

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

The Dental Clinic

St Andrews Lane, Immingham, DN40 2EU

Date of Inspection: 30 October 2012

Date of Publication:
November 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 |
| Supporting workers | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Mr. Kenneth Dobbs |
| Overview of the service | <p>The Dental Clinic is a large dental practice providing both Private and NHS dental treatment. The service has a contract to provide orthodontic services to children under a local NHS agreement.</p> <p>The practice is located in a newly converted village hall, situated in a residential area of Immingham. The practice is mostly on one floor; however two surgeries are on a lower floor, accessible via three steps. Ample car parking is available.</p> |
| 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 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 30 October 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

As part of our inspection we asked people who used the service about their experiences of the service provided by The Dental Clinic.

People told us they were "very satisfied" with the service they received. People told us they were consulted and had been "involved" in making decisions about their dental treatment. People told us their dentist had "fully explained" their particular treatments and given them "choices" about this.

We observed that staff treated people with courtesy and consideration to ensure their wishes and feelings were respected. We found that clinical assessments of people were carried out as part of their consultation and dental health planning. We also saw that relevant associated risks to them had been assessed to ensure they were kept safe from potential harm. We saw that people had signed to indicate their understanding and agreement to their particular treatment and that consent for this was obtained.

We found that the premises were clean, tidy and that risks of potential infection were being safely managed.

We saw that systems for auditing the quality of the service were in place and that surveys were used to obtain feedback from people to help the provider to develop 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'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

People who used the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. A variety of useful and relevant information was displayed in the reception and waiting room area for the service, to help people to know what to expect and make a decision about using the service. We saw these included details about the provider's complaints procedure, costs of treatments, opening hours and emergency contact details.

We observed that staff spoke with people in a helpful and friendly manner, showing courtesy and respect for their wishes and feelings. We spoke with people who used the service who told us that they were "very satisfied" with the service they received. People confirmed they were involved in decisions about their personal treatments and that information about this was "fully explained" and "gone into great detail" with them, to ensure that they knew and understood what was involved and what to expect.

We saw that preventative dental health care information was shown on a wall mounted television in the waiting area for the service, together with computer generated programmes of various treatments that were provided, as part of people's individual dental health consultation and examination.

We looked at a sample of treatment plans belonging to people that used the service. We saw these gave details of their individual treatments, together with information about the financial costs of their treatment. We observed that people had signed their treatment plans to confirm they understood, agreed and had consented to their personal dental treatments.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider told us when they applied to be registered under the Health and Social Care Act that they were non compliant with this outcome. The provider told us this was because they did not have a dedicated adverse incidents book at the time and that whilst discussions about these were held, they were not documented.

We looked at a sample of treatment records for people that used the service and spoke with the provider about the process of planning people's care. We saw that details about people's medical histories were obtained by the provider, to enable associated health risks for them to be assessed and to ensure they were kept safe from potential harm. We saw that people's care and treatment reflected research guidance and that National Institute of Clinical Excellence (NICE) guidance on patient recall was followed. We found that the provider was taking appropriate action to follow up adverse incidents that had occurred and was taking these seriously. We saw evidence that adverse incidents were now recorded and included as a regular standing item on monthly staff meetings that were held.

We saw that people's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that emergency and first aid equipment was available and that staff had undertaken recent training in emergency life support, to ensure people were kept safe. We found that emergency equipment was regularly checked and was appropriately maintained. We looked at the emergency drugs that a primary dental practice should carry, as described in the British National Formulary (BNF). We saw that all relevant drugs and ample oxygen were available to stabilise or treat a patient in an emergency, whilst a paramedic ambulance was en route. We saw the provider had a system for checking the expiry dates of emergency drugs.

We found that contracts for maintenance of equipment and other information were available to demonstrate the provider kept up to date with published guidance and managed risks safely.

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 who used 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. The practice had child and adult protection policies in place to ensure vulnerable people that used the service were safeguarded from potential harm. Staff we spoke with were aware of the policies and their responsibilities with regards to protecting children and vulnerable adults from abuse or the risk of abuse. We found that recent training had been provided about the protection of vulnerable adults and that a further training session was arranged, to ensure staff updated their training about child protection.

The provider told us about disciplinary procedures they had implemented following concerns received from people that used the service. The provider also told us about a safeguarding allegation concerning a member of staff, which had subsequently not been substantiated, following an investigation by the local authority and the police. We spoke with the provider about this, as we had not officially been notified about this by the provider. The provider assured us they would in the future tell us about notifications under the Health and Social Care Act. We saw however that the provider had taken legal advice and contacted the local authority when they became aware of this matter, to ensure they were following appropriate action in this regard. The local authority confirmed the provider had contacted them and that they were satisfied with the steps the provider had followed, to ensure people that used the service were kept safe from harm.

We looked at the files of three staff who worked at the practice. We saw evidence of recent training they had completed in safeguarding vulnerable adults from harm. We also saw evidence that recent Criminal Records Bureau (CRB) checks were completed to ensure staff were safe to work with people that used the service.

The practice had a complaints procedure to ensure people's concerns were heard and effectively dealt with by the provider. We observed that details about this were displayed in the practice and that staff were aware of the complaints policy and procedure. We found there were no outstanding complaints that were unresolved and that the provider had taken appropriate action to investigate concerns that had previously been made.

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 cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The provider told us when they applied to be registered under the Health and Social Care Act that they were non compliant with this outcome. The provider told us this was because they did not have a second decontamination room in use.

We observed however that the premises were clean with good access to hand washing sinks and floors that were easy to clean. We found that equipment and fitments were suitable for use and that the provider was carrying out audits of infection control to ensure best practice was followed. We saw evidence of a decontamination action plan that had been developed to address identified shortfalls in this respect. We saw the provider was regularly reviewing progress towards implementing best practice guidelines and that a nurse manager had been recently appointed to implement this.

We observed a dental nurse carrying out decontaminating treatment between patients. We saw that sharps bins were dated and that instrument packs were marked with packing and expiry dates. We found that the decontamination room had appropriate dirty to clean flow arrangements in place and that washers and decontaminators provided readouts for monitoring their performance. We saw evidence of regular checks of equipment, including flushing through of water outlets, cleanliness and practice.

We found that policies and procedures were available to guide staff in the prevention and control of infection and that infection control training had been provided to enable them to safely carry out their roles. We saw that personal protective equipment (PPE) was available for staff when carrying out dental procedures, including appropriate supplies of gloves, aprons and antiseptic wipes. We saw that cleaning products were appropriately stored with colour coding systems used for mops and buckets, to ensure clinical areas were cleaned with a different item from other areas.

We saw that a further treatment room was being refurbished at the time of our visit and the provider told us that appropriate guidance about this was followed. Whilst we observed that not all of hand washing sinks met the latest best practice guidance for this, as some did not have a no overflow fitted, the provider told us they would be addressing this in the future .

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

Staff were able, from time to time, to obtain further relevant qualifications and received appropriate professional development. The provider told us when they applied to be registered under the Health and Social Care Act they were non compliant with this outcome. We saw however that since then the provider had developed systems to ensure staff were appropriately supported to carry out their roles.

The provider told us they contributed to teaching at a university dental college course and staff told us they enjoyed doing their jobs and liked working for the provider.

We saw evidence that staff were provided with training to enable them to keep their skills up to date. We found that staff files contained evidence of completed training on a variety of appropriate courses, together with evidence of systems to ensure their continuous professional development (CPD) to enable their training responsibilities with their regulatory body to be maintained.

We saw that CPD files included evidence of a process for appraising staff skills. We were told that two newly appointed dental trainee nurses were currently undertaking a course for the National Examination Board for Dental Nurses.

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.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We found that the service had obtained the British Dental Association good practice award. We saw evidence of a range of internal audits that were completed to ensure the performance of the service was monitored and that risks to people were safely managed.

We saw evidence of daily staff checks of equipment and cleanliness of the practice. We saw evidence of team meetings to enable effective communication between staff. We found evidence of surveys of people that used the service, to enable the provider to develop the practice following feedback that was received.

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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