

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

Mackworth Dental Practice

35 Humbleton Drive, Mackworth, Derby, DE22
4AU

Tel: 01332380490

Date of Inspection: 29 November 2012

Date of Publication: January
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	Rodericks Limited
Registered Manager	Miss Sarah Campbell
Overview of the service	Mackworth Dental Practice provides dental care to NHS patients, with some limited private work.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures 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	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People we spoke with told us they were involved in decisions about their care and treatment options. This was confirmed by our observations on the day. One person told us "The staff are very friendly here and the dentist is brilliant with children".

People told us they felt the practice delivered care and treatment in a way that met their needs and felt safe when they had treatment. One person told us "I've been coming here a couple of years and it is great. My family come here as well".

Staff could give us examples of types of abuse and possible signs of abuse. They were also aware of the reporting procedure for safeguarding issues.

We saw that there were effective systems in place to reduce the risk and spread of infection.

The provider has effective recruitment and selection procedures in place and carries out relevant checks when they employ staff.

The provider had clear systems in place to obtain feedback from all persons involved in the service as well as auditing their own 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 privacy, dignity and independence were respected. 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

We spoke with two people who used the service. They told us staff were friendly and approachable and spoke to them in a respectful way. They told us staff treated them with dignity and communicated well. This was confirmed by our observations on the day. One person told us "The staff are very friendly here and the dentist is brilliant with children".

The people we spoke with told us they were involved in decisions about their care and treatment options. This was confirmed by our observations on the day. One person told us "The dentist discusses with me what treatment I need".

We saw patient treatment plans which showed that the options available for treatment were recorded. The options available were provided in writing, prior to any treatment so that consideration could be given by the patient. This shows that people were involved in making decisions about their care and treatment.

We were told by the practice manager that if people need to speak about their treatment privately they could use her office rather than the reception area. People we spoke to confirmed this. This shows that people's privacy and dignity was respected by the provider.

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 spoke with two people who used the service. They told us they felt the practice delivered care and treatment in a way that met their needs and felt safe when they had treatment. One person told us "I've been coming here a couple of years and it is great. My family come here as well". Another person told us "I changed to this dentist because it means I don't miss any appointments due to bad weather as I can walk here".

People we spoke to told us they had not had any difficulty in making appointments.

We saw that the dentist spoke regularly about what she was doing to people using the service. She would call people by their name and explain everything that she was doing prior to doing it. Throughout the treatments she would provide reassurance to the person, putting them at their ease. This shows that the provider was delivering care and treatment so that people were safe, their welfare protected and their needs met.

We saw that all members of staff had received training in first aid. There is emergency medicine and oxygen located in an easily accessible place if needed. We saw that the equipment was well maintained and regularly checked and that medicines were stored correctly. This shows that there were arrangements in place to deal with medical emergencies.

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

We spoke with two people who use the service. They told us they felt safe at the service and never seen anything of concern.

The dental practice had a copy of Derbyshire and Derby City Safeguarding Adults policy as well as Safeguarding Children Procedures. The staff had received safeguarding training and this was also regularly discussed at staff meetings. In addition to these policies, procedures and training being in place the dental practice had their own internal safeguarding and whistle blowing policies. The internal policies had contact numbers for people in different organisations, such as social services, who could be contacted should a safeguarding issue be identified. Contact details for different agencies were clearly displayed for staff in the staff room.

We spoke with two members of staff. Both members of staff provided us with examples of types of abuse and possible signs of abuse. They were also aware of the reporting procedure for safeguarding issues and had seen a copy of the practice's safeguarding policy and knew where it was kept if they needed any specific telephone numbers. This shows that 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.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We spoke with three people who used the service about the cleanliness of the practice; they told us they felt the practice was clean. One person told us "Everything is clean".

Both people told us staff always wore gloves and other protective clothing to prevent cross contamination and ensured people who used the service wore protective goggles. This was confirmed by our observation on the day.

We spoke with two members of staff. The staff members we spoke to told us that they had received training for infection control and had received and read the practice's infection control policy. Both staff members described to us how they managed infection control within the surgery showing that they had a good knowledge of procedure.

We looked at the decontamination procedures for the dental practice.

The dental practice had a small decontamination room which was separate from the treatment area. We saw that the 'dirty' decontamination area and the 'clean' decontamination area were clearly identified. Used dental instruments were brought into the decontamination room in a 'dirty' box and were passed through the decontamination procedure. Sterile instruments were then stored using a traffic light system. The was 7, 14 or 21 days for the recirculation of dental instruments depending on what they were. Sterile instruments were taken to the treatment area in a sterile box. This showed that there were effective systems in place to reduce the risk and spread of infection.

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

We looked at two personnel files.

The personnel files all contained application forms for positions, notes from staff member's interviews were in most, as well as reference requests. References were sent to the provider's head office so were not available for us to view. All staff had enhanced criminal records bureau (CRB) checks. Identification had been provided and checked prior to the CRB applications being submitted. CRB checks were carried out prior to people starting to work for the provider.

This shows that the provider has effective recruitment and selection procedures in place and carries out relevant checks when they employ staff.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the provider had carried out a patient survey in June 2012. The results of the survey had been analysed and an action plan put in place, which was due to be discussed at a future team meeting. This shows that the provider had gathered information from people who use the service and were making necessary changes to improve the service.

We saw that the provider carried out audits of their service in a number of areas. The audits covered patient records, prescriptions, infection control as well as technical audits relating to equipment. The audits had all been carried out recently. The provider audited infection control every three months. All of the audits had an analysis attached and action plans so that the service could be improved. We also saw that the Area Manager and the Clinical Director carried out checks of the dental practice on a regular basis. This shows that the provider continually reviews their practices.

We saw that the provider records adverse events, incident and near misses.

We saw that the provider had a complaints procedure in place. The procedure included both internal methods of dealing with complaints and external agencies that people using the service could complain to. There had been no complaints received about the provider. This information was also displayed in the reception area.

We saw that the provider had a disciplinary policy for staff and clear guidance about investigations into any misconduct by a person employed. There had been no investigations by the provider as none of the staff had misconducted themselves.

The provider had environmental risk assessments in place which showed that they monitored and managed risks to people who used, worked in or visited the service.

We saw a maintenance plan with renewal dates for testing various areas such as fire extinguishers and fire risk assessments and portable appliance testing. This showed that the provider was identifying and managing potential risks within the dental surgery.

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.
