Inspection Report

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

Bounty Road Dental Practice

74 Bounty Road, Basingstoke, RG21 3BZ Tel: 01256465764

Date of Inspection: 28 August 2013

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
Safeguarding people who use services from abuse	✓ 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	Bounty Road Dental Practice
Registered Manager	Mr. Hyo Sang Rhee
Overview of the service	The |Bounty Road Dental Practice provides private general dental services for Basingstoke and the surrounding area. These include minimally invasive, preventative and cosmetic dentistry. The practice also offers NHS treatments for children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 28 August 2013, 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they were fully informed regarding their treatment and were always given time to consider their decisions. One person praised a dentist for the professional and caring way they explained the different choices and made them easy to understand.

Treatment plans showed that people had received an initial assessment that considered their general medical condition, the medication they were using and any known allergies. This information had been used by the dentist when prescribing dental treatments so that they could be provided safely.

Most of the patients we spoke with praised the surgery for creating such a pleasant atmosphere. One person said, "Nobody likes going to the dentist but they have removed the fear." Another person said, "I wouldn't consider going anywhere else. They are second to none and absolutely wonderful with my children."

We found the practice had appropriate procedures with respect to safeguarding vulnerable adults and young people, which were clearly understood by staff.

People were cared for in a clean, hygienic environment, which was maintained by an effective cleanliness and infection control system.

Records showed that staff had been trained, supervised and supported to meet the health and welfare needs of patients.

The provider had an effective system to assess and monitor the quality of the service that people received, ensuring that they were protected against the risks of inappropriate or unsafe treatment.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our inspection we observed the receptionist treating people politely and with respect. We saw that the receptionist welcomed patients into the practice and knew them by name. In the waiting area we saw that there was a range of patient leaflets that gave information about the prevention and treatment of dental conditions. There was also a welcome pack available, which contained details regarding choice and consent. The reception had an area designed specifically for young children, which had books and toys to relax them if they were worried. There was also a large television screen which was showing popular family films throughout our inspection.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. On the day of our visit we spoke with two people receiving treatment at the practice and seven others on the telephone. People using the service told us they were fully informed regarding their treatment so they understood the choices available to them. One person visiting the surgery told us they had been given different options for treatment to alleviate a problem. The dentist had explained each procedure detailing the benefits, compromises and costs. People we spoke with said they were always given time to consider their treatment and made their decision based on what was important to them. We spoke with one person who praised the dentist for the professional and caring way in which they explained the different treatment options available.

We spoke with a dentist who told us how they described the treatment options to patients, often using visual aids and x-rays. The practice manager, who was a qualified dental nurse explained how they encouraged people to talk about their treatment and any concerns. This was to ensure they fully understood the choices available to them and their right to say yes or no.

The dentist told us that the surgery used the General Dental Council's guidance and followed the principles of patient consent. We saw 12 patient treatment plans which detailed the agreed treatment, the cost and the person's consent.

Where people did not have the capacity to consent, the provider had acted in accordance with legal requirements. The dental nurse told us that staff read and followed the practice policies and procedures in relation to mental capacity. We looked at the policy and saw staff had signed to confirm they had read and understood it. The dentist described how they appropriately sought valid consent from people with autism and how they had recently used a translation service with a patient who could not speak English. We were told how some people with particular fears had declined conventional treatment and how they were given different options. The head dental nurse and the practice manager described the appropriate way that consent was obtained from children and their parent's. The dental nurse told us relatives or carers were involved in making decisions if a person wanted them to be. This was confirmed by parents of children we spoke with who used the service.

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

Patients' needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Patients told us that they rarely had to wait for their appointments but if there was a delay they were always kept well informed by the reception staff. The receptionist told us that they managed the appointments system but were guided by the dentist on how much time was required. If a person required extra time for an appointment due to extra work, then this would be decided between the person and the dentist. The receptionist would then ensure that sufficient time was allocated. The receptionist told us that they always contacted people the day before their appointment to remind them. All of the patients we spoke with confirmed this.

We spoke with two people who had seen the dentist that day and they told us that they were happy with the treatment they had received. We were told that the dentist had checked whether there had been any changes in their medical condition before treatment began.

During our inspection we reviewed 12 people's clinical records and found that care was centred on them as an individual and met their current and long term needs. Treatment records were computerised and kept up to date with current treatment plans. These included a breakdown of the estimated cost of the treatment, medical history and oral health assessments. They showed that people had received an initial assessment that considered their general medical condition, the medication they were using and any known allergic reactions. This information had been used by the dentist when prescribing dental treatments so that they could be provided safely. The patients had also been screened for more serious medical conditions such as oral cancer, so that if necessary they could be referred for specialist treatment. The plans were adequately detailed and formed part of an on-going record of the patients' dental care.

Patients' treatment reflected relevant research and guidance. Records showed that important items of medical equipment, such as radiography devices had been inspected and maintained so that they operated correctly. This helped to ensure that x-rays were being used in the right way to assist the dentist to prescribe effective treatments. Following treatment people were provided with guidance, support and information that enabled them to care for themselves. The provider said that people were able to return for emergency

appointments should the need arise.

There were effective arrangements to deal with foreseeable medical emergencies, including the provision of cardiac arrest. The service had developed systems to check the effectiveness of equipment used. We saw that all the staff team had attended resuscitation training, basic first aid, fire drills and had access to contact numbers for emergencies. We reviewed two separate incidents where people had fainted after receiving treatment. We found that staff had responded instantly, following approved guidance to ensure the health and welfare of the patient.

Eight out of nine patients we spoke with gave positive feedback. However one person who used the service was not confident that the treatment offered was always the most appropriate. One person said, "The service is excellent. The dentist and all of the staff are truly charming and make you feel valued. I would advise anyone who is frightened of the dentist to come here. "Another patient whilst talking about the dentist said, "You can tell he is passionate about what he does and that he is striving to give you the best treatment he can. The receptionist is always happy and cheerful so you don't worry so much."

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 who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The practice had appropriate procedures with respect to safeguarding vulnerable adults and young people. The practice manager had a current copy of the local authority safeguarding arrangements and knew who to contact where necessary.

Staff had received relevant training and were able to recognise the different types of abuse. We spoke with the practice manager, a dentist, the head dental nurse, a dental nurse, a hygienist and the receptionist. All had an understanding of their responsibilities to safeguard people and protect them from harm. The staff demonstrated a clear understanding in relation to whistleblowing and told us they had completed relevant training. We saw evidence of this recorded in the staff records.

People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. With reference to adult patients who had reduced capacity, we observed that staff knew about the need to consult with their representatives and social care professionals so that the person's wellbeing was safeguarded.

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

People were cared for in a clean, hygienic environment. The reception area and waiting room was clean, tidy and comfortably furnished. During our inspection we looked at two dental surgeries and a room specially equipped to complete CT scans. They were clean and in good working order. Patients we spoke with told us that the waiting area and the surgeries were always clean and tidy.

Each surgery was laid out to help prevent cross infection. We spoke with the practice manager who was the service lead on cleanliness and infection control. She told us how the instruments were cleaned, checked, decontaminated and sterilised, in line with the latest guidance from the Department of Health. The head dental nurse then showed us how this was done in practice and followed the processes described in the service policy. We were shown how the clean instruments were packed and rotated to ensure that they were used within time limits. We also saw that systems were used to check that the equipment was in good working order. The infection control lead told us that they were keen to establish a decontamination room in line with best practice. We were shown a business plan to accomplish this, which they hoped would be approved in January 2014.

Throughout the surgery we saw adequate supplies of gloves and other protective clothing available. We also saw staff wearing these items when required in the treatment rooms. Staff wore uniforms within the surgery and we were told these were removed when they left the premises avoiding the risk of cross infection outside the building. We saw staff adhering to this policy at lunchtime. We saw minutes of a staff meeting where the importance of this practice had been emphasised.

There were effective systems in place to reduce the risk and spread of infection. We saw that there was a policy and procedure, which detailed how appropriate infection control practices were to be implemented. These considered things such as hand hygiene, instrument decontamination and sterilisation, general infection control and the correct use of personal protective equipment. A dental nurse we spoke with explained the routine for preventing cross infection in between patients appointments. This included cleaning surfaces and the dental chair with disinfectant wipes before the next patient was called.

All of the rooms in the practice were cleaned on a daily basis and there was a recognised schedule, which was completed by cleaning staff. Dental staff demonstrated knowledge of the daily cleaning schedules for the surgeries. We looked at the daily cleaning schedule maintained by the dental nurse in each surgery and found these were up to date. The practice manager told us that they checked the cleaning schedules and the surgeries weekly to ensure the cleaning was effectively completed. The provider might find it useful to note that these checks were not recorded.

We saw that needles were disposed of into appropriate containers, as well as any other hazardous substances. The clinical waste was securely stored and collected by a validated waste collection on a regular basis. We observed that there was a system to ensure that reusable items of equipment were only used for one patient before being decontaminated and sterilised. There was special equipment to undertake this reprocessing and the records showed that this operation had been completed correctly. Sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination. We observed that staff followed good hygiene practices. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable gloves, aprons and face masks.

We saw that there were procedures to help ensure that water used in the practice complied with purity standards. The infection control lead explained the practice policy in relation to minimising the risk from blood borne viruses, Legionnaire's Disease and accidental spillage. We saw the service had these detailed procedures contained within practice policies which staff had read and signed. We spoke with the dental nurse who demonstrated practical knowledge of these safety measures. We looked at staff files which confirmed that all staff involved in clinical work or decontamination had current immunisation for Hepatitis B.

Patients we spoke with told us that the waiting area and the surgeries were always clean and tidy. They told us that the staff were always clean and smart and always wore protective gloves, aprons and masks whilst treating them.

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 received appropriate professional development. We spoke with six staff who told us that they had received training in infection control, safeguarding and basic life support skills. We looked at all staff files and saw the relevant certificates for this training and noted that they were up to date. Staff told that there was always a friendly, happy atmosphere at the surgery and they felt well supported by the principal dentists. They said that communication between all members of the team was good and they could always raise concerns with their peers without feeling undermined.

Staff were able to obtain qualifications relevant to their role and were actively encouraged to develop their personal expertise. The dentists and dental nurses completed continuing professional development, which was necessary for them to maintain professional membership with the General Dental Council. Although each person was responsible for maintaining their own training, we saw that this was effectively recorded and monitored within the staff files.

The practice manager completed annual development reviews with the dental nurses and the receptionist, whilst the practice manager received an annual performance review from the principal dentist. We looked at these within the staff files. Staff told us that this was an effective two way process, where the practice manager actively listened to them and produced effective development plans.

Staff were able, from time to time, to obtain further relevant qualifications. Staff we spoke with were positive about the development opportunities available to them at the surgery. For example the receptionist told us how they had recently completed a first aid course and had been appointed as the practice first aid lead. The practice manager told us how they had been supported to complete a business management course. We saw evidence of this training recorded within the staff files. The head dental nurse wished to develop expertise in relation to dental implants and was being supported by the practice to achieve this goal. This was recorded in their annual development review.

The provider had safeguarded high standards of care by creating an environment where clinical excellence could do well. Records showed that there had been regular monthly staff meetings. These had been used to discuss the running of the practice so that

problems could be reviewed and resolved. One of the dentists was relatively inexperienced compared to the two principal dentists and told us that they received excellent peer support. Whenever possible they told us that they were invited to observe their more experienced colleagues performing new or more complex techniques, with the consent of the patient.

People told us they were so impressed with the quality of the service they thought the training must be good. One person we spoke with said, "I've been coming here for over twenty years and it has always been an excellent dentist but the new partners have brought it bang up to date and you just feel totally safe in their hands."

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that surveys were available for people to complete at reception. These asked people about their opinions on the service they had received. We saw the results and analysis of the survey for 2013 and the action that had been implemented in response. All of the replies had been positive. However, the provider might find it useful to note that only 16 surveys had been completed.

We found that staff were able to provide feedback about the service in a formal process, during development reviews and on an informal basis during daily conversations in the staff room. We were told that everybody attended the monthly staff meetings and saw that minutes recorded the agenda, matters discussed, action to be taken and who had attended. This meant that staff had frequent opportunities to raise any concerns, issues or improvement suggestions for the service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The practice manager and head dental nurse often provided information for patients who were worried or wished to discuss treatment options further. However, the dentist would always make treatment decisions, together with the patient. We spoke with the hygienist who told us that people could refer themselves directly if they wished. In practice all of the patients had been referred by the dentist, with an agreed treatment plan. The hygienist told us that if someone did directly refer themselves they would always advise them to see the dentist first.

There was evidence that learning from incidents took place and appropriate changes were implemented. The practice manager told us about two incidents where patients had become unwell after treatment. We saw that these incidents had been effectively recorded in patients' notes that proper emergency procedures had been followed. We looked at the treatment notes of the patients and found that they had been updated with appropriate

alerts and risk assessments for future treatment. We found that the necessary learning from these incidents had also been recorded. The provider might find it useful to note that these incidents had not been recorded in the accidents and incidents book.

The provider took account of complaints and comments to improve the service. One person we spoke with told us that they had felt discomfort from a crown that had been fitted. The dentist immediately invited the patient to return and resolved the issue to their satisfaction. We saw that the dentist had then engaged with their suppliers to improve the quality of their dental products.

We saw that the practice had an effective complaints policy and procedure which sought to resolve all complaints immediately. Staff we spoke with were aware of the complaints procedure and the practice intention to address them as quickly as possible. Patients we spoke with told us that they had had no reason to complain but would readily speak to the dentist or practice manager. They were confident that their concerns would be listened to and addressed.

The provider had an effective system to regularly assess and monitor the quality of the service that people received. This meant the practice could ensure people who used the service were protected against the risks of inappropriate or unsafe care or treatment. There was a practice check list of daily, weekly and monthly tasks. We saw that the practice manager regularly audited treatment plans, ensuring patients had signed to confirm that they understood and consented to their treatment. Dental nurses completed daily cleaning of the surgery and equipment, which was checked by the practice manager. There were also general cleaning schedules for other areas, which were also checked by the practice manager. The daily checks for the autoclave and ultrasonic cleanser audits all had a time, date and initials or signature of the staff member who had checked it. We saw that all decontaminated instruments were stored in drawers and that date stamps were within specified time limits. The practice manager checked these drawers weekly.

The head dental nurse completed appropriate checks in relation to water purity and we saw these were effectively recorded. We were shown the policy and appropriate records in relation to the checks and the use of radiography equipment, including maintenance, which were audited by the principal dentist. The service had a contaminated waste policy and a contract with an approved collection company. There was a system recording the appropriate storage and administration of drugs and medicines. The service did have an accidents and incidents policy and a book for recording them. We looked at the book and found there had been one minor staff injury appropriately recorded.

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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