

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

Sherwood Dental Practice

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9JU

Tel: 01217774455

Date of Inspection: 18 February 2013

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2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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	Mr. Saaqib Ali
Overview of the service	This dental practice offers a range of dental treatments for adults and children on both an NHS and private basis.
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

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 18 February 2013, 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

Our visit was discussed and arranged with the practice two working days in advance. This was to ensure that we had time to see and speak to staff working at the practice. During the inspection we spoke with the provider (who was also a dentist at the practice), the practice manager, deputy practice manager, two dental nurses and a second dentist. After our inspection visit we spoke with six people who were registered with the practice to ask them about their experiences of the service.

People that used the practice told us that they were happy with the quality of treatment received. They felt they were given enough information about their treatment options and were able to ask all the questions they wanted to. Their comments included, "They explain everything", "Their main concern is patient care" and "I feel in safe hands, all my children go there."

People told us that the practice was clean and tidy and that they had no concerns about hygiene. We found that the provider had effective infection control procedures in place ensuring the risk of infection 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.

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

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

We spoke with six people about the quality of treatment they received at the practice. People told us they were happy with the treatment they received and that all staff were friendly and welcoming. Their comments included, "They explain everything", "Their main concern is patient care" and "It is a practice I would be happy to recommend."

There was a clean and comfortable waiting room. Current magazines, books, a television and dental information were available for adults and children to help people pass the time while waiting for their appointment. There was also a small onsite shop where people could purchase dental products

We found a range of information was available to people about services provided and the costs. People who had treatment under the NHS told us they had not been pressurised to pay privately. A person who had private dental work undertaken told us that all the fees had been explained and there had been no shocks regarding the cost.

Useful information on maintaining good dental health and general wellbeing was available for people using the service. Information was also provided on how to access dental treatment when the practice was closed. This included a message on the practice answer phone of who to contact.

Care and treatment was planned and delivered in a way that ensured people's welfare. People told us that their medical histories were discussed and checked at each appointment. People told us that they had enough information about their treatment options and what to expect and had been able to make choices about their treatment. During our visit we found that the treatment rooms had large televisions where the dentist was able to show a photograph of the person's teeth. This enabled the dentist to give the person both a verbal and visual explanation of the treatment.

We spoke with one of the dentists and they were able to give us examples of how they

managed people's anxieties. They told us how they talked to people and reassured them to try and put them more at ease. The people we spoke with confirmed what we had been told. One person who was nervous about going for dental treatment told us that the dentist had helped them to gain confidence in going for their appointments. Both clinical staff and people who used the practice told us that appointments were not rushed.

People also felt that they could get treatment when needed. They told us they were able to get appointments for emergency treatment. Two of the people we spoke with had received emergency treatment and this had been done promptly as they were in pain.

The dentists told us how they carried out an examination and in consultation with people using the service decided the most appropriate treatment. During our visit, we saw that there were paper and electronic dental records for the people treated at the practice. These confirmed what we had been told.

Ongoing records of treatment provided to people were held, supporting continuity of care and information on any specific risks or preferences for people. People had completed a medical questionnaire and were asked if there had been any changes to these when they came for their appointments. This meant any necessary changes to people's treatment plans could be made. The provider may find it useful to note that for one person, their medical questionnaire had not been fully completed, however information on the computer did show that their health needs had been discussed. Information showed that the person may have benefitted from extra support in completing the questionnaire due to their needs.

Following explanations and discussions, people were asked to provide their written consent to treatment. A detailed record of the treatment completed and advice on what happened next was then made. The frequency of check ups and follow up treatment was based on people's individual needs and current oral and dental health. The dentist told us how they referred people to other services when they noticed changes in their oral health or if they noticed anything of concern.

We found that there were policies and procedures in place. These included arrangements for responding to medical emergencies and an emergency drugs kit and oxygen was available. Staff spoken with knew where this was located and told us they had undertaken training for dealing with medical emergencies. The provider may find it useful to note that although regular checks were being made of the oxygen and medication this was not always recorded on a weekly basis in line with good practice recommendations.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with six people who were registered with the practice. None of the people we spoke with raised any concerns about the care and treatment they had received at the practice. All of the people we spoke with told us that they found the staff friendly and polite. People said they felt safe when having their treatment and that they trusted their dentist.

The practice had a nominated safeguarding lead and there were safeguarding policies and procedures for staff to refer to. This was important as it gave staff guidance on what actions to take if abuse was suspected. Local contact numbers for children's safeguarding teams were available for staff to contact should they have any concerns. All staff had undertaken some training in safeguarding issues. They demonstrated an understanding of what safeguarding from abuse was and what they should do if they suspected abuse.

We were told that enhanced criminal record bureau checks had been completed for all staff who worked at the surgery. A list of checks and the dates they were completed was available to evidence this.

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

People that we spoke with were complimentary about how clean the practice was when they visited. People told us that they were given glasses to protect their eyes and bibs to protect their clothing during treatment.

The Code of Practice for health and adult social care requires providers to have adequate systems in place to prevent and control infection. The Code expects that all areas of a dental practice will be kept clean and suitable for treatment to be provided to people. During our visit, we found that the practice provided a clean and suitable treatment environment.

There were systems in place to reduce the risk and spread of infection. Staff wore uniforms and used protective equipment such as gloves and masks during patient consultations. There were separate sinks for hand washing controlled with taps that could be turned off using the elbow. Hand gel was available in the entrance area for all visitors. Staff told us about they had received training in infection control. Staff records identified that staff had received relevant immunisations.

We saw that personal protective equipment was available and being used by staff. We saw that hygienic hand washing facilities were provided in treatment rooms. One of the dentists showed us how they changed the plastic film which covered some of the equipment that kept it clean.

The practice had a dedicated decontamination room where all the cleaning, checking and sterilisation of instruments took place. We found this room was clean tidy and well organised. There were clearly defined clean and dirty areas and the appropriate equipment was available. Staff talked us through the process in place for making sure that all instruments used were thoroughly cleaned and sterilised between each use.

We found that equipment was regularly checked to ensure it was working efficiently. Routine checks were undertaken to ensure that equipment used in the decontamination process had worked properly.

We found there were procedures in place for safe disposal of clinical waste with specific

containers for a variety of waste for example, a sharps bin, further ensuring effective infection control.

We saw evidence that there were policies and procedures about cleanliness, decontamination and infection control. We found that there were some schedules in place to ensure staff knew how, when and where to clean to ensure cleanliness and infection control was adequately managed.

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

All of the six people we spoke with were complimentary about all the staff who worked at the practice. They told us staff were friendly, welcoming and professional. Comments we received included, "Really professional" and "Very friendly people."

Staff spoken with told us that they were very happy working at the practice and that they received training. They told us the provider and practice manager were very supportive. Staff told us, and we saw some records and certificates that confirmed that staff had attended training including, first aid, child protection, decontamination and infection control. This meant staff knowledge and skills were being updated on a regular basis so that they remained competent in their roles. One member of staff told us, "They encourage you to develop, really push you to further yourself."

Dentists and nurses working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the UK. Staff are required to work in accordance with their professional codes of conduct. We looked at three staff files and saw evidence that this was the case. However, the provider may find it useful to note that for one dentist their certificate of registration was two months out of date. A new certificate was obtained during our visit to evidence the dentist was still registered.

The dental nurses maintained a portfolio of their training and learning to maintain registration with the General Dental Council. We were told that as part of this, a training day had been scheduled in for March.

Staff told us they had practice meetings every week when 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 had annual appraisals and there were records to evidence this. We were told that other one to one meetings did take place but that this was on a more informal basis. The

provider may wish to note that there should be arrangements in place for staff to regularly meet with their line manager on an individual basis. This will ensure staff have the opportunity to talk through any issues about their role or the people they provide a service to. Records should be kept of any meetings for the purposes of monitoring and reviewing staff support.

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

Our discussions with the provider demonstrated that the views of the people about the quality of the service were important. People who used the service were asked for their views about their care and treatment. A suggestions box was available in the waiting area and a patient survey had been completed in 2012. The results and comments from the survey were positive. The provider told us that it had identified that some people had found it difficult to contact the practice by telephone due to waiting for calls to be answered. We were told that as a result of people's comments improvements had been made by the recruitment of additional reception staff.

We found that the practice had completed several audits to help identify where improvements could be made. Audits had included infection control, record keeping and radiographic films. The provider was trying to improve the service on an ongoing basis. For example they had completed a new format to obtain people's medical histories and an update form to make sure people's medical histories were up to date.

We looked at the processes for dealing with complaints. Information on how to make a complaint was displayed. A record of any complaints received was available to show they had been investigated and responded to. Where appropriate, the practice had offered to meet with people to help resolve their concerns. Records were also available to show where action had been taken to help reduce the risk of similar complaints in the future. People told us they would feel confident to raise a complaint with the practice. One person told us, "I honestly think a complaint would be out of the norm, but they are very approachable and I would raise something if I needed to."

Each treatment room had its own log of incidents that had occurred. We were told that as the practice was quite large this helped to ensure that all incidents were logged in a timely manner and action taken. We sampled some of the incident records and these showed that where appropriate action to reduce further occurrences had been taken. The provider may find it useful to note that a central log of incidents may help in identifying any patterns and trends. Staff told us that they were made aware of complaints and incidents and that these were discussed in staff meetings to help improve the service to people.

We looked at maintenance and service histories for some of the equipment used in the practice. These were kept up to date and provided assurance that equipment in use was well maintained.

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.

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