

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

Mermaid Dental Surgery

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Tel: 01225872106

Date of Inspection: 11 September 2014

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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
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Persident Limited
Registered Manager	Dr Mehdi Abrishami
Overview of the service	Mermaid Dental surgery provides private dental and cosmetic treatment to adults. The practice also provides NHS dental treatment to people who are exempt and children. People who use the service live in Saltford and the surrounding areas.
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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Patients we met and talked with at the practice were complimentary about the care and treatment they received from the both the dentist and the hygienists. We saw patients treated with dignity and kindness and their confidentiality was respected. One person told us, "the dentist is excellent and so is the hygienist. It's so useful having them both in the one place so I can see both on the same day. I like it here because it's small. I have been coming here for years".

All staff were trained to deal with medical emergencies and demonstrated they had effective, safe equipment which was fit for purpose. Patients were given detailed assessments and treatment plans. They said they had enough time and information to make informed decisions about their care and treatment. One patient told us "They always make sure I know the cost of the treatment before I make a decision." Patients told us they found staff courteous, well trained and professional.

We looked at the infection control and decontamination processes and found there were safe systems in place to prevent cross infection and maintain hygiene in the practice. One person commented: "it's always spotless here."

Patients told us there were sufficient staff to meet their needs.

The people we spoke with during this inspection told us they had never made a complaint but knew how to do so and felt confident the practice would respond in a professional and open manner.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

During our inspection visit we spoke with four patients who used the practice. One person told us "I have been coming here for years and I'm very happy here. Everybody is very kind".

Patients told us they were involved in decisions about their treatment. They said both the dentist and dental hygienists explained the options available and the associated costs that would be involved. One patient told us "the dentist and dental hygienists spend time making sure I always know what everything costs and what treatment I might need then I can choose."

The patients we spoke with told us they were confident staff kept their personal information confidential. Staff members were aware of the confidentiality policy and demonstrated they knew how to put into practice. For example, one staff member said "we never discuss any matters involving patients where we can be overheard."

Staff members confirmed they knocked on the treatment room doors before entering. Patients were invited to a private room to discuss their needs in private. A receptionist told us "we have a small room we can use if people want some privacy. Sometimes patients like to discuss the cost of treatments in private".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that the staff at the practice were polite and friendly. Patients told us they could make appointments easily. One patient said "I can always make an appointment quickly here. I know I can be seen on the same day."

We observed staff members greeted patients warmly. Patients said they did not feel rushed during their appointments. One patient said "the dentist takes as long as I need. I have never felt rushed. It's all done at a calm pace".

We looked at three patients' paper records. We saw the treatment plans included detailed photographs of the work that was needed. A dentist told us "it is a very clear way of showing patients exactly what work needs doing."

We saw there was a system to alert the dental nurse or the dentist to important medical information about the patient, such as whether they had a pacemaker fitted or if they were diabetic. Patients were asked to complete a medical questionnaire annually and were asked at each appointment if there had been any medical changes since their last visit. The dentist said people were checked for signs of mouth cancer at every check-up.

Patients we spoke with told us they were given advice on oral health, which was recorded on the practice computer system.

The practice had the appropriate drugs and equipment available in the event of a foreseeable medical emergency. We saw the drugs were replaced by the service provider when they had been used.. The practice manager said the system "worked well." We noted that all medicines seen on the day of our visit were in date. We saw staff had received training in the use of emergency equipment, which was updated annually.

The practice manager and the dental hygienist were well organised and had devised clear policies to ensure people were protected from the risk of infection. These included policies on infection control, waste management and hand washing. Staff confirmed they had read these policies.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We inspected the clinic's infection control procedures against the recommendations of the Department of Health 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM 01-05). We found the clinic had followed the recommendations in the guidance to ensure patients using the practice were offered treatment in a clean and hygienic environment.

In the practice there was a separate room for cleaning and sterilising dental instruments. A dental nurse demonstrated how instruments were decontaminated and sterilised. In the decontamination room there were three sinks used to clean the instruments. The first sink was used for hand washing and we saw hand washing guidance was available for staff to assist them follow the correct procedure to reduce the risk of cross infection. The second sink was used to manually clean the instruments with the third sink used for rinsing the dental instruments. The taps were lever-operated taps meaning. The hand wash liquid was in a wall-mounted dispenser and disposable cartridge, with signage above the sink describing the hand wash process. The sinks had did not have overflows in line so there was no risk of cross contamination when cleaning instruments. The dental nurse demonstrated they followed the protocol for the manual cleaning of dental instrument immersion method as outlined in HTM 01-05 guidance.

Following the manual cleaning process instruments were then checked using a magnifier for staff to see if any debris had been left on the dental instruments after the cleaning process. The magnifier used was a free standing lamp which the practice had purchased since the last inspection. The dental nurse told us "it's better than the hand held one we used to have." Once the staff had satisfied themselves the instruments were clean they were placed in an ultrasonic washer as recommended in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM 01-05).

The dental instruments were sterilised in a non vacuum autoclave. We saw that the required checks had been carried out on this equipment. Following sterilisation the dental instruments were packaged with a year expiry date in line with the HTM 01-05 guidance.

Regular maintenance checks were carried out on the autoclave so that its performance could be monitored. Records of these tests were available for inspection and were in line with guidance in the HTM 01-05. These included protein and temperature tests which were recorded daily.

Staff in the treatment rooms wore personal protection equipment (PPE) including uniforms, gloves, masks and eye protection.

There were written protocols for the decontamination process for staff to follow. There were daily, weekly, monthly and yearly audits of the decontamination process to ensure the recommendations of the HTM 01-05 were met.

We were told that the practice was cleaned on a daily basis, and saw the checklist that the staff followed. One patient told us "it is really, really clean here" and the dentist told us "we have different mops for each room and I take the cleaning of the practice very seriously I think it is very important."

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All the patients we spoke with were positive about the number of staff on duty at the practice. One patient said, "I think there is enough staff on duty. It's never crowded, they spend a lot of time with you and I never feel rushed." Patients told us they had sufficient access to the practice as they could easily get appointments.

At the practice there was one dentist, a dental nurse, two part time hygienists and a receptionist. There were arrangements in place to ensure a dentist was always available to provide services. The practice had arranged cover from another local practice for annual leave and sickness absence. The dental nurse told us "if the dentist is on holiday then we make arrangements with other practices [to cover]".

There were sufficient staff on duty to ensure patients received a reliable, safe service. A receptionist told us there were times when it was "never really busy on reception. We are a small practice so we all work closely together". The treatment room had a practice nurse to assist the dentist.

We saw the staff rota which included cover for annual leave. The dental nurse told us the "hygienists can cover for each other if they need to. We have an Out Of Hours service at the weekends where patients can see a named dentist."

We saw evidence of the dentists' and dental nurses' dental qualifications. The details were displayed on a large screen in the waiting room so patients could read about the practitioners before their treatment. The dental nurse told us "patients tell us they find it useful to know a little bit about the people who work here" .All staff we spoke with told us that there were sufficient staff to care and treat patients safely at the practice.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Patients were made aware of the complaints system. There was information about how to make complaints or give suggestions about improvements to the service on the screen in the waiting room. The patients we spoke with during this inspection told us they had never made a complaint but knew how to do so and felt confident the practice would respond in a professional and open manner.

The practice had a file where they kept any complaints or comments. We looked in the file and saw there were no complaints made in the last year with only one in 2005 which was dealt with appropriately following the complaints procedure.

The practice provided information about how to make a complaint, which was available at the front reception. The complaints information informed patients of external organisations they could contact if they were not satisfied with the practice's own investigation. The practice had a policy and procedure for promptly responding to patients' concerns, complaints and comments. We saw the dentist followed the complaints procedure when responding to complaints about the practice.

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.

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