

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

Sandon Dental Practice

34 Hoole Road, Chester, CH2 3NJ

Tel: 01244321821

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Simon Batey
Registered Manager	Dr. Simon Batey
Overview of the service	Sandon Dental Practice is located close to Chester City centre. The practice has five surgeries and provides both NHS and private treatment. In addition cosmetic and implant treatment is available.
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 11 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three patients and also looked at a sample of comments received from a survey carried out in 2012 which were very positive. 100 patients surveyed were happy with the quality of care they received. Patients told us staff were helpful and always treated them respectfully. One patient said: "The dentist is very good at explaining what is happening" and another told us: "I have recommended this practice to other people."

We looked at three patient's records which were available on a computer system. These contained all the relevant clinic information to show a full oral health assessment had been carried out.

We saw the practice had a separate decontamination room and that the relevant guidance for cleaning instruments was followed. We found evidence to demonstrate that staff were supported by means of appraisals, staff meetings and training suitable for their role. We saw evidence that the practice had complaints policies and procedures in place and complaints were dealt with appropriately.

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.

Patients' 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

The practice manager showed us patient information leaflets that were available to patients at the reception. These leaflets included information about the dentists and opening times. In addition the provider told us there was information available for patients on the practice website on the internet.

We observed that patients were given treatment plans and estimates at reception. Three patients told us their treatment options were always discussed and that they were given a written copy of their treatment plan along with an estimate of any cost involved. One patient told us "The dentist is very good and explains everything to me." We looked at three patient's records and found evidence to demonstrate that treatment options were discussed with patients.

We spoke with one of the practice owners who showed us that reports were completed for patients who were having more complex treatment so that the patient could make an informed decision about their choice of treatment. In addition, we saw that there were post operative surveys for patients who had undergone more complex procedures to gain their views on the quality of service provided.

We saw results of a survey from 2012 and the practice manager told us as a result of surveys used, a television for patients had been put in the waiting room. We saw there was a suggestions box in the waiting room and the practice had a survey form that patients could use at anytime to give their feedback on the quality of service. The use of surveys meant that the practice made efforts to gain patient's views and take any necessary actions to improve the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we spoke with three patients. Patients told us that appointments were easily arranged. One told us that they were given an appointment for an emergency on the same day they called the surgery. One patient told us "I have recommended this practice to other people." We looked at a sample of comments received from a survey carried out in 2012 which were very positive. One comment read: "I am very happy with every aspect of the service." 100 patients took part in the survey and all of them were happy with the quality of care they received.

We saw evidence that the practice had been accredited with the Denplan Excel Award. This meant that the practice had a set of policies and procedures in place to maintain the safety and welfare of patients. It also meant that the practice carried out regular audits and one of these audits was a record card audit to make sure all dentists within the practice were carrying out full oral health assessments.

We looked at three patient's records which were available on a computer system. These contained all the relevant clinic information to show a full oral health assessment had been carried out. We found that when x-rays were taken, the reasons for taking the x-ray and the result were clearly documented. In addition there was information about the patient's medical history and the patients we spoke with confirmed their medical history was checked prior to any treatment.

We saw a copy of the practice medical emergencies protocol and instructions to staff for what to do in the event of an emergency were clearly displayed in the surgeries. There was a medical emergency kit, first aid kit and oxygen available at the reception area. We saw that the emergency drugs and equipment were regularly checked and found the drugs to be in date. Staff told us they received the appropriate basic life support training annually and we saw certificates to verify this. In addition, the practice manager told us that staff received training days every six months which incorporated different medical emergency case scenarios to improve staff confidence in dealing with emergency situations. This meant the surgery had considered the different types of emergencies that could arise and had put appropriate procedures in place for dealing with emergencies.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The surgery appeared clean throughout and we saw that there was a separate decontamination room for cleaning dental instruments. The decontamination room contained all the necessary equipment for cleaning and sterilising instruments. We observed necessary protective clothing for example, gloves, masks and eye protection when cleaning instruments was available.

We asked a dental nurse to demonstrate how the dental instruments were cleaned and saw that the correct procedure was followed. This dental nurse was the infection control lead for the practice and showed us the routine checks and audits carried out to make sure instruments were cleaned and stored appropriately. Staff told us they had received training in infection control procedures. We saw the infection control and hand washing policies were readily available to staff.

We found there were appropriate procedures in place for dealing with clinical and hazardous waste and that the relevant documentation was kept.

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with two dental nurses who told us they felt supported by the management. We found that each member of staff had a professional development portfolio which contained certificates to verify that staff had completed training courses relevant to their role such as basic life support and infection control. We spoke with the practice manager who told us that training days were organised for staff every six months and all major policies and any changes to them were discussed.

The practice manager and staff told us there were regular staff meetings carried out every month and we saw minutes and agendas from these meetings. We found that additional training information for staff was also incorporated in these meetings.

The practice manager told us appraisals were carried out annually and that this process involved having discussions with the practice manager and one of the dentists to produce their personal development plans for the year ahead. We saw appraisal forms which were quite detailed and allowed any training issues to be identified. This meant that there was an effective process in place to ensure staff were up to date with their training.

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 available.

Reasons for our judgement

We spoke with three patients who told us they were very happy with the practice and did not have any concerns or issues about the care received. One patient said: "I can't praise them enough." We saw there was a complaints procedure available that explained how patients could make a complaint.

We looked at the complaints policy and written complaints log and saw that only one complaint had been made to the practice this year and that the complaint was in the process of being responded to appropriately. In addition, the practice manager and staff told us that any complaints and actions needed were discussed in staff meetings. We spoke with two members of staff who told us that they would take any verbal complaint seriously and report any problems to the practice owner. The procedures and meetings in place meant that the practice had processes in place to deal with complaints.

The practice carried out NHS and private treatment and we saw that the complaints procedure clearly outlined who patients should contact in the event of them not being satisfied with the outcome of the in-house complaints system.

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.

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

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