

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

Duncalf Dental Practice

227-229 Darwen Road, Bromley Cross, Bolton,
BL7 9BS

Tel: 01204308488

Date of Inspection: 11 September 2012

Date of Publication: October
2012

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

Details about this location

Registered Provider	Mr. Richard Duncalf
Overview of the service	<p>This practice is in the Bromley Cross area of Bolton. The property is on the main road. Parking is not permitted on the main road; however it is permissible in the side streets. Surgeries were available on both the ground and first floors, the premises takes into account the needs of people with a disability.</p> <p>The practice provides NHS treatment to people of all ages.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 11 September 2012, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

Patient's Thoughts on the Practice from the July 2012 survey included.

"Efficient service and level of care".

"Wonderful ladies on the desk".

"Customer care, flexibility with appointments, excellent dental treatment and a friendly service".

"Just a perfect NHS dentist".

Also

What Could Have Your Visit Better included:

"Very difficult to get through on the phone, possible use of txt messages or e mail access".

"More after school appointments".

"Early morning and weekend appointments".

"Background music in the waiting room".

We asked patients for their views on the dental service they received.

We received positive comments about the staff and the care provided.

Some comments were:

"Very good, excellent service".

"The dentist and all the staff are very kind and helpful".

"I have every confidence in the dentist and his staff".

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 who used the service were given information about the care, treatment and support available to them in order to help them make informed choices.

Reasons for our judgement

The dental practice provided a service which is accessible to people of all ages, so anyone can attend and seek advice about the services they offer.

During our visit we spoke with the Practice Manager, two Dentists and other staff members.

During each visit, people who used the service were asked if there were any changes to basic information such as the persons' contact details and were asked to sign a declaration to allow access to NHS treatments.

We saw that people had previously completed a medical history form which included details of any medical conditions and any prescribed medication. This was recorded on a paper record and kept with details of the treatment provided at the practice and the fees charged. It was agreed and discussed with the Practice Manager that some of the medical history forms needed to be updated. Details of conversations and consultations were also documented on the paper record.

We were told that the treatment options and services available were explained to people.

We were shown the results of the last patient survey completed in July 2012. Positive feedback from the survey indicating that people were happy with the service they received. For example:

92% were very happy with the manner they were welcomed at the practice and 8% were happy.

96% were happy with the cleanliness of the practice and 4% were happy.

98% were very happy with the dentist's ability to listen and 2% were happy.

People who used the service were also given a range of information through a patient's leaflet, booklets and notices available in the waiting room. A list of the fees and charges were also available.

During the visit, we looked four patients' treatment records. These showed that staff involved patients in making decisions about their care and treatment. The records we looked at showed that verbal and written consent had been obtained prior to commencing treatment.

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

Our judgement

The provider was meeting this standard.

People who used the service have an assessment and plan of care that meets their needs and protects their rights.

Reasons for our judgement

The dental practice has 4 surgeries, 2 on each floor. There was a waiting room and reception area on the ground floor. There was also a decontamination area and storage rooms.

Treatment and services were carried out by the dentist, who was supported by a team of qualified dental nurses. The dental nurses also carry out reception duties. We were told that all of the procedures for care and treatment were carried out in line with up to date published research and good practice guidelines. Staff working at the dental practice had the relevant qualifications and experience to deliver the service provided.

We asked if there was a system in place for referring to other services where the practice could not, following assessment, meet a patient's needs.

We were told that patients needing treatment that required a general anaesthetic were referred to the hospital.

We were told that X rays were only undertaken by the dentist. The safe and effective use of X ray equipment is important for the protection of patients, all members of the dental team and members of the public.

Procedures were in place for dealing with emergencies. The practice had emergency resuscitation equipment which was complete and ready for use. There was a first aid box; this was stored in an area accessible area to the dental treatment rooms. All staff knew where it was kept.

We were told that there was always a qualified first aider on duty. Staff had received training in cardio pulmonary resuscitation (CPR).

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

Our judgement

The provider was meeting this standard.

Arrangements were in place to help safeguard patients from abuse.

Reasons for our judgement

The practice had a safeguarding lead coordinator, any issues or areas of concern would be reported to this nominated person. The registered dental care provider had policies in place for protecting children and vulnerable adults. These policies provided guidance for staff on how to recognise any signs of abuse and how to report to external agencies such as the local authority safeguarding and child protection services.

We were made aware that enhanced Criminal Records Bureau (CRB) checks had been undertaken for all staff. This ensures that patients are, as far as possible, protected from being looked after by unsuitable people.

We asked the dentist if he had received training in the Mental Capacity Act (MCA) 2005. This training should help people understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care and treatment.

Although the dentist had not had specific training on the MCA he was aware of the need to undertake an assessment of a patient's capacity to give consent to treatment and when to act in their best interest. If an assessment is undertaken there needs to be documented evidence of the findings. We were told that the Mental Capacity Act 2005 training would be looked into.

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

Our judgement

The provider was meeting this standard.

Systems were in place to minimise the risk of infection.

Reasons for our judgement

To prevent the transmission of infection from one person to another, all dental practices must have effective infection prevention and control measures in place. This includes the provision of a safe, clean environment and correct decontamination procedures in place for the dental equipment.

Decontamination is the process by which all reusable equipment is rendered safe for further use. We were shown the procedure for decontamination. This was from the cleaning of used instruments through to the sterilisation and storage of the instruments. The decontamination system in place ensured that instruments were clean and sterile at the end of the process and they were maintained in a clinically satisfactory condition up to the point of use.

To check that good infection control procedures were in place we looked around all areas of the dental practice. Areas were seen to be clean and tidy. Hand wash sinks, liquid soap and paper towels were in all clinical areas.

Policies and procedures were in place regarding the disposal of hazardous waste and sharps containers were in place for the disposal of needles. Clinical waste waiting for collection was stored separately from any clean areas.

We asked patients to tell us what they thought about the cleanliness of the surgery and if they felt staff practised high standards of hygiene when attending them. We were told:

"The environment is exceptionally clean".

"Staff always wash their hands".

"I am asked to wear goggles and an apron to protect myself"

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.

People who used the practice benefited from a well managed service with systems in place to monitor the quality of service provided.

Reasons for our judgement

We asked about what systems were in place to monitor the quality of the service.

Training in infection control was currently being delivered and the practice had appropriate documentation to record and monitor outcomes. We asked about hand washing hygiene audits. The Practice Manager said they had the appropriate forms to record hand washing however these had not yet been completed. It was discussed and agreed with the Practice Manager that this needed to be actioned.

We were told that staff meetings take place and that staff receive regular supervision to ensure they are up to date with current guidelines and practices.

We were shown some of the audits including the cleaning schedules for the dental nurse's duties and for the general domestic staff.

We asked about audits of the equipment used such as the x ray machine and the autoclave. We were told that these were checked on daily basis and information was recorded.

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, 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, primary medical services 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 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.

 **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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
