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

Stockland Green Primary Care Centre - Dental Department

192 Reservoir Road, Erdington, Birmingham, B23 6DJ
Tel: 01214652370

Date of Inspection: 15 November 2012
Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td></td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
# Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Miss Sarah Mosedale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Stockland Green Primary Care Centre offers dental services to people of all ages requiring a range of dental treatment. People can pay on a private basis or through NHS provisions.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
</tbody>
</table>
| 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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
</tr>
<tr>
<td>What people told us and what we found</td>
</tr>
<tr>
<td>More information about the provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
</tr>
<tr>
<td>Supporting workers</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td>About CQC Inspections</td>
</tr>
<tr>
<td>How we define our judgements</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
</tr>
<tr>
<td>Contact us</td>
</tr>
</tbody>
</table>
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 15 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with two dentists, three dental nurses and one person who had received treatment. We looked at the records for ten adults and five children who had used the service.

Following our visit we spoke with six people over the telephone so that we could get their views of the service provided. All the people we spoke with were very positive about their experiences. They felt they were given enough information about their treatment options and were always asked about their medical history. One person told us "The dentist goes through everything". Another person we spoke to said "They are very professional, no negatives what so ever".

We found that people received the care and treatment they needed and records detailed the treatment people had received.

There were infection prevention procedures in place to minimise the risk of infection. Decontamination procedures were followed to ensure instruments were being hygienically cleaned.

Staff had received appropriate training and development to enable them to deliver care and treatment to people safely and to an appropriate standard.

Audits were carried out to monitor quality of service and identify improvements where necessary.

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

All people who used the service were very positive about the care they received. We spoke to seven people and one person said "The dentist is extremely good". Another person said "I am always happy with the treatment".

All people we spoke with said that their treatment options were always explained to them and any costs that were involved. One person said that the "The dentists always explains, I'm quite happy".

There were information leaflets available for patients in the reception area, waiting area and in the surgery. This was to inform people of the different types of oral health conditions and how best to look after their teeth. They included treatment and check up costs and opening hours. There was also specific information on caring for gums and teeth. We saw Patient Advice and Liaison Service (PALS) leaflets. PALS provides help in many ways including help with health-related questions and resolving concerns or problems when using NHS services.

The dentist told us that they were able to provide large print practice leaflets if requested. A number of staff in the practice could speak other languages used in the local community. The practice was able to arrange access to interpreting services if requested. This ensured that people had access to information they needed in another format.

The surgery was accessible by people who use wheelchairs. The dentists informed us that they were able to modify the treatment chair to enable people to be treated on their wheelchairs. This makes access to dental treatment easier and more comfortable for people. After the inspection we were told that the design of the surgery made it possible to treat some people on their wheelchairs. However, the practice did not carry out all types of treatment for people using wheelchairs.
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 safe care, treatment and support that met their needs.

Reasons for our judgement

We spoke with seven people who used the service. Most people we spoke with had been going to the practice for a very long time. They said they were very happy with the care received and had no concerns about the treatment provided by the practice. One person said "It's a good dentist". Another person said "I'm very happy". All the people we spoke with said their medical history was checked at each visit. This was to ensure that the dentist was aware of any changes to people’s medical conditions. We checked medical records of ten adults and five children. We saw that all the people's medical history was checked and all treatment plans were signed to show that they had given their consent to treatment.

We observed one person receiving treatment and saw the dentist explain the treatment options to them. We spoke to them after their treatment and they said "The dentist is brilliant, she goes through everything".

The practice was taking account of published research and guidance. The dentist told us that they followed the National Institute for Health and Clinical Excellence NICE guidelines (NICE) where appropriate. NICE guidance supports the practice to make sure that the care they provide is of the best possible quality. We saw documentation with the latest published research and guidance. These were signed by all dentists so that they were aware of the guidance and could follow them. The dentist also told us that they attended the Local Dental Committee (LDC) meetings where the latest developments and updates were discussed. This mean people were cared for by dentist who kept themselves updated with current practice.

There were arrangements in place to deal with medical emergencies. The practice had emergency drugs kit and oxygen was available. We saw records to show that emergency drugs and oxygen were checked to ensure they were in working order and that all medications were in date. They were easily accessible to staff in the event of an emergency. Staff we spoke with were able to tell us what they would do in the event of a medical emergency. This would ensure that people got the right treatment quickly. Staff we spoke with confirmed that they had received the required training to use the equipment and carry out cardiopulmonary resuscitation (CPR).
### 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

There was an infection control policy and a nominated cross infection nurse to ensure clear procedures were followed in the practice. This was to ensure people were protected from the risk in infection when receiving treatment.

We observed treatment in one surgery and saw that it was organised and visibly clean. All the people we spoke to told us they had no concerns about the cleanliness of the surgery. However, we observed a nurse that did not always follow infection control procedures during treatment. We informed the provider so action could be taken.

We observed dental staff wearing appropriate protective clothing during treatment. People we spoke with told us that dentist always used gloves and masks during treatment. One person we spoke with said "The dentist always wears gloves". This ensured that the spread of infection was minimised.

There were procedures in place to test all equipment was working optimally. Daily tests were carried out to ensure sterilisers were working correctly. Weekly tests were being carried out to ensure decontamination processes were valid and working according to standards. There were contracts in place to ensure regular maintenance by service engineers so that equipment is well maintained and safe to use.

To clean instruments, separate decontamination rooms were used. Used instruments were taken to the 'dirty' room for removal of debris and dirt. Instruments were then moved in to the 'clean' room using a pass through hatch. This was so that they can be decontaminated, sealed and dated. This would ensure that only hygienically cleaned instruments were being used.

A dental nurse we spoke with said they had been a designated LINK practitioner for infection prevention and control. Their role was to attend external events on infection control and to share and implement knowledge within the practice minimising the risk of infection. These events were being organised by the Primary Care Trust (PCT). They said that the PCT had not organised an event for a while. However, if the PCT was organising another event they would be going.

After the inspection we were told after that the Link practitioner service has been replaced
by an Infection Prevention and Control service.
<table>
<thead>
<tr>
<th>Supporting workers</th>
<th>✓ Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff should be properly trained and supervised, and have the chance to develop and improve their skills</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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**

We observed one person receive care provided by the dentist. We observed the dentist explain treatment plans to them in a way they understood. We saw the dentist demonstrate how to use an interdental brush to effectively clean between their teeth. We spoke to them after treatment and they said "The dentist explains everything, I have no fears".

Staff received appropriate professional development. We saw certificates to confirm that staff had attended training in infection control and cardiopulmonary resuscitation (CPR). Staff received appropriate professional development with an induction programme and all statutory and core training was completed by staff. This ensured that staff had the current knowledge and skills to meet people's needs.

The provider may find it useful to note that a centralised training plan may help to ensure better management of the training needs especially when staff needed to rebook refresher training.

We also saw evidence of training programme as part of staff continuing professional development (CPD). The CPD process helps to manage development on an ongoing basis. CPD is a process of tracking and documenting skills, knowledge and experience gained both formally and informally after training. It's a record of staff experience, learning and then application. This meant that the provider was able to demonstrate that they had systems in place to ensure that staff had the training they needed.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Met this standard

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with seven people who used the service. The people we spoke with were very happy with the care they had received from the dental practice. One person said that the "It's a good dentist, the negative is the waiting time". This was because they had to wait to be seen by a dentist during an appointment. Another person said "Appointment time is long", because the surgery was so popular they had to wait to get an appointment. We saw that the practice was taking peoples feedback regarding waiting time and trying to address them. People we spoke to said the dentist always saw them if they had an emergency.

We saw evidence of the surgery taking peoples views as there was a comments box in the reception area. We looked at some of the comments and spoke to the dentist who said they had responded where they could. However, this was not documented and fed back to people. The provider may find it useful to develop systems to provide feedback to people's comments. This will show that the surgery was listening to peoples views and demonstrate that actions had been have taken as a result of the feedback they received.

There were a number of audits in place for making sure health and safety and infection control systems were in place. We saw that an infection control audit had been undertaken recently identifying key points. However, there was no evidence to show how these key points were to be followed through. Other audits included an X-ray audit and clinical governance audits.

The practice had a complaints handling policy to deal with grievance. We saw that the practice had three complaints in the last two years. These complaints were mainly about waiting times and where appropriate the practice had dealt with them accordingly.

The practice had a system in place to receive patient safety alerts and document how they responded. Patient safety alerts are issued when potentially harmful situations are identified in healthcare organisations. Systems were in place for recording any significant events and incidents that had happened. However, the provider may find it useful to develop a system to analysis and spot trends so that they could take action to minimise reoccurrence.
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:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>17</td>
</tr>
<tr>
<td>Consent to care and treatment</td>
<td>18</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs</td>
<td>14</td>
</tr>
<tr>
<td>Cooperating with other providers</td>
<td>24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>11</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>12</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>13</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment</td>
<td>16</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>21</td>
</tr>
<tr>
<td>Staffing</td>
<td>22</td>
</tr>
<tr>
<td>Supporting Staff</td>
<td>23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>10</td>
</tr>
<tr>
<td>Complaints</td>
<td>19</td>
</tr>
<tr>
<td>Records</td>
<td>20</td>
</tr>
</tbody>
</table>

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.
(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.