Inspection Report

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

Trinity Dental Surgery

7 Coleshill Street, Sutton Coldfield, B72 1SD

Tel: 01213541110

Date of Inspection: 27 August 2013

Date of Publication: September 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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs. Ameeta Sharma
Overview of the service	Trinity Dental Surgery provides NHS and private dental services to people of all ages.
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

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 27 August 2013, 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

During this inspection we spoke with the manager / dentist, two other dentists, two dental nurses and one other member of staff. We also spoke with ten people that used the service.

We found that people had the information they needed to help them make choices about their treatment. One person told us, "The dentist makes me aware of the different options and any costs."

People told us that they had no concerns about the care and treatment that they received. One person told us, "I have used the dentist for years and have always been very happy with everything there."

We found that people received care and treatment in a visibly clean and hygienic environment. One person told us, "It always looks very clean to me." This meant that the risks of cross infection were reduced.

We found effective recruitment processes were in place. This meant that suitably qualified and experienced people were employed.

We found that the provider had systems in place to monitor the quality of the service that people received. We found that people's feedback had been listened to and the provider had taken action to improve the services offered.

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 and dignity were respected.

Reasons for our judgement

We saw that there was an information sign outside the practice of the dentist's names and the telephone number for the practice.

We found oral hygiene information and a leaflet about the dental services offered in the reception area. We also saw that there was an information board about the services available. This also displayed information about dental charges, the dentist's membership of the British Dental Association and how to raise a concern or make a complaint. This meant that people had the information that they needed.

We saw a 'comments book' was available for people to write in. We also saw that satisfaction surveys were available for people to complete if they wished to. This meant that people could comment on how the service was run if they wished to.

We saw that there was a step to the entrance to the practice. We discussed this with the manager as this may present a difficulty for people with restricted mobility. The manager told us that assistance would be offered to people if needed. We saw that there was a ground floor treatment room. We were told that if people had restricted mobility this would be used. One dentist told us, "A person using a wheelchair came for an appointment and was able to access the ground floor treatment room." We also saw a sign displayed in reception informing people that a hearing loop system was in operation. The manager told us that this had recently been installed. This meant that people with disabilities such as restricted mobility or hearing loss could access dental services.

We observed six people receiving treatment. We saw that their privacy and dignity was respected during the treatment. Staff we spoke with confirmed that doors were always closed during treatment to respect people's privacy and dignity. One person we spoke to said, 'I always feel that I am treated with respect. I am very happy with 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

People's needs were assessed and delivered in line with their individual treatment plan. People we spoke with told us that they were very happy with the care and treatment they received. One person said, "I find the dentist absolutely brilliant, they discuss different treatment options with me. I am happy with them."

During our inspection we observed six people receiving treatment. We saw that the dentist explained what stage the treatment was at and throughout the treatment explained what was happening to the person. We saw that the dentist asked if they were happy with the outcome. People that we spoke with told us that they were able to ask questions about their treatments, for example the cost and treatment options. One person told us, "I had some treatment and they explained to me what was involved and the costs. I was really pleased with the result." This meant that people knew the full facts about their examination and treatment options and were able to make informed decisions about their treatment.

One dentist showed us that the computer system could be used to show people visual images about treatment, for example how a crown was fitted. We also saw that written information was available with visual images. The dentist told us that this was useful to help them explain treatment options to people. This meant that dentists had resources available to them to explain to people what treatments would involve.

We saw that an electronic record keeping system was used at the practice. This also included digital x-rays that had been taken of people's teeth. We looked at the records of five people. We saw that records were detailed and showed evidence of extensive examination of the gums and soft tissue. We saw that when x-rays were taken these were documented. We saw one record state an x-ray had not been taken because the person had recently had one. This meant that people were not exposed to x-rays without justification.

The records we looked at showed us that people's medical history was also obtained. We observed that people were asked about any changes to their health or medication. One person told us, "I am always asked to complete a form to update about my health and any medication I take and the dentist discuss this with me." The records we saw gave details about the presenting problem and the treatment plan. The records indicated any health

risks and a system was in place to flag up such risks, such as allergies to certain medication. We saw that the dentist updated people's records at the time of their appointment. This meant that people's information was up to date and relevant.

There were arrangements in place to deal with foreseeable emergencies. Staff demonstrated their roles and responsibilities in the event of an emergency. The Resuscitation Council (UK) has published guidance on medical emergencies and resuscitation for staff working in general dental practices. This includes a list of drugs and equipment that could be used in the event of a medical emergency. We saw that the emergency resuscitation and emergency drug kit were easily accessible in one of the ground floor rooms. There was a system in place for checking that the drugs and equipment used for emergency resuscitation were in date and ready for use. We were told that these were checked monthly and records confirmed this. The provider may like to note that guidance says a weekly check should be completed. We checked the expiry dates for some of the drugs and saw that they were all in date. One dentist was able to give examples of when the oxygen would be used. We saw that the practice had a defibulator for emergencies. We were told that all staff had been trained to use this.

We spoke with five staff members and asked them what they would do in the event of a medical emergency. They were all able to tell us what action they would take and they confirmed that they had received emergency resuscitation training. We also saw first aid equipment was available. This meant that staff should be able to respond to people's medical needs in an emergency.

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.

Reasons for our judgement

People told us that they had no concerns about the cleanliness of the surgery. One person told us, "It always looks clean to me." Another person told us, "I am impressed because it always looks very clean to me."

We saw a daily cleaning schedule was in place for the start and end of each day's surgery. We were told that areas were wiped between patients and we observed that this took place. On the day of our inspection the three treatment rooms was visibly clean and well organised.

The manager told us that they had a designated dental nurse to take responsibility for infection prevention and control and that they attended relevant training. The manager told us that information was shared at dedicated-topic staff meetings and a dentist that we spoke with confirmed this. They told us, "The manager is a vocational trainer for newly qualified dentists, so they attend a lot of updates such as infection prevention and control and information is shared with the team at staff meetings." We saw infection prevention and control policies were in place to support and guide staff on how to reduce the risks of cross infection.

We saw that the practice had a designated decontamination room. This had impervious flooring and air conditioning which is recommended in clinical and decontamination areas. We saw that separate sides of the room were used to reprocess instruments using a validated decontamination process. However, we saw one area did not have very much work surface space due to the two steriliser machines. We observed that a member of staff found it difficult to find space for a tray of equipment that was taken from the washer-disinfector and this was placed in the same area as equipment that had been scrubbed and rinsed but had not gone through the washer-disinfector. We discussed this with the manager and they told us that action would be taken to ensure adequate space was available which meant that the risks of cross infection were reduced.

A dental nurse explained the decontamination process to us. We observed that used instruments were transported in a covered box from the treatment rooms into the designated decontamination room. Instruments were then scrubbed in a sink. We saw a visual check for debris was undertaken by the dental nurse using a magnifying glass and

light. We observed that equipment was rinsed in a separate sink. We saw equipment was then placed in a washer-disinfector. Equipment was then removed from the washer-disinfector, and a further visual check for debris was completed before equipment was placed in the steriliser. Re-processed equipment was then bagged, sealed and dated. This meant the risks of cross infection were reduced.

We saw that there were designated hand-washing facilities and supplies of hand soap and paper towels were available in treatment rooms. We also saw a guide to the effective hand washing technique was displayed to remind staff of best practice to reduce the risks of cross infection.

Arrangements were in place for the collection and safe disposal of clinical waste. We saw that the practice had an outdoor storage area for clinical waste. We saw records of regular checks and testing that were undertaken of the washer-disinfector and steriliser that showed they were working effectively. We also saw maintenance agreements were in place and records of services that had taken 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 spoke with ten people that were registered patients with the dental practice and asked them about staff working there. We also spoke with the manager / dentist, two dentists and two dental nurses and one other member of staff.
All of the people that we spoke with told us that they had no concerns about any of the staff members. People we spoke with told us that staff were polite. One person told us, "Staff are friendly, polite and helpful." Another person told us, "The dentist seems very efficient and skilled. I have never been in any pain during any treatment." This meant that people felt staff had the skills for their job role.
During our inspection we asked to look at staff files to see whether appropriate checks had been made as part of the provider's recruitment process. We were shown nine staff files and saw that all of the staff had Criminal Record Bureau (CRB) checks and this included self-employed dentists working at the practice. We looked at two records for staff that had recently been employed and saw that one had a completed application form and the other a detailed CV. These provided previous employment or education details. We saw records of proof of identity and references that had been obtained. This meat that appropriate pre-employment checks had been completed.
We saw that the provider had a written recruitment procedure would ensure that people employed were of good character and had suitable skills and experience for the work to be performed and were physically and mentally fit for that work. The manager told us that the formal application form was now used instead of accepting people's CV's. This meant relevant information was obtained as part of the recruitment process.
The manager told us that one dentist was completing their vocational training year following qualification as a dentist. The manager was registered in their role as a vocational trainer. We saw that appointment schedules were planned so that time was allowed for the manager to support the dentist in their role to gain experience and skills for the job role. The dentist told us, "I feel very supported. My appointment times are long enough and I never feel rushed." We also spoke with one trainee dental nurse. They told us that they attended college to gain skills needed and their tutor observed them in the dental practice. They also told us, "When I started I shadowed an experienced dental nurse which developed my confidence. I really enjoy my job now and I feel supported." This meant that staff were supported to gain and develop skills they needed for their job role.
We saw certificates showing dentists and dental nurse's professional registration and employer's indemnity insurance. All dentists and dental nurses that we spoke with told us

that they maintained their professional development and we saw certificates to confirm this. This meant that staff were properly qualified and able to do their job.

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.

Reasons for our judgement

We spoke with ten people, or their relatives, who used the service. All of the people we spoke with were satisfied with the care and treatment they had received from the dental practice. People were positive about their experience. One person said, "They look after me very well."

People who used the service were asked for their views about their care and treatment. We saw that there was a comments book and patient satisfaction survey to complete in the reception area. This allowed people to leave feedback if they wished to do so. We saw examples of completed feedback. We saw that some people had suggested further opening times. This had been acted on and we saw that monthly Saturday appointments were now available. The manager told us that analysis of feedback was completed by them and we saw records of this from July 2013. The analysis recorded, for example, that people were happy to now be receiving text messages as a reminder for their appointment time. The analysis also noted that this had reduced missed appointments and meant more appointments were available to people. This meant people had the opportunity to give feedback if they wished to and people felt they could raise a concern if they needed to.

We saw that the provider had an effective system to regularly assess and monitor the quality of the service that people received. Audits were completed for various aspects of people's care and treatment. This meant the quality of the service was regularly reviewed.

Equipment used for people's treatment such as x-ray machines, washer-disinfectors and sterilisers for re-processed equipment were checked and maintained according to the manufacturer's instructions. This would ensure that they were safe to use. This meant that systems were in place for regular maintenance and servicing.

There was evidence that systems were in place for recording accidents and incidents. This would ensure learning so that any appropriate changes were implemented. We were told that no serious accidents or incidents had occurred at the practice to date.

We saw the registered provider's liability insurance and indemnity insurance were in date. This showed that the provider had taken protective measures to manage risks associated

with the delivery of the service.

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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