

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

Cromwell Place Surgery & Dental Practice

Cromwell Place, St Ives, PE27 5JD

Tel: 01480462206

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Cromwell Place Surgery & Dental Practice
Overview of the service	Cromwell Place Dental Practice provides primary care dental treatment to adults and children who receive treatment as NHS patients.
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'.

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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 15 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People we spoke with were very positive about the care and treatment they received from the dentist's in the practice. People said they were able to get an appointment when necessary. One person said their dentist was, "Pretty good and has a good sense of humour." People told us their appointments usually kept to time and they were aware of the cost of their treatment. The staff telephoned reminders to patients to ensure the maximum number of appointments were filled. The practice was looking at the use of text as a further method of reminding people about their appointment times. One person told us the practice was, "...very user friendly. Although the practice is busy you have no problem getting through. "

The practice manager showed us suggestions placed in the suggestion box in the practice. One requested that staff had name badges and this had been implemented.

The practice manager stated that a recent survey completed by the Primary Care Trust (PCT) about the practice showed that there were no issues or suggestions necessary. The practice manager said the dental practice intended to send a postal questionnaire to patients, during 2013, to assess and monitor the quality of the service 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

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.

Reasons for our judgement

During our visit on 15 January 2013 we spoke with five people who were receiving treatment and one family member who accompanied their relative. They were all very complimentary about the surgery and staff. They all said they were aware of the treatment that was to be undertaken and had information about their treatment options. Every person we spoke with told us they had been attending the dentist surgery for many years and were completely satisfied with the dental treatment they had received and with the range of treatments the surgery was able to provide.

We saw a variety of leaflets in the reception area that provided advice to people about the costs of treatment, general oral healthcare and other issues around medical problems that could affect people's dental wellbeing.

We heard the reception staff speak with people who arrived for their appointments, paid for the treatment after seeing the dentist and made another appointment and they were caring, polite and respectful.

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 five people who were attending the dental practice during our inspection. They told us that they had been asked if there had been any changes in medication or health by the dentist. We spoke with one relative who commented that the dentist had ensured their relative understood why they were attending and what was to happen. This meant their relative's welfare and safety was reflected in the care provided. People told us they had been with the dental practice for many years and the dentists were "...so nice."

We saw the dental records for two people, which had been completed at the time when they had been treated. Most records were kept on computer, however where signatures had been required, paper copies were kept. These records included checks on each person's health and whether they were taking any medication, or if their prescribed medication had changed since their last visit. Where there were assessed risks due to people's health, allergies or anxieties, these had been flagged up as warning signs on the surgery's computer system. This ensured that the correct planning of treatment could be made and had reduced any risk of unsafe and unplanned treatment. People we spoke with confirmed that they had been asked about their medication and health each time they attended the dentist. We saw that two people were completing a new medical form before seeing the dentist and they told us the receptionist had provided them to be completed.

The dental practice shared premises with a GP's surgery and the dental staff said that if there were to be an emergency the doctors would be available to assist. The provider said many of the dentist's patients were also patients of the GP surgery. There was emergency equipment available in the dental practice and staff said they had received training in First Aid.

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

The practice had suitable policies to safeguard children and vulnerable adults. Staff were able to show us the information about the local authority's role and their safeguarding teams as well as the telephone numbers and the way to make a referral. When we spoke with staff they were aware of these policies and demonstrated they were able to appropriately report a concern, or allegation of abuse to the local authority safeguarding team, should they need to.

The provider said that all staff had completed on line training to safeguard children and vulnerable adults from harm and staff we spoke with confirmed this.

One family member said their relative was treated very well. Staff were positive in the way they treated their relative to ensure their vulnerability was recognised and dealt with, which meant their rights were respected and upheld.

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 noted that staff and dentists wore appropriate short sleeved clothing and personal protective equipment such as aprons, gloves and eye shields for decontamination processes and when undertaking direct patient care to reduce the risk of infection.

We checked a number of good practice areas required by the Department of Health (DoH) under the implementation of HTM 01-05: 'Decontamination in Primary Care Dental Practices', which looks at infection prevention and control issues. Instruments had been appropriately wrapped and dated with the date by which they had to be used clearly visible. The dental nurse said that any packs that had not been used prior to the date noted, were re-sterilised.

There were audits for the regular checks of cleaning equipment and yearly servicing, which we saw during the inspection. Hand washing facilities and instructions had been posted on walls in strategic places to remind staff of safe techniques to prevent infection.

The clinic had a separate decontamination room to undertake the cleaning and sterilising of used surgical instruments. The dental nurse demonstrated the procedure for cleaning dirty instruments, which included the ultra sonic bath and autoclave systems, which ensured people were protected from the risks associated with cross infection from surgical instruments. The observed processes adhered to the published guidelines written by the Department of Health (DoH) for primary care dentists. We saw records completed daily, weekly and monthly in relation to specific audits had been recorded for the sterilisation process and frequency of use of the autoclaves.

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

Reasons for our judgement

Staff we spoke with had been working at the practice for many years and enjoyed their jobs. They told us they had received training in safeguarding children and vulnerable adults and how to report any issues.

There were formal systems of staff appraisal in place and evidence of questionnaires completed by staff prior to their appraisal meeting were shown to us. The practice manager said that any areas noted on the forms were discussed during the appraisal. The questionnaires covered things such as staff's work life balance their training and development and their job and organisation. We noted that there were team meetings to discuss effectiveness of the service and that training had been provided during the 12 months prior to the appraisal.

Staff said they felt well supported to provide the necessary treatment to people using the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was information available to people that showed the practice's complaints leaflet could be obtained from the reception. The leaflet was comprehensive and provided people with details of other professional bodies they could complain to if necessary. The practice manager said the details of the Care Quality Commission would be added immediately and we were confident this would be done.

We spoke with six people at the surgery who all said they did not know about the complaints procedure, but said they were very happy with the service they received. All those we spoke with commented that they would speak to the receptionist or dentist if they were unhappy with anything.

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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