

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

606 Dental Practice

606 Warwick Road, Solihull, B91 1AA

Tel: 0217059525

Date of Inspection: 22 September 2014

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✗	Action needed
Records	✓	Met this standard

Details about this location

Registered Provider	Mr. Sanjeev Talwar
Overview of the service	606 Dental Practice is located in Solihull. The practice accepts NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 22 September 2014, talked with staff and talked with other regulators or the Department of Health. We were accompanied by a specialist advisor.

What people told us and what we found

We conducted an unannounced inspection to this dental practice as we had received anonymous concerns relating to various practice and safety issues. The visit was undertaken by two Care Quality Commission Inspectors and a dentist specialist adviser. We reviewed the concerns raised which fell under our regulatory remit.

We spoke with a senior dental nurse, the acting practice manager and two dentists. We reviewed records and inspected the premises.

We found that the radiation protection file contained documentation pertaining to the maintenance of the x-ray equipment used in the practice.

Patient records were completed in line with current guidelines. Although the storage of some paper records in the staff room required some improvement.

Infection control practices were not satisfactory. Personal protective equipment such as gloves and aprons were not available in all treatment rooms and we saw that where they were available staff did not always use them. One treatment room required maintenance work to enable infection prevention and control standards to be maintained.

Some refurbishment had been completed to areas of the practice which had been affected by a water leak. Further work is required to ensure that the building is suitably maintained.

Pre-employment checks were not robust and did not include employment references or fitness to work checks. Criminal records bureau checks (CRB) had been completed for all but one member of staff who worked at the practice. We were advised that this was in progress.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 November 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

This was an unannounced responsive inspection because concerns were raised by an anonymous person about the maintenance of the dental x-ray equipment. We used a specialist dental adviser to assist in our inspection.

The practice has in place arrangements for the provision of a Radiation Protection Adviser and Radiation Protection Supervisor this was in accordance with current guidelines and regulations.

We were shown the practice radiation protection file. This file contained the necessary documentation pertaining to the maintenance of the x-ray equipment used in the practice. These included the three yearly maintenance logs which were all in date and the frequency was in line with current guidelines. This helped to ensure that the x-ray equipment was safe and patients were protected from unnecessary levels of radiation.

The practice adhered to the required regulations for dental radiography. This included notification to the Health and Safety Executive that radiation was used at the practice. We also saw details of the training records in dental radiography for those dentists working at the practice. This is in accordance with the guidance set out in the Ionising Regulations for Medical Exposure Regulations 2000.

During our visit one of the dentists we spoke with showed to us that the dental radiographs taken at the practice were mounted in bespoke x-ray holders and clearly labelled with the patients' name. Correctly mounted dental x-rays are an example of good practice as they help to ensure that dental x-rays are appropriately stored and easily accessible when monitoring the progression of dental disease .

The radiation protection file contained a number of policy documents in relation to dental radiography procedures. Although these documents contained the statement 'reviewed annually' the provider may wish to note that it is good practice to state a specific review

date in a policy document.

Although we found that an audit of dental radiographs was last undertaken in 2012 this is not considered to be current. The provider may wish to note that an audit of radiographs should be undertaken at least annually according to current guidelines.

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

Our judgement

The provider was not meeting this standard.

People were not always protected from the risk of infection because appropriate guidance was not routinely being followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Prior to our inspection we had received information of concern about infection prevention and control practices at the dental practice. Concerns raised included the lack of central sterilisation room and with the decontamination of used instruments. At this inspection we saw that decontamination of dental instruments took place within the treatment rooms and that there were clearly demarked clean and dirty areas for the decontamination process to take place. There was only one sink available for washing and rinsing dental instruments in each room however this was accommodated by using a removable bowl. Although best practice suggests a separate decontamination room these arrangements were acceptable under current decontamination guidance.

We received concerns that instruments were unorganised and of mould and rust in some cupboards and drawers. We checked at random drawers and cupboards in five out of the six rooms used by the dentists and hygienists. We found that instruments were kept in a tidy manner. We were alerted to a damp problem which had affected two of the rooms and saw that the practice was in the process of addressing this. Repairs to one of the rooms had been carried out within the last week and we were advised by staff that the remaining room was due to be repaired imminently. Following our inspection we received confirmation by email that work had commenced on this room.

When we looked around the premises we saw that the standard of the rooms varied greatly. Some of the rooms had recently been refurbished but others looked worn. In two of the rooms we saw that the laminate on cupboard doors and work surfaces was badly damaged making it difficult to clean effectively. Following our inspection the acting practice manager sent us a copy of a quotation of works to be completed to replace cupboards and work surfaces. We will check to see if this work has been completed at our next inspection of the practice.

We received concerns about the arrangements in place for the disposal of clinical waste. We found that there was clear segregation between the clinical and non-clinical waste and that clinical waste was kept in bins that were foot operated and covered so as to avoid

contact with the hands. There were appropriate arrangements for the collection of clinical waste and safe storage while awaiting collection.

We spoke with the senior dental nurse and acting practice manager about the systems in place for managing infection prevention and control at the practice. We saw that each treatment room had a daily check list for cleaning the rooms. These were signed by the dental nurse each day to show the tasks had been completed. There was also an infection control policy in place for staff to follow. However, there was no clear lead for infection control at the practice to support staff and ensure that infection prevention and control was given sufficient priority. The members of staff we spoke with were not aware that there had been any infection control audits carried out. Audits are a way in which the practice can assure itself that it is following good practice in relation to infection control and to identify any areas for improvement.

During our inspection we noticed that good practice was not always being followed. We found sterilised instruments in unsealed packs date stamped seven days earlier. We saw that the date stamp for the sterile packs had been set incorrectly. We found some sterile instrument packs that had not been date stamped to enable checks to be made as to when they would need to go through the decontamination process again. Staff were not consistently able to advise us as to how frequently the heavy duty gloves and brushes for cleaning dental instruments were changed. In one room there were no aprons for staff to wear while cleaning instruments. We saw one member of staff cleaning instruments without an apron and using normal disposable gloves making them more prone to injuries from contaminated instruments. We noticed that one bin for the disposal of sharp instruments such as needles had been open since October 2012. Staff told us they closed the sharps bins once they reached the level indicated on the bin. There was no guidance as to how long the sharps bins should be left open before disposing of them. These did not demonstrate good infection prevention and control practices.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Some works had recently been undertaken to help ensure that people who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We visited 606 Warwick Road as we had received information of concern from an anonymous person. Concerns raised stated that plaster was falling off walls and stock was stored in a mouldy stock room. We used a specialist dental adviser to assist in our inspection

We inspected five of the dental treatment rooms. We saw that some maintenance and repair work was required to work surfaces and cupboards in one ground floor room. We were told that cupboards and work surfaces were to be replaced in this room before the end of the year. Following our inspection we received a copy of a quotation for works to be completed on this room. We will check that this work has been completed at our next inspection of the practice.

We were told that there had previously been a problem with guttering which had caused a water leak that affected some areas of the first floor of the building. We saw that the corridor area had been re-plastered. One of the dental treatment rooms had been repaired and re-decorated. We were told that the other room affected by the water leak would be re-decorated within the next week as soon as the builder was available. We were told and saw that a new boiler and some new radiators had been fitted.

We looked at the storage of stock within the practice. We saw that stock was stored safely. We did not see any mould in the stock rooms at the time of our visit.

We asked to see a planned maintenance schedule for the maintenance of the premises. Although staff were aware of the approximate timescales for maintenance work to be completed we were told that the maintenance plan had not been documented. The provider may wish to note that a documented planned maintenance schedule would demonstrate that they had considered work which needed to be undertaken. This would help to ensure that the premises were in a good state of repair and met health and safety requirements. It would also demonstrate that the provider had considered the necessary time and financial commitments for these works to be undertaken.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Recruitment procedures were not robust and could not ensure that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We visited 606 Warwick Road as we had received information of concern from an anonymous person. We used a specialist dental adviser to assist in our inspection. Concerns were raised about the lack of criminal records bureau checks (CRB) for staff. CRB checks, now called Disclosure and Barring Service check (DBS) help to identify people who are unsuitable to work with children and vulnerable adults.

During this inspection we looked at the staff personnel files for six members of staff, some of which had been employed within the last twelve months. We saw that five of these files contained a CRB check. We spoke with the acting practice manager about the missing CRB check and were told that this CRB form had been sent off but had not as yet been returned. Following our inspection we received an email with evidence to demonstrate that this CRB check had now been received at the practice.

We saw that only one file contained a pre-employment reference. We asked if references had been sought for other staff. The acting practice manager said that verbal references may have been sought but there was no record available to demonstrate this. We were told that written references may have been stored in a separate file but these could not be found on the day of our inspection. This meant that the practice was not able to demonstrate that they had obtained satisfactory evidence of conduct in previous employment to help ensure that staff employed were of good character or had the qualifications, skills and experience necessary for the work to be performed. Following our inspection visit the acting practice manager sent an email to confirm that a reference request had been made for one of the newly employed staff whose personnel file was reviewed.

We could not see any evidence that staff medical history had been obtained or any other check to demonstrate that the staff member is physically and mentally fit for the work they perform.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

This was an unannounced responsive inspection because concerns were raised by an anonymous person about the way in which patients' NHS dental administrative forms were managed in the practice. We used a specialist dental adviser to assist in our inspection.

We found, on reviewing a sample of archived dental records that each NHS patient had a written medical history, an accompanying acceptance and treatment form along with an NHS treatment estimate for each course of treatment. This was in accordance with current NHS guidelines. These were stored appropriately in the NHS patient record file. These particular archived records did not contain clinical details of the patient because the practice had moved from a paper based clinical records system to a computerised records system several years ago.

A senior dental nurse we spoke with explained that information was stored in this manner for ease of access for various reasons. This included patients' wishing to query details about previous courses of treatment or if the practice was required to provide documentary evidence for other NHS bodies on such courses of treatment.

We found during our visit that current patient files or files dating as far back as 2013 were stored in cardboard boxes in the staff rest room and the attic of the practice. The provider may wish to note that although these rooms were secure from unauthorised access by members of the public, a more suitable method of storage and filing would be deemed appropriate.

During our visit we reviewed a sample of patient clinical records by the two dentists who were on duty. We found that the practice used a template to record important clinical information and treatment details. These templates were personalised for each patient which reflected good practice.

We found that the clinical records were well structured and detailed and in accordance with current guidelines. The records contained completed dental charts recording details of the patients' dental history, details of the patients' medical history, the condition of the soft tissues of the mouth and the condition of the gums. This meant that patients could be

informed of important changes to their dental health.

The records we saw recorded details of treatment provided which included details of the local anaesthetic used batch numbers and expiry dates. When dental radiographs were taken they were justified and reported which was in accordance with current guidelines. We also found that treatment options were given to patients and there was evidence of discussions between the dentist and the patient about the risks and benefits of treatment. This meant that the patients' dental records were accurate and fit for purpose.

We discussed stock control with the acting practice manager. We were told that some of the stock ordered and delivered to this dental practice was transported to the providers other dental practice. There were no records to demonstrate what stock was taken from this practice. The provider may wish to note that details should be recorded of stock received and of that taken for use at the providers other practice to maintain adequate stock control records.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>Systems in place were not sufficiently robust to support good infection control practices. Some clinical areas could not be adequately cleaned. Audits were not routinely undertaken to identify the risks of health care associated infections at the practice so that appropriate action could be taken to mitigate against them.</p> <p>Regulation 12 (1) (a)(b)(c) (2) (a) (c)(i)(ii)</p>
Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p> <p>How the regulation was not being met:</p> <p>Systems in place were not sufficiently robust to support good recruitment practices. There was no evidence that appropriate pre-employment checks had been undertaken on all staff. Information was not available to demonstrate that staff have the skills, experience and qualifications which are necessary for the work to be performed.</p>

This section is primarily information for the provider

	Regulation 21 (a)(i)(ii)(iii)
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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 November 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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