

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

Park Dental Surgery

10 The Green, Mountsorrel, Loughborough, LE12
7AF

Tel: 01162375321

Date of Inspection: 05 March 2013

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

Details about this location

Registered Provider	Mr. Roger Inkley
Overview of the service	Park Dental Surgery is situated in the village of Mountsorrel, close to the town of Loughborough, Leicestershire. The staff team comprises of one principal dentist, two dental nurses, a practice manager, a receptionist and a hygienist who provides services two days a week. The practice provides private dental services for its adult clients with NHS dental services available for children.
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 5 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with six people who were using the service at the time of our visit. This enabled us to gather their thoughts on both the treatment they had received and the dental practice in general. They told us that their consent had been obtained before any treatment had been provided and they were most satisfied with the service. One person told us: "They are exceptional; I wished I'd had the quality care and compassion I get here when I was younger."

People told us that they had confidence in the staff and they were well cared for during their visit. One person told us: "It's one of the best dentists I've been too." Another explained: "He tells you to put your hand up if you're not happy and he will stop. He talks to you and puts you at ease, he is excellent."

We were told that the staff were well trained and records showed that the relevant training had taken place. This ensured that the staff were knowledgeable and experienced and worked in line with best practice.

People told us that they found the practice and treatment rooms to be clean and tidy and confirmed that the dentist and the dental nurses wore protective clothing when providing treatment. One person told us; "They wear gloves and masks and get me to wear a bib and glasses."

A range of audits had been carried out to ensure that systems were working effectively within the practice and the practice manager was in the process of developing these further to ensure that a quality service was provided.

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 spoke with six people who had received treatment during our visit. All of them confirmed that they had been asked for their consent to the treatment they had received. They told us that treatment options had been explained to them in a way that they understood and that they had been able to make an informed choice as to whether to go ahead with the treatment. One person explained: "It's one of the best dentist's I've been to, he did everything, he was very thorough and went through everything."

We observed people updating their medical history and were told that this was updated at each visit. This ensured that the dentist was fully aware of peoples' medical history and any allergies that they may have. Consent forms had also been completed, further demonstrating that peoples consent had been obtained before their treatment had been carried out.

We viewed the dental records belonging to three of the people we spoke with. These were held both electronically and in hard copy and showed that treatment options had been discussed with them. It was also evident that the dentist had gained their consent to the treatment they were to have and made sure that they were happy before carrying it out.

People receiving treatment were provided with a copy of their treatment plan. This showed exactly what procedures were required and the total cost. We observed one person receiving such plan; the practice manager spent time explaining what it meant and they were asked to read and sign to say that they were happy with it. They were also reminded that they could change their mind at any time.

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 treated by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with six people who had received treatment during our visit. They all told us that they found all the staff working at the practice to be experienced, pleasant and welcoming. One person told us: "They are excellent, they put you at ease and they are very friendly."

Evidence was seen of appropriate training taking place to ensure that both the dentist and dental nurses were competent to carry out their role within the practice and continual personal development (CPD) was taking place. Recent training courses attended included, adult basic life support, child protection, infection control and decontamination practices.

The practice manager explained that when ever possible, all of the practice staff would attend relevant training courses together. This ensured that everyone received the same information and therefore provided consistency within the team. This was confirmed on speaking with the senior dental nurse who was on duty during our visit.

The senior dental nurse explained to us the different ways in which she received training to enable her to keep up with current guidance. These included college courses and lunch and learn sessions at the practice. These involved a representative of a company coming to the practice and teaching the staff about their products.

Appraisals were being carried out with the dental nurses on an annual basis. This ensured that any learning needs were identified and the dental nurses were working in line with best practice.

We observed all of the staff going about their duties in a competent manner and they interacted with those using the service in a friendly and helpful way.

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 a system to assess and monitor the quality of service that people receive.

Reasons for our judgement

A range of audits had been carried out to ensure systems were working effectively within the practice. These included audits on areas of practice such as antibiotic prescribing, root canal treatment and patient waiting times. The practice manager explained that she sought quality best practice guidelines and these were used to monitor their own practice and where necessary, develop new working practices.

Records showed systems were in place for high risk areas which used external contractors to check for compliance. This included checks on water systems for Legionella. This ensured that the health and safety of everyone using the service was promoted and protected.

Meetings were being held every two weeks for all the staff working at the practice. These enabled them to discuss current and relevant issues and keep up to date with best practice.

People who used the service were encouraged to share their experiences and a suggestion box was available in the reception area, for any comments or suggestions that might develop the service further. Formal questionnaires were used to gain feedback about the service and a survey had been carried out in the last twelve months to ascertain people' satisfaction. The results of the survey had been collated and the practice manager was in the process of making this information available to all interested parties.

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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