Inspection Report

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

Bridge Dental Surgeries

32 Station Road, Marlow, SL7 1NE

Tel: 01628474044

Date of Inspection: 01 July 2013

Date of Publication: July 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
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bridge Dental Surgeries Limited
Registered Manager	Dr. David Harris
Overview of the service	Bridge Dental Surgeries provides private dental services to adults and 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'.

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 1 July 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who had appointments the day we visited. They were all positive about the dental service they received. "Exceptional" was one person's assessment. They told us they had been with the practice for a number of years and valued the consistent quality of care they had experienced. We looked at some key records and found they were accurate and robust. This meant people could be confident their dental care was based on their individual needs and took account of previous treatments.

We found people considering treatment had access to all the information they needed. This could be in discussion with practice staff, by way of information leaflets or on the practice web-site. Details of the costs of treatment were readily available and people told us they did not feel under any pressure to make a decision about treatment options.

We saw people were protected by the way infection control policies and procedures were in place and being followed. We found there was a robust framework of daily, weekly and other periodic checks in place and recorded, to ensure the environment, equipment and care practice people experienced was effective and safe.

We found people were protected by the way staff were recruited, with robust checks being carried out. Procedures were in place which gave people the opportunity to comment on their experience. Where they did, this was taken into account and changes made where possible in order to improve it.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who had appointments on the day of our visit. They told us they were always given full details of the treatment options open to them. They said they were able to ask questions and felt able to take their time deciding what the best option for them was. This confirmed people who used the service understood the care and treatment choices available to them, expressed their views and were involved in making decisions about their care and treatment.

We saw there were a wide range of information leaflets and posters in the reception area providing advice and guidance about dental hygiene, dental treatments and how to promote healthy gums and teeth. We asked people if they had sufficient information about the cost of their treatment. They told us they did. They said when treatment options were discussed, this was done in an open way, with relative costs and benefits clearly explained. We saw there was detailed information about the costs of treatment displayed in the reception area. Leaflets about the practice and the services offered were readily available. We saw these included information as to costs. We saw the practice web-site contained a wide range of information about treatments available, including their cost. This meant people who used the service had ready access to appropriate information as to treatment options and their cost.

We noted surgery doors were always closed during treatment to protect the dignity and privacy of patients. Those people we spoke with about their care experience told us they were very satisfied with the way treatment was delivered. We saw practice information included the availability of wheelchair access through the rear car-park to a ground floor surgery. The surgery did not have a disabled toilet facility. This was clearly indicated on the practice web site and on the practice phone information message. In response to patient suggestions, additional handrails had been fitted on the staircase to the upper surgeries. This demonstrated people's diversity, values and human rights were respected.

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 who had appointments on the day of our visit. They included one person who had telephoned the surgery that morning asking for an urgent appointment. One other person told us they had previously received prompt emergency treatment when it had been required. We were informed by the practice management time was allowed for each day to accommodate emergency treatments. This showed people received a flexible and responsive dental service.

Each of the people we spoke with were very positive about their experience of Bridge dental Surgeries. "Exceptional treatment" was one typical comment. The people we talked with all had other members of their family who also attended the practice, including children. They told us the way their children had been reassured and made comfortable with dentistry had been "Immensely helpful" as one person put it.

People told us they were sent reminders when their routine treatment was due. They said they were always offered a range of days and times for appointments. Those people we spoke with had been with the practice for at least ten years and in two cases more than twenty years. They told us they had been able to see the same dentist on most occasions and they valued this consistency and continuity of care.

We looked at patient information systems for both new and long-standing patients. We saw these included medical histories initially completed by new patients. The practice used a recognised health classification scheme in assessing patients. This ensured records contained details of any health conditions with implications for the way dental care was to be provided. We saw medical history records were subsequently updated to show any treatment given. Records included details of assessments of dental health, soft tissue screening checks and any X-rays taken. This showed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found medication and equipment for use in medical emergencies were readily accessible. We saw records which showed medication and equipment were checked and tested regularly to ensure they were safe and effective. We saw training records which showed staff had received training in how to use the equipment and were familiar with and

competent to follow basic life support procedures. We saw records had been kept of any occasions where people had required additional medical intervention or support during treatment. This confirmed there were arrangements in place to 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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The patients we spoke with told us they always found the surgery and reception area clean and tidy. None of them raised any concern about hygiene or infection control. We saw there were very detailed infection control policies and procedures in place which were being followed. The policies had been recently updated and all staff had signed to indicate they had read them. An external audit had been carried out in November 2012 and found; "The housekeeping and cleanliness throughout the practice continues to be maintained to an excellent standard which will be effective in reducing the risk of cross infection".

We were taken through the cleaning and decontamination process and cycles by the practice lead for infection control and a dental nurse. We were shown how instruments were cleaned and made ready for use. The equipment used in this process was seen, and records of test results to confirm their effective operation were seen to be recorded daily. We were shown the process of transition from 'dirty' to 'clean'. A washer disinfector was used to clean the instruments, which were then checked under a magnifier for any residues. If residues were found the instrument would be cleaned again. Instruments were sterilised using vacuum or non vacuum sterilisers as appropriate. We saw instruments were stored in line with the appropriate guidance. We also saw records which showed all equipment was maintained and serviced in line with the manufacturer's requirements.

The cleaning undertaken by dental nurses between each patient and at the start and end of the day was demonstrated to us. We saw cleaning regimes were detailed for each surgery, with records kept on a daily basis to confirm they had been carried out. We saw there were adequate supplies of protective clothing available. For example aprons, gloves, masks and visors. Aprons in use were colour coded where appropriate to avoid the risk of cross-contamination. There were colour coded cleaning tools for use in designated areas, which again reduced any risk of cross-infection.

This demonstrated there were effective systems in place to reduce the risk and spread of infection.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had put in place systems and processes for the maintenance of equipment used in the practice. We were shown routine maintenance records for equipment in use. This included sterilisers, X-ray equipment and clinical equipment used in each surgery. We looked at test certificates for equipment and records of daily inspection and function checks carried out by staff. We visually confirmed equipment had been serviced as required and the date for the next service had not been passed.

We saw a detailed external report on all maintenance and equipment had been carried out in November 2012 and found a satisfactory standard of practice had been followed. Another independent external report had been conducted in April 2012 and had also established a high level of compliance in respect of equipment maintenance and service records.

We were shown the detailed daily logs of equipment tests. Results of these were retained. We saw X-ray equipment was regularly checked by a specialist external company. The quality of X-rays was monitored at each use and recorded. The practice had a designated radiation protection supervisor and we saw appropriate rules for X-ray use and signage were in place.

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

We looked at recruitment records for those staff who had recently joined the practice. In all cases Criminal records Bureau (CRB) (Now Disclosure and Barring Service) checks had been undertaken. This ensured people were not employed if they were unsuitable to work with vulnerable patients.

We saw checks had been carried out and confirmation received of the registration status of all nurses and dentists with the General Dental Council. This confirmed their qualifications and skills had been maintained appropriately and were up to date.

In all cases there was a health declaration which established the applicant's physical and mental fitness for their role. In those records seen there was a full employment or education history with an explanation provided for any gaps. For example, in one case, there had been a break to raise children. We saw two references were in place for all external candidates. Photographs were seen. The provider may find it useful to note there was no way to judge if these were recent or accurate. The records seen indicated there were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

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 to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

When we spoke with three people who had used the service they told us they had never had the need to complain about their treatment. They told us they would simply speak to one of the staff if they did have any concern. We saw there were a number of positive letters of thanks on display in the reception area. The practice complaints policy was clearly on display and copies were readily available. We saw records were kept of complaints. These included details of how they had been resolved. In each of the records we saw a satisfactory outcome had been achieved. This showed the provider had taken steps to take account of complaints and comments.

The practice was subject to external scrutiny through specialist professional support organisations. We saw copies of their latest reports which also detailed action points and when they had been achieved. This showed learning from audits took place and appropriate changes were implemented.

We saw evidence of a comprehensive range of internal checks and audits carried out by practice staff. These included daily checks, weekly and monthly checks and other periodic reviews of specific areas of the practice's operation. For example, we saw a daily and weekly check record of compliance against Department of Health guidelines including an environmental maintenance and cleaning log. This covered all parts of the practice environment and provided details of checks and cleaning undertaken. This log was signed daily by the person or persons completing the checks. In one case, for example, a loose wire in the vacuum cleaner had been identified and subsequently mended.

We saw records of quarterly and annual checks carried out. These covered staff appraisals, patient files, registration updates, Hepatitis B inoculations for staff, confirmation of continued professional development for staff and equipment testing.

We saw records of staff meetings where quality and guidance was discussed and actions

recorded. For example, at a meeting held on the 30th April 2013, direct access to hygienist services was discussed as well as clarification of new guidance about 'sharps' (e.g. needles) and their disposal.

We were told the practice held regular 'Lunch and Learn' sessions where learning from incidents / investigations took place and appropriate changes were implemented.

We saw there were feedback forms available for patients to take in the reception area. These were not often completed. We were told of one example where some people had suggested the fitting of additional handrails at the top of the stairs to the first floor to assist ease of access. This had been actioned and showed the provider took account of comments made and appropriate changes were implemented where possible in order to improve the service.

The practice web-site included provision for people to contact the practice manager or provider and we were shown newly devised questionnaires which were to be sent to patients. It was hoped this would address the otherwise low take up of feedback opportunities.

We looked at patient records and records in respect of health and safety. We found risks to individuals who use services and staff who provide treatment or support had been identified. There were action plans in place which set out how risks were to be eliminated or managed. This showed the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk