

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

Graye's Dental Care

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs. Jennifer Graye
Overview of the service	Grayes dental practice provides both an NHS and private dental service. It is a member of the British Dental Association Excellence scheme which means they have assessed themselves against Good Practice requirements and demonstrated they meet the requirements set out by the British Dental Association.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 January 2013 and talked with staff.

What people told us and what we found

We did not speak to people using the service but we saw from comments cards that the majority of people using service were happy with it. We looked at four electronic patient records and saw they contained information about the person's oral health needs and the treatment provided. We saw oral health risks were assessed in areas such as gum disease, mouth cancer and levels of tooth decay. We observed the receptionist asking people to check their medical history and sign copies of their treatment plans.

The practice was clean and hygienic. We saw evidence that equipment was sterilised to the appropriate standards.

We saw evidence of regular monitoring of the quality of the service and staff and clinical excellence was valued.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at four electronic care records, which included three adults and one child. We saw treatment had been discussed with the patient/and or parent, and consent had been sought. We also saw copies of signed treatment plans for both NHS and private patients. The treatment plans included information about estimated cost, the number of appointments and what treatment was proposed at each appointment.

We saw from our review of the records people had been provided with different treatment options and these had been discussed with the patient. The benefits and risks of treatment or not having treatment had also been explained.

A dental nurse explained the consent process of children under 16 years. They told us that treatment would not be given without the written consent of a parent or legal guardian.

We saw there had been an audit of dental care records to ensure consent was being appropriately recorded.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at four electronic records of patients registered with this practice. We saw they all contained information about the presenting symptoms, examinations, treatment provided and advice given. We saw there was information available to people if local analgesic was used or anti-biotics prescribed. This included the quantity and batch number. We also saw people had their oral health risk assessed, which included risks relating to mouth cancer, gum disease and tooth decay. Patients were provided with oral health information to help minimise the risks of dental problems.

There were arrangements in place to deal with foreseeable medical emergencies and resuscitation. Resuscitation drugs, equipment for airway management and an automated external defibrillator (AED) were available for use at the practice as were basic first aid kits. Two dental nurses we spoke with told us they had received basic life support and medical emergencies training in November 2012 and the staff central training file we looked at confirmed this.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We observed a dental nurse decontaminating dental equipment. Decontamination is required in order to minimise the risk of cross-infection between patients and between patients and staff. The nurse described and showed us the decontamination and sterilisation processes for the decontamination of instruments as per Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. We saw the equipment used in the decontamination processes was checked frequently to ensure it was working correctly and records were maintained.

Policies and procedures for infection control were in place. We saw daily and weekly cleaning records documenting the cleaning of dental equipment and treatment rooms. These records included daily flushing of waterlines and checking water temperature to reduce the risk of pathogens such as Legionella developing. The dental nurse told us they always wiped down work surfaces after each patient had left the treatment room. Personal protective equipment was available for all staff to use such as, eye protectors, plastic gloves and aprons.

We looked at the infection control policy and saw it contained guidance on how to prevent and treat needle stick injuries and on the procedures for cleaning dental equipment and treatment rooms. We saw from the immunisation records that staff were up to date with their immunisations to reduce the risks of blood born viruses

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The associate dentist explained the staffing structure to us. They told us there were two dentists, two dental nurses and one trainee dental nurse who was awaiting the outcome of their dental nursing exam. They also told us there was one qualified dental hygienist, one qualified dental therapist and there was always a dentist present when a dental therapist or hygienist is working. This practice means they are working within the legal requirements related to dental therapists and hygienists. One of the qualified dental nurses undertakes the role of practice manager and has been supported by the associate dentist to do this.

We saw from the dental practice newsletter people were provided information about the staff and in particular the role of the dental hygienist and plans for the future.

We saw from the practice 'masterplan' and continual professional development records of staff that they received appropriate training for their role. They were also kept informed about updates to national clinical policies and procedures.

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 use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We looked at the monthly complaints and compliments log and it showed the majority of people using the practice were happy with the service. The practice manager told us comments from patients were discussed at the weekly practice meeting, which included actions to address any negative comments. We looked at the 2012 patient satisfaction survey and saw the results of the survey communicated in the practice newsletter and the majority of comments were positive.

The associate dentist explained the practice had a 'master plan', used to monitor the quality of the service. We looked at the 'master plan' and it contained information about what audits, training and policy reviews were required every month. The practice manager and dental nurse we spoke with confirmed they referred to the 'master plan' to inform them of their audit responsibilities. The practice manager told us, "It's the only way to keep on top of it".

The manager showed us the programme of audits completed in January and these reflected what was in the 'master plan'. Audits included, ensuring all patients had an up to date medical history, patients had signed consent forms and written estimates included, all the costs of treatment and options were discussed. We also saw that the practice manager reviewed the practice register every month to ensure appointments offered were meeting the needs of patients.

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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