

We were told that a signed consent form was needed before treatment was provided. We reviewed two people's treatment records. We saw that this included the persons signed consent. There was also evidence recorded that they were provided with the risks and benefits as well as what the procedure involved.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care record. We looked at two care records. We saw people received a pre-operative assessment by the dental surgeon which included physical needs and established the suitability and fitness of people to have surgery. This also included an oral examination and soft tissue checks. We saw that each care record contained an assessment of the risks involved and these were considered by the dental surgeon. This meant that care and treatment was planned and delivered in a way that was intended to ensure the person's safety and welfare.

We saw a medical history was recorded which highlighted any issues and areas of potential risk to the person. This meant that staff understood the requirements of people who used the service and the potential risks involved.
The manager told us that non-surgical procedures were not carried out at the clinic.

The dental surgeon told us that the cost and practical arrangements for treatment were discussed with the person. We saw that a copy of the person's treatment plan was discussed with them and added to their records.

We were shown copies of the post-operative instructions and oral health education information that was provided to people after their treatment. We were told that people were provided a copy of the discharge letter that would be sent to their usual dentist or doctor if it was requested.

We spoke with two people about the care and treatment they received. People were very positive, comments included "The dentist was exceptional the aftercare was very good. I drove an hour away from here because of the confidence I have in the dentist and the staff" and "excellent care compared to other places I have been to. The before and aftercare was very good. They really looked after me. No complaints".

Risk assessments identify risks to people's health and wellbeing. We saw that staff were provided with guidance about the measures they should take to protect people from unnecessary risks. For example we saw that there were recorded clinical observations of

the person after surgery. This was to ensure the risks associated with the sedation were minimised.

Emergency medical equipment was available. We saw emergency medication was easily accessible to the dental nurses and all stock was clearly labelled with expiry information. Oxygen was also available as required and we saw evidence that the emergency medication and oxygen was checked monthly.

We saw that staff were suitably qualified and undertook basic life support training. This ensured that staff had knowledge of their role if a person collapsed or if there was another kind of medical emergency at any time.
This also showed that the clinic had systems and processes in place to manage emergency situation and deal with foreseeable emergencies.

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 and people were cared for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. We saw that the dental surgeon and both dental nurses who worked at the clinic had received training in infection control in August and December 2013. We spoke with the dental nurses who both demonstrated an in depth knowledge of the subject

There were effective systems in place to reduce the risk and spread of infection within the dental surgery contained within the clinic. The dental nurses told us they were the designated infection control leads for the dental surgery. They monitored and audited infection prevention and control measures at the clinic.

The oral surgery clinic had a shared service with a neighbouring dental practice. We saw a contract was in place with an external agency for the safe management and disposal for all clinical waste. The dental nurses we spoke with were able to describe the process for the disposal of clinical waste, including sharps.

We saw that personal protective equipment for both staff and people who used the service was readily available in the treatment room. This included bibs, glasses, visors (eye protectors), gloves, aprons and face masks which protected both staff and people who used the service from the risk of infection. Surgical scrub liquid, liquid soap and sterile towels were also available in the clinic.

The nurses told us the clinic followed 'best practice' standards set by the Department of Health in guidance known as HTM 01-05. This guidance advised dentists how they should remove infectious or hazardous materials from dental instruments so they were properly cleaned after every use. This is known as decontamination.

The dental nurses explained the process for decontamination and sterilisation of used instruments, as well as daily checks that needed to be carried out. We saw print-outs from the autoclave that had been completed before each surgery which confirmed that it was working properly.

We also saw that sterilised instruments were correctly bagged, sealed and dated to

prevent cross infection. We saw that records of all surgical instruments used were kept following each surgery. This meant people could be assured they were being treated in a safe environment and effective standards were maintained.

The service followed procedures recommended in the guidance. We saw that all equipment for surgical procedures came to the clinic in sterile packs, and were disposed of after single use. A clinical waste contract was in place for the removal of such equipment. This meant there were effective systems in place to reduce the risk and spread of infection.

People were cared for in a clean, hygienic environment. A range of systems were in place to ensure cleanliness and minimise the risk of infection. We were shown records of infection control audits completed. We saw the deep cleaning log, which was signed and dated to provide an audit trail.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place.

We reviewed staff files for the two dental nurses and the oral surgeon. We found that all required documents such as enhanced Criminal Records Bureau (CRB) (now Disclosure and Barring Service DSB) checks were in place.

The dental surgeon told us that they had obtained references for the dental nurses and had worked with them for many years. The dental surgeon told us that this was part of pre-employment checks. We were told that these were in line with recruitment policy and procedures.

We saw evidence of continuous professional registration checks with the General Dental Council (GDC) for the oral surgeon and dental nurses. We saw that the dental nurses had undertaken specialist training and obtained certificates in dental nurses sedation. This showed that the provider had taken steps to ensure people who worked at the clinic had relevant skills, experience and professional registrations in place. This also meant that people were cared for by suitably qualified and experienced staff.

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 people made were responded to appropriately.

Reasons for our judgement

The two people whom we spoke with told us they had not made a complaint. They told us that they were very happy with the service they received. However, they said if they wanted to raise a concern they were happy to do this as the dental surgeon and staff were approachable.

The dental surgeon told us they were always available in the practice, so that people who used the service could speak with them on a one-to- one basis. The dentist told us the service encouraged and supported a culture of openness. This enabled individuals to feel confident that their complaints or concerns would be listened to and acted upon.

We saw the service had a complaints book in place. We observed the complaints policy and guidelines in the folder which was made accessible to the people who used the service at the reception. It included information about the General Dental Council and the contact details. We saw the complaint procedure also contained information about the Care Quality Commission so people were able to contact the commission if they had information they wanted to share with the CQC. The complaints procedure was also included in the information leaflets that were given to people after their surgery. We saw this information was also available at the clinic's website.

The dental surgeon told us that they regularly asked people to complete a quality survey. We were shown copies of the survey for 2013. The dental surgeon told us that the results of the surveys were regularly analysed and any negative comments made would be considered and acted on.
Comments from the surveys included "my overriding feeling is one of safety, being in very good hands" and "cannot have asked for a better experience considering it was an extraction and I am of nervous disposition".

The complaints file included one complaint. This was in regards to one episode which arose following surgery in March 2012. The person was not happy with their surgical experience. We found that this had been investigated and responded to efficiently and in a timely fashion. We were told that this was finally resolved in November 2013. This showed the clinic received few complaints and that those received were dealt with properly.

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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