

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

Cramond House Dental Practice

23 York Street, Clitheroe, BB7 2DH

Tel: 01200423381

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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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr. Martin Nolan
Overview of the service	Cramond House Dental Practice provides a full range of dental treatment including orthodontics and cosmetic dentistry. The practice is located in the centre of Clitheroe.
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 unannounced 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 24 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they were satisfied with the care and treatment provided at Cramond House Dental Practice. One person said, "I'm very happy, my dentist is helpful and makes me feel comfortable" and another person commented, "I've no problem, everything is always explained very well".

People spoken with confirmed they were aware of their treatment plan and said they had discussed various treatment options with their dentist. People also said they were treated with respect and their queries were answered in a sensitive and understanding manner.

Staff had an understanding of safeguarding children and vulnerable adults procedures and knew who to contact in the event of a concern.

People were treated in a clean environment and arrangements were in place for the safe decontamination of reusable instruments and equipment.

People were aware how they could raise any concerns and suitable arrangements were in place to respond to any complaints. None of the people spoken with had any concerns about the service.

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 understood the care and treatment choices available to them and they were fully involved in decisions about their care. People were treated with respect and their rights to privacy and dignity were upheld.

Reasons for our judgement

We spoke with three people using the service who told us they were satisfied with the care and treatment provided by the practice and confirmed they were involved in decisions about their treatment. One person said, "They are excellent and they make me feel very comfortable whenever I visit". Another person commented, "They are fine, I have no problems at all".

Two people told us they were familiar with their treatment plans and the other person said they did not wish to have a written plan. All people said their treatment had been explained to them by the dentist along with any associated costs. We saw completed treatment plans during the inspection.

People confirmed their treatment options were discussed in the privacy of the consulting room and they were provided with appropriate information about the practice and the services available. People also told us they were treated with respect and all their queries were answered in a patient and sensitive manner. One person said, "Everything is always explained in detail".

People had access to a range of written information about the services provided at the dental practice. This included information on the cost of treatments and advice leaflets. People usually paid for their treatment in one of two ways: private treatment, (people paid separately for each item) and Denplan, (people paid a fixed monthly fee). Information about the service and payment options was also available on the practice's website.

People were asked for feedback about the service and had the opportunity to complete an annual customer satisfaction questionnaire produced by Denplan. We were shown the collated results from the survey carried out in June 2011. The practice had not received the results for the survey carried out in 2012.

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

Our judgement

The provider was meeting this standard.

People told us they experienced effective, safe and appropriate care and treatment in line with their choices and preferences.

Reasons for our judgement

People told us they had sufficient time and information to make a decision about their treatment and they were able to discuss all options available to them with the dentist. One person told us, "My dentist is really reassuring and always has time to go through everything".

People said the appointment system was flexible and staff did their best to allocate the earliest appointment available. People confirmed they were given an urgent appointment in the event of pain or other dental emergency. On call arrangements were in place at weekends.

People were aware of their treatment plans and confirmed they had received a copy of their plan. This meant they were aware of the details of their treatment and any associated costs. We looked at three people's records and from this we could see a personalised treatment plan had been prepared when treatment had been necessary. This set out the treatment and any costs.

New people were given an information pack which included the practice leaflet and a medical history questionnaire. The questionnaire was updated on subsequent visits, to ensure the dentist was aware of any health conditions. On visiting the practice for the first time or after a length of time the dentist carried out a full examination of people's teeth and mouth including a soft tissue check. Completed records of such examinations were seen during the visit. Information for new people was also available on the practice's website.

Staff received training in dealing with medical emergencies and cardiopulmonary resuscitation each year. We saw evidence of this training during the inspection and noted members of staff last received training in September 2012. The practice also had a first aid kit and a medical emergency kit, which was checked at regular intervals.

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

Our judgement

The provider was meeting this standard.

Suitable arrangements were in place to protect people from abuse and the risk of abuse.

Reasons for our judgement

All people spoken with felt safe using the service and no one had any concerns.

There were policies and procedures in place relating to the protection of children, which had been discussed at a practice meeting. These included the types, indicators and signs of abuse. However, the provider may find it useful to note that there were no policies and procedures seen on safeguarding vulnerable adults. We were assured by the administration manager that this information would be obtained and discussed with all staff at the next practice meeting.

Staff had received in house training on the protection of children, however, with the exception of two staff; the staff team had not received training on safeguarding vulnerable adults. However, staff spoken with had an awareness of safeguarding children and vulnerable adults processes and knew who to contact in the event of a concern.

Brief information was available on the Mental Capacity Act 2005. This documentation provides guidance to those working with people who may lack capacity to make decisions. The administration manager said more detailed information would be added to the policy and procedure file and discussed with the staff team.

All dentists and staff had undertaken an enhanced Criminal Records Bureau (CRB) check as part of their employment with the practice. We saw a sample of the CRB checks during the inspection.

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

Our judgement

The provider was meeting this standard.

The service had established systems and procedures in place to ensure the environment was clean and people were protected from the risk of infection.

Reasons for our judgement

People spoken with confirmed the premises were clean and tidy and the dentists and dental nurses wore appropriate protective clothing whilst carrying out treatment.

A dental nurse described how the treatment rooms were prepared in between patients. The nurse explained the chair was cleaned; all items used were disposed of or decontaminated. In addition, all patient areas were wiped down, including the work surfaces. Each surgery had a designated 'clean' and 'dirty' area to ensure the complete separation of sterilised and used instruments.

The decontamination process was carried out by the dental nurses based in each of the surgeries. Reusable instruments and equipment were washed and scrubbed and then placed in an autoclave. This is a machine used to sterilize instruments by subjecting them to pressurised steam at a very high temperature. The dental nurses carried out tests on the autoclaves every day to ensure the equipment was operating properly. Records of the checks were seen during our visit.

The dental nurses placed the sterilised instruments in sterile pouches ready of reuse. Each pouch was date stamped with an expiry date. The pouches were opened in front of people so they could be reassured the instruments had been sterilised.

The dentists and dental staff wore designated uniforms which were only worn on the premises. Disposable personal protective equipment, such as gloves and face masks were worn during treatment. People were given a disposable bib and glasses to wear during treatment.

We were shown a detailed audit of the infection control and decontamination procedures which covered the requirements contained in the Health Technical Memorandum (HTM) 01-05 published by the Department of Health. This memorandum sets out the Department of Health's expectations of the decontamination processes in primary care dental practices to ensure people are treated in a safe and clean environment. We noted the audit had been carried out at regular intervals by a dentist and action plans had been drawn up to address any shortfalls.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system in place. Comments and complaints were responded to appropriately.

Reasons for our judgement

People told us they felt comfortable and safe using the service and they were aware of what to do and who to speak to in the event of a query, concern or complaint. Information about the complaints procedure was displayed in the waiting room. All people spoken with said they had never had any reason to make a complaint and any queries were responded to immediately during their consultations or by talking to the dental staff.

There was a recording system in place for any complaints received, which included details of the investigation, correspondence and the outcome. We also saw records of significant events.

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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