

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

Darwen Dental Care

20 Railway Road, Darwen, BB3 2RG

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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
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr. Kamran Khan
Overview of the service	Darwen Dental Care is located in the centre of Darwen and provides a service for all ages. NHS, dental insurance plans and private services are offered. The practice has two dental surgeries on two floors. There is a patient waiting area on the ground floor.
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

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 9 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

People were happy with the care and treatment they received at the dental practice. One person told us "The practice has an excellent dentist and staff". People commented that they were always able to get appointments to suit their needs.

People told us they were provided with good information about the treatments and the costs and they had been given enough time and information to make a decision about their treatment. There were no patients receiving treatment on the day of our visit but we observed staff at the practice speaking to people on the telephone in a kind, professional, friendly and respectful manner. We were told that all consultations took place in private rooms.

People told us they felt safe when visiting the practice. One person commented "The staff are very approachable. You can contact them with any problems whatsoever".

On the day of the visit we found the practice to be safe, clean and well maintained. People we spoke with told us the practice was always very clean.

Staff told us that they felt well supported and we found that they had the necessary skills and training to undertake their role in a safe and appropriate manner.

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

During our visit we contacted three people who had used the service. They told us they were happy with the treatment they had received. Comments included, "The practice has an excellent dentist and staff" and "I am always given the time to think about the treatment to have".

People who used the service felt they were sufficiently informed about, and involved in, the planning of their treatment. This helped them to make decisions based on the dentist's information and advice. With permission we reviewed the treatment records of three people using the service and found they contained good evidence that the dentist had discussed the treatment options available, including the risks and the person's consent had been clearly documented.

We saw a patient information leaflet produced by the practice which included information about what people could expect when visiting the practice. We were told that this leaflet could be made available in different formats if needed. Additionally we were shown translation leaflets used by the practice to support people to understand any proposed treatment.

Costs of the services provided were displayed in the waiting area as well as several information leaflets which clearly explained to people what the different treatments involved. The practice also has a website which provided additional information to people using the service.

There were systems in place to monitor people's satisfaction with the service. People's views and opinions had been taken into account and changes made in response to the comments received in order to improve people's experience of the practice. The results from recent surveys had been very positive.

A complaints procedure was in place and during our visit the provider agreed to display information in the waiting area to explain how people could express any concerns they might have.

We were told that all consultations took place in private rooms. Although there were no people receiving treatment on the day of our visit we observed staff speaking to people on the telephone in a kind, professional and respectful manner.

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

People spoken with during our visit told us that were involved in making decisions about any proposed treatments. One person told us "The risks of the treatment were fully explained to me". Comments from a recent satisfaction survey included "Staff have taken the time to listen to my concerns".

People using the service told us that they were able to have appointments that were flexible to meet their needs.

With permission we reviewed the records of three people using the service. We found that these contained a full dental and medical history which was updated on a regular basis. We found evidence that people were contacted on a follow up basis when serious treatment had been carried out to ensure their health and welfare was monitored.

People who used the service had access to a range of health education and advice which would help them to maintain and improve their dental health.

From a review of records and from discussion with staff we found staff received regular training to help them to respond appropriately to any medical emergencies. The practice had emergency equipment and emergency drugs available and records of periodic checks were maintained. We saw evidence that staff had dealt appropriately with a recent medical emergency. This meant that the policies and procedures were working well.

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

People we spoke with told us they had no concerns about safety or poor practice at the surgery. One person told us "The treatment I have received has been excellent". Another person commented "The dentist is calm and reassuring".

Although the people we spoke with were unaware of the complaints procedure in the practice, all were confident that if they were to raise any concerns they would be dealt with in an appropriate manner. One person who had used the practice for many years commented "The dentist service has improved since the current dentist took over. I have recommended the practice to other people".

During our visit we found staff had access to clear 'safeguarding' and 'whistle blowing' procedures as well as specific guidance for dentists regarding child protection. We saw evidence that all staff had received safeguarding training and they were able to demonstrate their awareness of the procedures to raise a safeguarding 'alert' should they have any concerns about a child or vulnerable adult.

Appropriate employment checks had been completed. This would help to protect people from unsuitable staff.

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 and people were cared for in a clean, hygienic environment

Reasons for our judgement

People said the practice was always very clean and that protective equipment was provided during their treatments.

We spoke with staff who described how the treatment rooms would be prepared/cleaned between patients. This included wiping all surfaces, ensuring covers were in place on all touch areas and ensuring all items used were either disposed of or decontaminated.

There was a clear process to ensure that clean and dirty instruments did not contaminate each other. The practice had a designated person for infection control who had received training to undertake this role. In addition, staff in the practice received infection control and relevant health and safety updates. Policies and procedures were also available to support staff in their work.

Infection control audits had been undertaken at the practice. We were shown records of regular checks and audits to make sure all areas of the practice and any items of equipment were clean, serviced and safe to use.

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

People we spoke with told us that staff appeared to have the appropriate skills and training to undertake their roles. One person told us "The staff are totally professional. I can't fault them".

Staff told us that they felt well supported and had regular informal discussions with the dentist as well as staff meetings where any changes to practice were discussed. Staff had been supported to attend training relevant to their role and there was a system for annual appraisals in place.

A structured induction programme was in place for new staff. Staff had clearly defined responsibilities and told us they worked well together as a staff team.

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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