

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

## Church Hill Dental Practice

Loxley Close, Church Hill, Church Hill  
Development Centre, Redditch, B98 9JG

Tel: 0152763050

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2013

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

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

## Details about this location

Registered Provider	Dr. Shantalutchmee Mestry
Overview of the service	This dental practice offers NHS dental care and treatment for adults and children. The dentists also see people on a private basis.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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As part of our inspection, we spoke with five people who were registered with the practice by telephone. We also spoke with two dentists (one of whom was also the registered provider), two dental nurses and the receptionist (who is also a trained dental nurse) about working at the practice.

People were complimentary about the care and treatment they and their family members (where applicable) received and told us they were given enough information about their treatment options. One person told us: "Very happy with my treatment" and "She (dentist) is brilliant in every way". Another person said: "She (dentist) is gentle, kind and chats away to make me feel at ease".

We saw that the practice was clean and well organised and that staff had a good understanding of infection control procedures. We saw that there were arrangements in place to ensure that equipment was kept clean and ready for use.

During our inspection we saw that all staff working at this practice had the required employment checks that ensured people were protected against any risks of abusive practices.

There were arrangements for monitoring the quality of the service and people who used the practice were encouraged to provide feedback about the care and treatment they received. This meant that the provider actively encouraged feedback and used it to influence the way care was provided.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy and dignity were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People were supported to be involved in all aspects of their treatment. The people we spoke with told us they were always given adequate information about their dental care and treatment. We were told that any dental care and treatment was always explained in detail, and the options available to each person were discussed before any decisions were made. People were then provided with a written copy of any dental treatment plan agreed and the related costs. One person told us that the dentist: "Explains everything in detail and asks you what the problems are".

There was a range of information leaflets on display for people to pick up as they chose. We found information was available about the practice, how to make complaints, and details about the costs for dental treatment at the practice. The registered provider also produced a newsletter to keep people informed and involved. This meant people were able to express their views on what was important to them in relation to their dental care and treatment.

People attending the practice were treated with respect. During our inspection, we found that everyone attending for an appointment received a friendly welcome. We observed a number of people coming in for their appointments and heard a number of telephone call conversations. All the staff were friendly, helpful and courteous. None of the conversations were rushed and staff took time to respond to queries and concerns. One person told us that all the dental staff were: "Considerate, kind and very helpful". We saw that doors to treatment rooms were closed during people's appointments to maintain their privacy.

One of the people we spoke with described how the dentist made sure that the dental care and treatment they received met their religious needs. The person said that the dentist was: "Very open minded" and happy for them to explain their religious needs. This person also told us: "She (dentist) has never been anything but kind with me".

The registered provider was not able to offer appointments to people who were unable to walk and required a wheelchair. This was due to the current layout of the practice

premises. However we saw that staff would assist people who could climb the stairs to the practice with some support at the time of their appointment. This included people who needed assistance with pushchairs. The provider told us about the new practice that was being built and showed us the plans. We found that a lot of thought had gone into the layout of the new practice and meant that the new practice would be accessible for all people with mobility difficulties.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with five people and asked them about their experience of dental care and treatment at the practice. Everyone told us that they would recommend the dentists to other people. One person told us: "Very happy with my treatment" and "She (dentist) is brilliant in every way". Another person said: "She (dentist) is gentle, kind and chats away to make me feel at ease".

People we spoke with told us that appointments were easy to book and that they could generally have an emergency appointment the same day. One person told us: "Straight away I got an appointment". We asked about the arrangements in place for people to access dental advice outside practice hours. Information in the practice provided contact numbers that people could ring when the practice was closed.

People who used the practice told us that waiting times were always acceptable. Appointments were scheduled based on people's individual appointment needs to ensure adequate time was booked and to minimise any impacts from delays. People that we spoke with told us that they never waited long for their appointments. One person told us: "If there is going to be a problem they let you know as soon as you walk in".

We found that a detailed dental and medical history was taken as part of the assessment of people being treated at the practice for the first time. People's medical information was then reviewed and updated as part of every appointment. This enabled the dentists to identify people at particular risk and take measures to reduce the chance of any problem arising.

As part of each appointment, a general oral health check was completed, to include a check for any signs of mouth disease. Following explanations and discussions, people were then asked to provide their written consent to any treatment required on the day. People told us that advice on keeping their teeth and gums healthy was always discussed as part of their consultation or treatment. People told us that they were given advice on what to do and to look out for following any procedure. One person told us: "From my first visit she (dentist) taught me about my dental hygiene and the necessity for it".

The planning of people's treatment reflected their individual needs. We looked at the

records for four people who used the practice. The frequency of check ups and follow up treatment was based on people's ongoing dental needs. Where no ongoing treatment was required, people had follow up appointments at six to 12 month intervals, at the discretion of the dentist and as agreed with people. People that we spoke with described to us that they were always reminded about their appointments which people found particularly useful.

One person we spoke with was nervous about receiving some of the dental treatments. They told us that the dentist and the staff were very patient with them. Both the dentists and staff we spoke with gave us good examples of how they would look after people during an examination or treatment. One person who used the practice described to us how the dentist was always patient during all their dental care and treatment. The person confirmed that the dentist would always point out to them that they could raise their hand at any time if they needed the dentist to stop what they were doing.

When we spoke with staff they were able to explain how they dealt with any medical emergencies that may occur. They all knew where emergency equipment was stored and had received the appropriate training. This meant that arrangements were in place to deal with foreseeable emergencies.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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All the people we spoke with told us that all the staff were caring and that they were treated well.

We saw that there were policies in place for safeguarding children and vulnerable adults. Information was easily accessible to staff and included details of the relevant contact numbers for staff if ever they needed to report suspected abuse. In addition to this we saw that there was a whistle blowing policy. This meant that staff had information available to them and staff told us they knew how to report any concerns they may have in the workplace.

We found that staff had received training in safeguarding adults and children. The staff that we spoke with demonstrated that they would take appropriate action if they suspected that someone had been abused. This included reporting any abuse to the local authority. This meant that staff had comprehensive knowledge about safeguarding arrangements.

We saw that staff had access to information about the Mental Capacity Act 2005 which gave staff guidance about what to do if a person using the practice lacked capacity to give formal consent to dental treatment. Staff we spoke with knew what they needed to do when people were unable to make informed decisions or give consent to treatment. This made sure people's rights were protected and staff acted in their best interests.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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All the people we spoke with after our inspection gave us positive feedback about how clean the practice was when they visited. One person told us: "Always very clean". People we asked told us that the dentists and dental nurses always wore disposable gloves and offered them glasses to protect their eyes during treatment.

We found that the practice provided a clean and suitable environment for treatment. We saw that personal protective equipment was available for staff to use. We saw that hand gel dispensers were located around the practice and hand washing facilities were also provided in treatment rooms.

We saw evidence that the provider had established policies and procedures about cleanliness, decontamination and infection control. There were clear arrangements in place to ensure that treatment rooms were cleaned in between appointments, as well as at the beginning and end of the day. There were clear schedules in place to ensure staff knew how, when and where to clean so that cleanliness and infection control was adequately managed. All the staff we spoke with told us about their responsibilities for ensuring that good cleaning and hygiene practice was followed. There was evidence that ongoing training in infection prevention and control was provided to staff. Regular audits also took place to monitor staff practice and compliance with practice policies so that people who used the practice were not at risk from infections.

During our inspection we were shown the dedicated room in the practice where the cleaning and sterilisation of instruments took place. We were given an explanation of the process in place that made sure all dental instruments used were thoroughly cleaned and sterilised between each use. We checked instruments that had been sterilised and found them all to be in date for use. This meant that the risk of staff using out of date instruments was effectively managed.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at the recruitment information for two members of staff and found there were effective recruitment and selection processes in place. All the necessary checks had been completed to ensure that staff that worked in the practice were suitable to work with vulnerable people. These checks included there relevant; that staff were registered appropriately with their professional body. This ensured staff were properly qualified and competent to work in the UK.

We spoke with the one member of staff about the quality of the induction and ongoing training they received. They felt they had been well supported and were happy with the training they received. The training records supported that ongoing training opportunities were provided to staff. For example we saw evidence which confirmed that staff had attended ongoing training in Cardiac Pulmonary Resuscitation (CPR) and infection control. This made sure that staff received the most up to date and appropriate care based on clinical research, to maintain and develop their skills and knowledge.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Our discussions with the provider demonstrated that the views of the people about the quality of the care and dental treatment they received were important. People who used the practice and their representatives were asked for their views about their dental care and treatment. The people we spoke with were asked what could be done to improve the care and dental treatment they received. One person described to us that improvements had already been made and they had noticed: "Files are tidy and notices are well presented". Another person said that they were: "Very satisfied" with their treatment and the dentist was: "Brilliant in every way".

The people who used the practice were asked to complete satisfaction surveys annually about various aspects of the service. The surveys and audits completed were analysed and the outcomes were displayed in the waiting room for people to see when they attended for their appointments. The registered provider was able to give us some examples of where changes had been made to improve the practice following comments made by the people who used the practice. These included making sure that appointments were booked with adequate time for the dentists to provide treatment. Also keeping the treatment rooms well stocked and ensuring people were kept informed when dentists were delayed.

The registered provider had developed a patient participation group. This gave people another opportunity to comment and put forward their views about the dental care and treatment they received. People had told the registered provider that it was important to them that the new practice should have a full range of facilities for people with disabilities. This had been done and was documented in the building plans for the new practice.

There were arrangements for staff to record details of any adverse incidents that occurred at the practice. Information from any incidents was used as a learning opportunity and to improve practice where possible. This meant that the registered provider had a system that enabled them to continually assess any potential risks to people and to take action to minimise any further risk.

We saw that staff had access to a range of policies and procedures that were regularly

updated. This ensured staff were kept up to date with the latest developments and best practice issues.

There were a range of audits in place at the practice to help identify and act on areas for improvement. For example, there had been some additions to information recorded on patient records following an audit. Other audits included infection control audits, audits of staff records and audits of hazardous waste.

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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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