

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

Dunstable Dental Practice

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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
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dunstable Dental Practice
Registered Manager	Mr. Manish Patel
Overview of the service	Dunstable Dental Practice provides dental services to people mainly via the NHS. The service also undertakes some private treatments. There are five treatment rooms within the practice. The providers, six associate dentists and one hygienist work out of these rooms at various times.
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 reviewed all the information we have gathered about Dunstable Dental Practice, looked at the personal care or treatment records of people who use the service, carried out a visit on 8 January 2013 and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to Dunstable Dental Practice on 8 January 2013 we spoke with one person who was waiting to see one of the dentists working that day. We also looked at a number of recent patient satisfaction questionnaires that included comments about the service. They told us the staff team were friendly and put people at ease. One person stated "I can think of nothing to improve the service," and another person said, "Treatment was convenient, quick and pleasant." We observed that the reception staff tried to accommodate peoples needs when arranging appointment times.

People we spoke with told us that they were satisfied with the treatment they received and the records confirmed the detail of the treatment provided and given was recorded accurately.

All areas, despite extensive refurbishment, were clean and tidy and we saw records that confirmed equipment was correctly sterilised and wiped down between patients.

There were sufficient staff at all times and the service encouraged and supported staff to undertake essential and additional training.

There was an effective complaints system available and people were requested to make their views known at the surgery and/ or via the practice web-site.

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. People's privacy and dignity were respected.

Reasons for our judgement

During our visit, we observed information displayed in the waiting areas of the practice. This included details about NHS and private charges and a reminder to people to leave feedback and make comments. People also had the opportunity to find out about the surgery, including opening times, profiles of the staff team and treatment costs electronically via the services web-site. This ensured that everyone visiting the surgery had the opportunity to understand the services that were offered.

We observed the reception staff having polite conversations with people and arranging appointments at times that best suited them and their work/home life. We spoke with one person waiting to see the dentist during our visit and also looked at a variety of comments made as part of patient satisfaction questionnaires. People told us the staff were very friendly and polite and put them at ease. One person said '(Name of dentist) is very very patient with me', and another person said 'I was fully talked through the process and the procedure.' These comments confirmed that people who use the service understood the care and treatment choices available to them

The surgery was accessible to people with limited mobility as some of the treatment rooms were on the ground floor making access easy for them.

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

We looked at the records of four people who had been seen by different dentists the previous day. These records showed that each dentist recorded the condition of the person's teeth and the treatment options available to them. Details of the oral health screening checks and any dental health advice provided were recorded. We also saw that any medication used as a local aesthetic was documented for each individual. A copy of the treatment plan was signed by the patient before they left the surgery evidencing their agreement to planned treatment. The records were all kept electronically and consent forms and treatment plans were scanned into the electronic record.

During our visit we saw that new patients were asked to complete a medical history form, and regular patients were asked to update theirs. This ensured that the dentist considered any possible implications for the treatment being carried out and people's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Staff told us these questionnaires were completed annually and further updated at each visit with any changes. People were also able to complete their medical records on-line. This meant that care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare because they had current information about a patient at each visit.

We observed the equipment kept by the surgery for use in an emergency was easily accessible. Records confirmed that the medications and oxygen cylinders were regularly checked to confirm they were ready for use. We were informed that staff who worked in the practice had received the required annual basic life support training. This showed that the service had appropriate systems and processes to check the effectiveness of the equipment used and that staff could use this immediately to respond to their needs.

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 and people were treated in a clean, hygienic environment.

Reasons for our judgement

We observed that all areas of the practice were clean and tidy despite the extensive building works that were in progress. Throughout the practice we saw a good supply of personal protective equipment including gloves, protective glasses and covers. Sharps boxes used to dispose of needles and other single use equipment were used and managed correctly. There was a sufficient supply of equipment to ensure clean equipment was available for each person. This allowed the required time for the sterilisation process.

The planned alterations were due to be completed within a month of this inspection. When fully refurbished the practice would have a central decontamination and sterilisation room with a dedicated nurse responsible for the sterilisation processes. During our visit, a dental nurse described the current processes for cleaning and decontamination. We were advised the nurse working in a particular treatment room was responsible for cleaning the instruments used by the dentist they were working with. There were systems in place to ensure that sterilised equipment was used in rotation and within the effective date. Records of autoclave usage and instrument decontamination had been kept. Cleaning schedules and logs were correctly kept and staff undertook regular infection control training as part of their ongoing development. All staff had their Hepatitis B status recorded within their personnel files.

We saw documentation that showed there was a specific contract in place for the removal of all forms of clinical waste, including amalgam, to minimise the risk of contamination.

One of the providers confirmed to us that the flooring in each treatment room, some of which was lifting slightly, was to be replaced as part of the refurbishment. We were also told that the upholstered chairs, used as additional chairs for family members or carers to sit in while treatment was in progress, were to be replaced with chairs that could be effectively wiped down. This would ensure the risk and spread of infection could be fully controlled.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At the time of our visit, in addition to the dentists, there were six dental nurses and a practice manager employed. As only one member of staff had been employed since registration under the Health and Social Care Act 2008, the Practice Manager spoke to us about the recruitment process that would be used when new staff were recruited. We were confident that staff would be correctly employed and all the necessary checks would be undertaken.

We reviewed the staff file for the one new member of staff and this contained documentation which provided a clear audit trail and demonstrated that thorough recruitment processes were followed. However in order to ensure that people were supported by staff who were suitable for this work, the provider may wish to note that these checks should be carried out in advance of a person being offered a position within the practice.

We saw evidence of the staffs qualifications and registration with their professional body in certificates within their personnel files.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

On display in the surgery we saw a notice in the waiting room that encouraged people to speak to the receptionist if they were unhappy with any of the care or treatment they received. We also saw leaflets that informed people of the procedure to complain to the NHS. We were shown a robust complaints procedure that clearly detailed other methods people could use to raise a complaint, how a complaint would be dealt with and when a person should expect a response to their complaint. The complaints procedure was also available to people electronically. There was a web form via which people could use to raise their concerns electronically and anonymously if they wished.

The Practice Manager was able to tell us how complaints would be accepted, investigated and responded to. A log of complaints showed that the procedure had been followed and copies of any investigation processes and letters received or sent in relation to a complaint were kept on file.

We also saw people had taken the opportunity to write comments on satisfaction surveys that they had been asked to complete. These comments were treated in accordance with the complaints procedure if necessary. The staff we spoke with told us that complaints were discussed at staff meetings and used to learn from and improve the services offered.

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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