Inspection Report

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

Sandon Dental Practice

80 Sandon Road, Smethwick, B66 4AG

Tel: 01214293572

Date of Inspection: 16 November 2012

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Thegan Moodley
Overview of the service	Sandon Dental Practice offers treatment to people under the NHS and for people paying privately for treatment.
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	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Assessing and monitoring the quality of service provision	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 16 November 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We told the provider (who is also the dentist) forty-eight hours before our visit that we were coming. During our visit, we spoke with the dentist, four dental nurses and five people using the service.

All of the five people we spoke with very complimentary about the service they had received. One person told us "I have been to many dentists before, and I speak as I find, I could not wish for better treatment than what I have had here ". Another person told us "Staff are very supportive and the dentist is lovely, they have always explained every thing to me".

Treatment options were explained to people and they had time to consider their options. This meant a full discussion took place and people were given the information they needed to be able to make an informed decision about their treatment.

The provider had effective infection control procedures. This meant the risk of infection for people using the service was minimised.

Staff received a range of training so that they had up to date knowledge and skills in order to treat people safely when they attended the practice.

There were systems in place to monitor how the practice was run to ensure people received a quality service. This meant people using the service were asked their views about the service so the provider could use the information to improve.

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.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. Before our visit, we looked at the provider's website. There was information available for people about the practice, including the treatments that were provided, opening hours and payment options. In addition, information was available at the practice in the form of leaflets. All five people spoken with told us all treatment plans were discussed with them. This meant people had the information they needed and were consulted and able to make choices about their treatment.

One person told us "they are very supportive about my fear of dentists, they don't rush me and take their time, excellent dentist". We looked at the treatment records of two people who had received a service at the practice. From the records, we saw that people had their treatment options discussed with them, including the advantages and disadvantages of treatment. This meant people using the service were fully aware of what treatment they were having.

People we spoke with told us although they had discussed their treatment plan they were asked again the next time they visited and their treatment was explained again. This showed that people were consulted on an ongoing basis about their treatment plan and choices were available to them.

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care choices. We looked at two people's electronic records these confirmed the various checks people had had when they visited the dentist. The electronic system alerted the dentist to any medical condition a person had at each visit. We saw that personal information had been gathered from people before any treatment was given. We saw that at the start of their treatment a full medical history was taken and regularly updated. This meant staff were aware of any medical conditions that may effect how their treatment was given.

The dentist told us and people using the service confirmed that they were always given the opportunity to voice their opinion about their treatment and time to consider if they wanted to go ahead with the treatment discussed with them. This meant that people's individual care and treatment choices were respected and they felt involved in their care.

One of the five people spoken with told us, "I have been attending this dentist for forty years with the previous dentist, when the new dentist took over I was a bit worried, but I need not have been, they are fabulous". Another person told us "they never rush you". The dentist told us, "It takes as long as it takes to treat some one". This meant people care was planned to ensure people received the care and treatment needed.

There were arrangements in place to deal with foreseeable emergencies. Training records showed us that all dental nurses and dentists were trained to deal with emergencies. This meant people using the service could be confident, staff had the skills and knowledge to take appropriate action.

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

All of the five people we spoke with told us that the practice was "spotless". They confirmed that staff wore gloves and masks when they carried out any treatment in order to minimise the risk of infection. The surgeries were visibly clean and there were supplies of hand soap, paper towels, hand gels and gloves for people to use. We saw personal protective equipment being used by the dentist and dental nurses and all staff we spoke with confirmed that this was usual practice.

One dental nurse told us and we saw that each work area was cleaned following each patient. One of the dental nurses showed us the process of sterilisation; this consisted of transporting the instruments from the dentists' surgeries in a container and washing them. The instruments were checked for debris, using a magnifying glass to ensure they were thoroughly cleaned. The practice used an autoclave and an ultrasonic bath to ensure all instruments were sterilised. These are machines used for sterilisation of dental instruments. We saw that records were kept of the decontamination cycle, showing the frequency at which instruments were sterilised. This meant that the provider had systems in place to minimise the risk of infection to people using the service.

There were policies and procedures in place for infection control and these were reviewed at regular intervals. This ensured that they were up to date and reflected good practice. All staff had completed training in infection prevention and control. This should mean that staff have the knowledge and skills to minimise the risk of infection for people using the service.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. All of the five people we spoke with told us that all the nurses and dentists at the practice made them feel welcome and relaxed. They told us the nurses and dentists were all friendly and supportive. One person told us, "The nurses and dentists are fabulous very professional, they give good advice." Another person using the service told us, "I have always hated dentists, but it's like going round to your relatives they make you feel so welcome and at ease".

We saw records relating to professional qualifications of the dental nurses employed and the registration certificates for each dental nurse. This meant people using the service could be confident they would be supported by fully trained staff.

We saw records of staff meetings that had been held and staff spoken with confirmed that they had regular practice meetings. They discussed issues regarding the practice and identified training areas to be considered for further development. This means that they can discuss any ideas or concerns as a team and identify what was working well at the practice for people using the service, and areas that needed to be changed.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us that the dentist was very flexible and allowed time to go to college to develop further in their profession. This meant staff felt supported and confident in their work to treat people safely.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

We asked people using the service and staff their views about the service provided. Staff told us the provider was always willing to listen to what they had to say. We saw that the provider used a variety of different methods for checking the quality of the service they provided. This included feedback from people using the service and monitoring their own performance through regular auditing of their own policies and procedures. This means the provider constantly reviews and monitors the service provided.

All of the people using the service we spoke with told us they thought the practice was run very well and felt confident they could talk to all staff in the practice and they would be listened to. All the people we spoke with told us that the dentist and staff were always asking if they were satisfied with their treatment. One person told us, "I have been attending the practice for nearly twenty years, I have never had any problems with the treatment I have received because they keep you informed and ask your opinion about how you feel your treatment has been". Another person told us "Don't think they can improve such a good service".

We looked at the complaints procedure and saw two complaints had been made since 2010. We saw that the provider had taken the necessary steps to address the concerns raised by people. This meant the provider listened to people's views and made improvements based on the views of people using 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 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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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