

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

## Wincanton Dental Practice GS Worrall & Associates

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Date of Inspection: 18 February 2013

Date of Publication: May 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Cleanliness and infection control</b>	✓ Met this standard
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<b>Supporting workers</b>	✓ Met this standard
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<b>Records</b>	✓ Met this standard
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## Details about this location

Registered Provider	Wincanton Dental Practice
Overview of the service	The three surgery practice is located on the High Street in the centre of Wincanton. It has four dentists and two part-time hygienists working at the practice and sees both NHS and private patients.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 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 staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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On the day of our visit we spoke with four patients. All four patients were very complimentary about the practice. They felt that they were treated with respect and dignity. They told us that they were informed about the choices, alternatives and possible outcomes of their treatment. One patient, who had been coming to the practice for over 20 years said "All the family have been coming for years -- that says it all". Another said "He is very good -- a very patient dentist". We were told that the staff were friendly, which we observed to be the case, and that they treated people with courtesy.

We found that a testimonial book was in the waiting room where we found comments such as "I found my visit to the dentist friendly and efficient" and another said "Very friendly experience -- efficient and friendly as usual".

We found the practice was friendly, welcoming and informative and the patients we interviewed felt the same.

We saw that patients were listened to in all areas of the practice, which we found to be clean and comfortable throughout. The patients we spoke with also stressed how clean and comfortable they found the practice.

We found that patients were able to give consent for treatment appropriately and the staff were well trained and caring. The practice was well led and the staff were observed to be well organised.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

We saw that a patient satisfaction survey was being done annually. This was carried out by asking 100 patients, at random, over a six week period, to complete the questionnaires. The completed questionnaires would be returned to the receptionist or put in a box at reception. The results would be analysed and discussed at the monthly practice meetings. We saw an analysis showing that the responses were very positive.

We spoke with four patients, all of whom were very complimentary about the practice. Two of these patients had been attending for over twenty years. One patient told us "All the family have been coming here for years -- that says it all" and another said "I would recommend him to anyone". We noted that a testimonial book was present in the waiting room which showed many votes of thanks. One patient wrote "I found the visit to the dentist friendly and efficient", and another patient wrote "Excellent service all round -- staff always friendly and cheerful".

We observed staff talking with patients at both reception and in the waiting area and saw that this was done in a kind and friendly manner. We could see that confidentiality was being observed. We were informed that patients updated their medical histories in the surgery before treatment and that all NHS forms were completed in the surgery. This was because the waiting room and reception were integral and demonstrated that the practice respected the confidentiality of their patients. We were told that if patients wished to talk in private, about any concerns they may have, it would always be done in an alternative private room.

We saw that computerised record keeping was in place. We looked at a small sample of six patient clinical notes. These recorded that medical histories had been updated and that treatment options were discussed. We saw that all patients were given a written treatment plan.

Patients were given appropriate information and support regarding their treatment. Leaflets were available to patients describing future treatment options. This demonstrated that people were able to make informed choices about their treatment.

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

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**Our judgement**

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The provider was meeting this standard.

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

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

There were arrangements in place to deal with foreseeable emergencies. Emergency medication was available along with emergency oxygen and appropriate equipment. We saw evidence that the staff had undergone resuscitation training in November 2012 and that an update was planned annually. A robust checking system was in place to ensure all equipment and drugs were in-date. A defibrillator was present.

From looking at the six patient computerised records good evidence of written treatment planning was seen. Patients were given a treatment plan outlining the treatment advised and the costs involved. This was the case for both NHS and private patients. Consent to treatment would then be given by signing the treatment plan accordingly. It was seen from the records that correct clinical pathways were being followed. We were shown by the receptionist, the procedures at reception and we observed that patients were being treated with courtesy and respect. This demonstrates that patients were being treated in the correct manner, able to make an informed decision and to give consent.

We saw that treatment given was planned and delivered to ensure the patient was safe and benefitted from it. We saw that attention was given to how often the patient was to be recalled for a check-up based on their clinical needs. We noted that a quality assurance program was in place regarding radiographs.

Staff confirmed that they had enough equipment to be able to carry out their roles effectively, and that they were encouraged and supported in their continuing professional development. We saw certificates to show what courses the dentist and staff had recently been on. We saw from the training files for each staff member that a structured approach to all training was in place. Risk assessments had been done, as part of ongoing training.

We saw that correct signage was in place regarding fire-escape exits and that a fire evacuation policy was in place. We noted that all fire extinguishers had been serviced in

December 2012 and that a fire risk assessment had been done in November 2012. We also saw that smoke alarms were in place which were tested monthly and logged.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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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.

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**Reasons for our judgement**

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We noted that the designated Infection Prevention and Control Lead was a senior nurse.

We saw that all the staff received training in the prevention and control of infection, and that this was ongoing. We saw that all staff attended in-house training regarding disinfection and decontamination in November 2009 and updated by another course on practical disinfection and decontamination in November 2011.

We observed staff using hand disinfectant gels on a regular basis and observed the well-equipped decontamination room. Personal protective clothing, was present and was readily available. One nurse explained to us the decontamination procedures in a very clear, professional manner. It was also noted that all staff changed into and wore correct clinical clothing. We noted that all instruments were transferred to the decontamination by means of secure transport containers. The decontamination room was well equipped and we saw that the decontamination procedures flowed from dirty to clean, as defined by the Department of Health guidance on decontamination procedures (HTM 01 05). We saw that there were three autoclaves present and that the recording of the decontamination cycles for one of them was by means of an electronic data-logger. For the other two visual recordings were taken and logged. We saw that correct maintenance and servicing of the decontamination equipment was being carried out. We noted that plans were in place for further improvements to the decontamination room.

We saw that training was being given on the use of personal protective equipment, hand hygiene, the policy for exposure to blood-borne viruses and the handling and disposal of clinical waste. Cross infection audits were being done quarterly and we saw that the last audit had been done in February 2013. We could see that any area of concern was addressed.

We saw that all clinical waste was stored securely and that orange bags and sharps containers were being used. We saw the clinical waste file and consignment notes relating to the transfer of the clinical waste, showing that the practice has the correct procedures in place. Colour coded mops and buckets were present for the general cleaning of the practice which was supervised by the practice manager.

Evidence was also seen to show that a Legionella water test had been done and policies were in place for further checking, which would be reviewed when appropriate. Ongoing training was evident and it was seen that staff members using the decontamination room were confident in the procedures. This demonstrated that the correct procedures were in place, and that all staff practised correct decontamination protocols.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We looked at staff records, relating to registration certificates, indemnity records, CRB checks and training. These showed that all members of staff had received proper training as part of their induction and that this was ongoing. It also showed that they were properly registered with the relevant professional body and properly insured. We saw that all staff members had their own personal files which contained their contracts of employment, job descriptions, hepatitis B inoculation records and training courses attended.

We saw evidence to show that all staff had a training program in place, which was supervised by the practice manager and the provider. We were told that all clinical training issues were supervised by the provider and that all practice management policies were supervised by the practice manager.

We saw evidence to show that all staff were encouraged and supported regarding their continuing professional development (CPD). We saw certificates showing differing courses which had been recently attended. We saw records showing that staff received training on dealing with complaints, data protection, customer service and health and safety awareness.

It was seen that the whole team received annual resuscitation training in November 2012. We saw that regular audits and risk assessments were being done and that this was ongoing.

Regular practice meetings were taking place where training updates and support could be given. The staff indicated that they were well supported and that it was easy to raise an issue if required. Practice meeting records were seen that evidenced an open door policy for staff to communicate. This shows that the staff are well supported and respected.

A five year cycle for CPD in the core subjects, required by the professional body, was seen. This ensured that the practice was up to date with current guidance on service delivery.

We saw a well organised and equipped office with practice management policies and other information easily accessible.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People's personal records including medical records were accurate and fit for purpose.

Records were kept securely and could be located promptly.

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## **Reasons for our judgement**

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Patient's records were accurate and fit for purpose. We saw that record keeping audits were being done on a regular basis. We examined six record cards which were detailed and contemporaneously written. Medical histories were regularly updated. We noted that all patient records were computerised and that all staff were well trained in confidentiality.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. These were easily accessible.

We saw the radiation protection file and saw that a radiation risk assessment had been done. We noted that radiography audits were being done annually and that an ongoing quality assurance program was in place. We saw records to show that the X-ray units had been serviced in October 2012, which shows the X-ray equipment was properly maintained.

Records were kept securely and could be located promptly when needed. We saw records relating to all practice equipment and saw that it was being properly maintained. Equipment maintenance logs were seen and were up to date. All equipment was in good working order with a robust maintenance schedule. We saw records showing that the compressor had been serviced in December 2012 and the three autoclaves between April and December 2012.

Records of risk assessments were of good quality. A fire risk assessment was seen to have been done in November 2012 and records confirmed that the fire extinguishers were serviced in December 2012.

We saw that the portable appliance electrical testing had been done in December 2012. We also saw records confirming the water safety risk assessment for legionella was being done and was ongoing.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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