

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

Dencall - Darlington

Darlington Memorial Hospital, Holyhurst Road,
Darlington, DL3 6HX

Tel: 01207503020

Date of Inspections: 12 March 2013
09 March 2013

Date of Publication: April
2013

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

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Dencall
Registered Manager	Mr. Thomas Robson
Overview of the service	Dencall provide appropriate care for NHS patients including children with dental emergencies outside normal dentist's surgery hours including bank holidays. The service is accessed via the emergency NHS telephone number 111. This service operated at Darlington Memorial hospital site.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Cleanliness and infection control	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 carried out a visit on 9 March 2013 and 12 March 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who used the service on our visit. They were positive about being able to see a dentist as soon as was possible and that they were happy that they could speak with trained dental staff to discuss their symptoms when they used the NHS telephone 111 emergency number. We saw people undertaking a medical history record prior to their assessment.

We saw staff that were well trained and they were observed to liaise with people positively and professionally. The surgery area was clean and free from clutter and there were appropriate systems in place to ensure equipment was clean and decontaminated.

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 who use the service were given appropriate information and support regarding their care or treatment.

Reasons for our judgement

People using this service were aware that this was an emergency NHS service that could be accessed through the NHS Emergency 111 telephone number or by referral from the patients own dental practice. This service operated on a Saturday and Sunday from 3pm until 6pm and was based in a surgery at Darlington Memorial Hospital.

The registered person explained that as this was just an emergency service, that elective treatment was not used and verbal consent was gained for any treatment that was given as a result of the emergency.

We were also told that patient feedback was sought from everyone who used the service and this information was used to share with the local Primary Care Trust and to improve service delivery.

As part of our inspection we also visited the office at Dencall's main practice in Consett, County Durham. The practice manager told us that surveys were given to each patient who used the service. We saw a quarterly analysis of these questionnaires was then carried out. This meant any trends could be identified and action taken if necessary.

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 saw a sample of patient records from a recent weekend surgery. There was an initial patient record which included people's personal details, such as address, date of birth etc. It also included information on whether the patient was currently registered with a dentist; the date and time they attended the surgery and the presenting complaint. The dentist then documented the treatment provided. We saw in all the records we looked at that an NHS consent form "Practice Record Form" (PR) had been signed.

People using the Dencall emergency service may be in considerable pain and discomfort and we saw staff dealing with people in a professional and sensitive manner.

People were triaged by a team of dental nurses when their call through the emergency line was received and a dentist was also available for nurses to refer to. The on-call dentist also spoke to patients to discuss their symptoms if needed. People may then be asked to come to their local emergency clinic, this service being based at Darlington Memorial Hospital.

The practice had a process in place for assessing medical risks. People's medical history and current medication they were taken prior to their assessment. Allergies, medications or medical conditions that the dentist should be aware of were also recorded. This ensured the dentist had up to date information about people's health needs.

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

From a sample of four staff records we saw that staff had received training in vulnerable adults and safeguarding children. The dental nurse on duty we spoke with told us they had been trained in safeguarding procedures.

The practice manager showed us the policies which Dencall had regarding child protection. This contained a flowchart explaining abuse and what action needed to be taken. There was also a whistle blowing (telling someone) policy available. The provider may wish to note that there was no policy available regarding safeguarding vulnerable adults.

We spoke with the practice manager regarding safeguarding issues and she said there had not been any safeguarding referrals made as none had been necessary.

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

We saw that all surfaces were clean and that rooms were tidy with no clutter. There was a good supply of gloves, wipes, liquid soap, paper towels and hand gel available. The registered manager explained that as far as possible, single use equipment was used and this was then securely disposed of using a clinical waste procedure. Where this was not possible, the service had a contract with the Clinical Services Department at Darlington Memorial Hospital to ensure that instruments were correctly cleaned and decontaminated and were returned to the service in date stamped sealed packets.

During the visit we saw that staff wore short sleeved uniforms so that they could wash their hands thoroughly and to reduce the risk of contamination from clothing. We were told by the practice manager that Dencall have a site specific contract with the NHS for each service they provide for decontamination of instruments. The instruments are returned to the specific site after use for cleaning and returned sterilised.

Dencall had policies for infection control, hand hygiene, transfer of contaminated instruments. The decontamination sheet for dental nurses set out exactly what they had to do with contaminated instruments, they were to be put into a bag in a box with a green lid for identification taken to a utility area and put in a blue box and secured with red ties. These would then be collected for cleaning. When the decontaminated items were returned, they were labelled with a strip which was heat sensitive and turned purple when it had been put through a heat cycle. The practice manager showed us some of these labels and told us she carries out regular audits to ensure the equipment had been appropriately sterilised.

The practice manager told us that before a dental nurse works at a Dencall site she assures herself by checking with their original practice that they have received infection control training this is also part of a dental nurses continual professional development (CPD) a condition of their registration with the General Dental Council (GDC) and all of the nurse who work at the sites are qualified. The staff records that we viewed showed that staff had hepatitis B vaccinations to safeguard them in the workplace.

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.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

Reasons for our judgement

We spoke with the practice manager about how Dencall staff its emergency surgeries. We were told that dental staff are qualified and supplied to them from practices in the local area in which the service operates. The surgeries from where the dental staff were chosen from would have recruited the staff to their own practice standards and they would be inspected by CQC.

At the time of our visit there was one dental nurse and one dentist at the service. We saw the nurse and dentist speaking with patients in a courteous and professional manner. The dental nurse explained she worked within another local practice during the week and worked on a rota system for this emergency weekend work. She told us she had been trained in safeguarding children and emergency first aid and both the dentist and the nurse told us they maintained their professional registration with their relevant registration bodies.

Dencall had record of the staff they used. We looked at a sample of four members of staff, one from each emergency location. The dental nurses all had a current General Dental Council (GDC) registration which was up to date and all had a recent CRB (police clearance check).

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

We discussed with the practice manager how she monitors the quality of the service which Dencall provide. She explains how she carries out a triage audit of each of the emergency locations. They collect data on number of patients seen, date, time and day. They look at which postcode area they are from and who is registered with a dentist and who is not. They monitor how the patients access the service, what the presenting complaint is and if they are accepted for clinical care, to see if there are any improvements or changes which need to be made to the service.

We were told that each patient receives a patient questionnaire after treatment. The questionnaire asks if they are adult or child, how long it took for them to get through on the telephone. How long for the dentist to contact them, how long until they received treatment and what the presenting complaint was for example, swelling, toothache or bleeding. The questionnaire then asks how the treatment was. The questionnaires are then collated on a quarterly basis and the results sent to the NHS with whom the contract to provide the service is with. This helps the provider to monitor the quality of service.

We saw the complaints procedure which was used which set out how complaints should be dealt with and brought to a conclusion. There had been no written complaints in the last twelve months. The provider had the appropriate policies in place for staff for example on confidentiality, infection control, hand hygiene and decontamination of instruments.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
