

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

N A Wells Dental Practice

65 Pendeford Avenue, Wolverhampton, WV6
9EH

Tel: 01902754525

Date of Inspection: 13 February 2013

Date of Publication: February
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
--	---------------------

Supporting workers	✓ Met this standard
---------------------------	---------------------

Complaints	✓ Met this standard
-------------------	---------------------

Details about this location

Registered Provider	Mr. Nicholas Wells
Overview of the service	N A Wells Dental Practice provides treatment to people both privately and on the NHS.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 13 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People told us that they were very satisfied with the service provided and that their dignity and privacy was respected. They were encouraged to ask questions and felt staff had the time to answer their questions. People reported that staff were good at discussing all their treatment options with them. One person told us, "My treatment has been really good, they run a well organised practice. They always explain any treatment I need as well as the prices". Another person told us, "All the staff are very helpful, I'm always informed about the treatment I receive and feel very reassured."

Overall we found that the provider was operating robust systems to ensure people received appropriate care and treatment in an environment which was clean. We found that services were provided by staff that were appropriately supported in relation to their role and responsibilities.

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

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

People we spoke with told us they were consulted about their dental problems and that any necessary treatment was always discussed with them. One person said that the dentist explained everything in a "Straight forward manner" so they knew what their treatment would be. Another said, "They explained everything quite clearly and I understood the different stages of my treatment". We were shown patient records that indicated people were given time and support to make decisions about their treatment.

Staff told us that people who enquired about the service were provided with clear information about the practice. This included opening times, information about the staff, services provided, fees, emergency contact numbers and the complaints procedure. We saw that this information was available in written formats for people to take away with them.

The waiting room contained information leaflets for people on all aspects of oral health and care. This approach ensured that people were aware of the choices available to them and could make informed decisions about their treatment.

The surgeries were on the ground and first floor of the building. The ground floor was accessible to people who had poor mobility. People we spoke with described how staff would help them to access the building particularly where they had difficulty with using the steps or stairs.

We spoke with staff about the current diversity needs of patients and if they had access to information in different formats for example other languages or simplified versions. We were told that they spent time with each person to ensure they knew and understood the process. Staff felt that the current information available to the people reflected the population they were offering a service to. However, should an occasion arise where they

could not communicate effectively with a patient, we were told that they would seek assistance and advice. The practice had information on interpretation services and sign language services. A member of staff had undertaken training in 'communication challenges in practice'.

People told us that they were treated with dignity and respect. Staff shared examples of how they ensured privacy and dignity was maintained. For example, by ensuring the door to the surgery was kept closed during treatment.

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

People we spoke with told us that their dentist always asked about their health and if there had been a change in their health since their last visit. The patient records we reviewed indicated that people were asked about their health and any medication they were taking. This ensured the dentist was made aware of any problems that may have implications for the treatment they received. We saw that these records had been updated. They contained information on all aspects of oral health including details of the treatment being provided, preventative treatments and health education advice given.

Patient records we viewed showed dental treatment was discussed with them. Copies of the treatment plan were discussed and given to the individual concerned with a break down of costs. Details of the oral hygiene and soft tissue screening checks carried out were recorded together with the dental health and dietary advice provided. Records showed that individual attention had been given to people. For example, 'Patient feeling happy to leave', and 'Post operative numbness-to take care with eating and drinking'. Where diagnostic tests such as radiographs (X-rays) had been carried out, we saw the records stated the reason for this

We saw records and certificates to show that all the staff had received basic life support training to enable them to take appropriate action in the event of a medical emergency. We were told that this training was updated annually and the staff we spoke with confirmed this. We observed that the equipment and medication kept by the surgery for the use in an emergency was easily accessible. Records indicated that regular checks were being kept on the equipment and expiry dates on the medication. Oxygen was available and staff had access to masks for adults and children.

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

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

People received their treatment in a clean, hygienic environment.

People told us the practice was always clean and fresh. One person told us, "I think their hygiene standards are very high". They said that they had never had a problem with any aspect of the environment. People we spoke with confirmed staff wore disposable gloves while they were performing treatments.

All treatment areas of the practice were visibly clean with suitable flooring and surfaces in place to reduce the risk of infection.

Packed sterilised instruments had been dated to ensure they were being rotated and instruments used less frequently remained within their use by date.

There was a designated person who took responsibility for infection control and decontamination. We saw records that showed the practice had received an audit of infection prevention and control in the past year.

The dental staff we spoke with had received training in infection control procedures. There were systems in place to check and update the immunisation status of staff to provide protection and prevent the spread of infection.

The practice sterilised and decontaminated instruments within the surgery and a smaller separate room. We saw that the surgery did not provide two dedicated sinks for decontamination of instruments. The principal dentist told us they had a plan in place to move to best practice. Staff shared the records they maintained to monitor that equipment was working correctly and that the necessary checks had been done. They described the processes used to clean and sterilise instruments to ensure equipment was cleaned to minimise the risk of cross infection.

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

People we spoke with were complimentary about the staff and considered they were treated well. One person said, "My dentist is a professional person who is approachable and compassionate". Another said, "What I like is that they greet you and chat with you first. They don't make you get straight in the chair and begin looking in your mouth. That's the personal side of what they do".

We looked at staff records that showed the process of staff development and training was a continuous one. Individual assessments had taken place to identify specific training needs.

We saw the dental staff were registered with the General Dental Council and had received appropriate continued professional development (CPD). Staff told us that they had opportunities to maintain their skills and knowledge. We saw staff were encouraged to further their career through external and in-house training.

Staff told us they attended practice meetings which enabled them to keep up to date with best practice. The minutes of these were recorded. We saw evidence of training on the staff files we sampled. This ensured that people were treated by staff who were up to date with current practices and were clear about their role in patient care.

Staff told us that the team worked well and supported each other. People told us that, "The staff have a very calming way about them which makes going to this dentist a good experience".

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 a complaints system available. Comments and complaints people made would be responded to appropriately.

Reasons for our judgement

People we spoke with were aware of how to complain if they were dissatisfied with the service they had received. They told us they had no reason to complain with their service but said they would speak with a member of staff if they had concerns. They told us they felt confident in raising concerns and considered that they would be listened to.

People were provided with information about how to make a complaint if they were not happy with the service. We saw the complaints procedure included the appropriate escalation process for people who paid for private treatment. The provider may wish to note that the appropriate external organisation should be included for people receiving NHS treatment.

We saw people were encouraged to make suggestions and a box was made available in the waiting room. The principal dentist and the staff spoken with told us they had not received any formal complaints. However, they were aware of the procedure to follow in the event of receiving a complaint. CQC have not received any concerns or complaints about this practice since registration.

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.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
