

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

Panshanger Dental Practice

55 Moors Walk, Welwyn Garden City, AL7 2AX

Tel: 01707332924

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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	Shams Moopen Dental Practice
Registered Manager	Dr Prasanna Balachandiran
Overview of the service	Panshanger Dental Practice is one of a number of dental practices in the Shams Moopen Dental Practice group. It provides dental treatment to adults and children that may be funded either privately or by the NHS.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Panshanger Dental Practice had taken action to meet the following essential standards:

- Cleanliness and infection control
- Supporting workers
- Assessing and monitoring the quality of service provision

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 3 July 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with staff.

What people told us and what we found

When we inspected this dental practice in December 2013 we found several concerns in the way the provider managed the standard of cleanliness and infection control processes. We judged that these concerns had a moderate impact on people using the service and we asked the provider to take action to address them.

During our inspection we also identified concerns about how the provider supported staff at the practice and how the quality of services was measured. We judged that these concerns had a minor impact on people using the service. We also asked the provider to take action to address these concerns.

Following our visit the provider sent us an action plan in which they addressed the concerns we had identified.

On our follow-up inspection visit, in July 2014, we found that the practice had made improvements to the decoration and presentation of the premises. We saw that new cleaning schedules and infection control processes were in place and that these schedules were clear and up-to-date.

We also saw that policies and procedures for staff support, supervision and training had been reviewed and updated as required. We looked at staff files and saw that training, supervision and annual reviews had been put in place.

We found that a rigorous quality assurance system had been introduced. We saw that patients' views about the service were actively sought and their comments were discussed at practice meetings.

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

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

When we visited the practice in December 2013 we found that the cleaning schedule for the service was unclear. It was not possible to tell from the schedule whether certain areas of the service were cleaned on a daily or weekly basis.

In two treatment rooms we saw that the work surfaces and flooring had been damaged or was worn, this meant the surface could not be cleaned effectively. We also noted that each surgery had an intercom unit, which was used to call the patients' from the waiting room. These were located in the designated 'clean' areas of the treatment rooms. The plastic grill on each intercom had dirt and debris in the spaces in the grill.

We saw that the seat covers of the chairs used by the dentists in two of the treatment rooms had come away from the base of the chairs and the foam padding on both was exposed. This could not be cleaned effectively.

On our second visit to the practice we saw that significant improvement work had been undertaken to address the previously identified concerns.

We saw that the practice had a new cleaning schedule and audit record. The infection control policy and the cleaning schedule were clear and detailed. We saw that regular audits were in place.

In the surgeries that required improvements to flooring, worktops or furniture, we saw that replacements had been provided. The intercoms had been relocated within the surgeries to minimise risk of contamination and the plastic covers were now replaced on a daily basis.

This meant that there were effective systems in place to reduce the risk and spread of 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

On our first inspection visit we found some gaps in the evidence available to support the learning that had been undertaken by dental nurses in support of their continuous professional development (CPD). One folder we looked at contained certificates of attendance at various events which were not dated and we could not be sure when the training had been completed.

On our second inspection visit we saw that CPD documents had been reviewed and updated. We also saw that online CPD was now in place for all staff to access.

An individual personnel file for each member of staff had also been created. The personnel files held the required staff information in an accurate and consistent presentation.

During our first visit we spoke with two dental nurses and one of the dentists who told us that they did not have any system of supervision. The registered manager told us that there was a corporate appraisal system but this was yet to be introduced at the service.

On this occasion we looked at staff files and spoke with the registered manager and dentists' about staff supervision and appraisal. The practice had a staff induction and supervision policy in place. Supervision was monitored by the registered manager and dentists. The staff files we looked at showed that staff appraisals had been completed and some supervision had taken place.

We saw that the practice held regular meetings with staff and that training needs and requirements had been identified. The practice had developed a plan to deliver on-going training. Staff now received appropriate professional development.

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

During our inspection in December 2013 we found that the practice did not have a structured quality assurance system in place.

We saw that a suggestion box and a comment book were available for patients to use in the reception area, but the suggestion box was empty and the last entry in the comment book was dated from August 2012.

On our first inspection visit the practice manager showed us the complaints file and no complaints had been recorded since 2011. We saw that the practice manager had completed an assessment of risks for the service. However, the risk assessment was undated and was of a generic nature.

Since our first inspection the practice had introduced a new approach to quality assurance and service review.

We saw that patients were encouraged to give feedback about their experience. The practice had also introduced a patients satisfaction survey. The feedback received from the suggestion box, the comment book and the satisfaction surveys had been audited monthly and the findings discussed at the practice meetings.

We saw that the practice had introduced a new complaints file, which was supported by clear a policy and procedures. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The practice had also implemented regular a health and safety audit, which was undertaken every three months. This was supported by a revised policy for audit and risk assessment, with findings recorded and reported to staff as required.

We saw that the practice had undertaken a meeting to discuss a clinical governance systems awareness programme for staff. The practice had plans for on-going staff training and new reporting systems had been introduced.

This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

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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