

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

## Park Chambers Dental Practice

61 Molesworth Street, Wadebridge, PL27 7DS

Tel: 01208812450

Date of Inspection: 04 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Park Chambers Practice Limited
Registered Manager	Dr. Ian Temple
Overview of the service	Park Chambers is a two surgery practice with three dentists and a hygienist providing mainly private but some NHS services.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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We spoke with four patients who attended on the day and asked them for their comments about the practice. They all commented that they were treated with courtesy and respect when they arrived and found the reception staff helpful. One patient described a friendly and nice atmosphere. Another patient said that they were very accommodating on the phone and were usually seen promptly when they arrived.

All of the patients we spoke with said that their treatment was explained carefully to them so that they understood their treatment options.

Patients all told us that they were given good advice on how to care for their teeth and gums so that they were able to maintain good oral hygiene.

One patient who was attending for the first time said that they were nervous and had attended this practice as it had been recommended to them. They said that they had been treated well to relieve his pain and found the, "Whole place reassuring".

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

Staff received appropriate training and development which supported them to deliver care and treatment safely.

Records were accurate and fit for purpose and stored securely.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected and their views were taken into account in the way their treatment was planned and delivered.

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### Reasons for our judgement

Patients were given appropriate information and support regarding their care and treatment. There was information leaflets available to patients about private and NHS services so that they could make an informed decision about which treatment they preferred. There was a practice information leaflet which contained information about the staff, surgery times and an out of hours contact so that patients knew what they could expect from the practice. We saw that there were also leaflets on how to look after your mouth and how to complain about the service. We were told that new patients to the practice were given welcome pack before they were seen.

Patient's understood the care and treatment options available to them. We saw in the records that patients were given options and enough information to give consent for the treatment and this was confirmed by all of the patients who we interviewed. Patients were given printed treatment plans. We observed one patient's treatment who had attended with pain and after a thorough examination, x-rays were taken and a diagnosis reached. This patient was then offered appropriate treatment options so that they could make an informed decision about what treatment they wanted to have done.

Patients expressed their views. We were shown survey forms that were offered to patients and there was a suggestion box available for comments by the door. We told by the dentist that they were not used very much and the comments were mainly positive. He told us that in response to some comments the practice was now offering some Saturday and evening appointments. We were shown the complaints file which contained one record of a complaint that was satisfactorily dealt with.

Patient's privacy was respected. We watched the receptionist deal with patients who had just arrived and were leaving to pay their bills and make new appointments. We also listened to how telephone contacts were handled. We found that they were dealt with in respectful and helpful way. The reception desk was in the waiting room but we saw that the receptionist spoke quietly offering a level of privacy for discussions when patients arrived and left. This was confirmed by all of the patients we spoke with and they said that

this was always the case.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Patient's needs were assessed and care and treatment delivered in way that was intended to ensure their safety and welfare.

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**Reasons for our judgement**

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Patient's needs were assessed and care and treatment was planned and delivered in line with their individual needs. We reviewed four sets of patient records. They all contained up to date medical histories, an assessment of both the soft and hard tissues of the mouth with a mouth cancer risk assessment. This allowed treatment to be given in an appropriate and safe manner. One NHS patient records contained the required forms which were needed for consent and agreement to proceed with treatment. Private patients were also given written plans and estimates and these were stored electronically in their records. We saw these printed while we were in the reception area and later the patients we interviewed confirmed that they felt well informed about the treatment and its costs. We were additionally shown the record cards for three patients who had learning difficulties and saw that the parents were involved with the consent process at every stage.

We saw that patients are referred to other services where appropriate. We saw a case where a patient who was initially assessed to have gum disease and was referred to a hygienist for a more in depth assessment. The treatment provided was seen to be targeted appropriately towards this disease and a maintenance program established.

We saw from the records that good contemporaneous records were kept of treatment done and materials and drugs used. We saw examples of where x-rays had been taken. The reasons for taking them were recorded along with any comments and a report on what was found.

The dentist showed us the radiation protection file which contained a log of all the equipment, certificates of maintenance, staff training and a record of x-ray quality audits so that patients and staff can be assured that the equipment was well maintained.

There were arrangements in place to deal with foreseeable emergencies. The medical emergency kit was inspected and the emergency drug box was in date and a system seen to keep it so. The drugs and equipment were compliant with the standard required by the British Resuscitation Council. One of the staff told us that the level of training they received was good and they felt confident to deal with an emergency should one occur.

We saw that a fire risk assessment had been carried out and appropriate alarms and equipment were present and serviced. We asked the receptionist what the procedures

were in the event of a fire and she was able to tell us. There was a certificate of public liability.

Both surgeries were situated on the ground floor so that they were accessible to people with limited mobility.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

Patients' were protected from cross infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We saw that the practice had an infection control policy and the required protocol to ensure it was adhered to. Training and cleaning schedules for the staff were seen. The clinical staff had hepatitis B vaccination certificates and these were seen in their files.

We saw that the surgeries were clean and well equipped with uncluttered worktops. All the instruments seen were stored correctly in bags. Single use instruments were used and disposed of correctly and the required personal protection items were available for both patients and staff. The nurse showed us the procedures taken to clean down between patients and the products needed for this were seen.

The way the practice managed clinical waste was seen to be correct and a contract note was shown to us for its removal.

The practice did not have a separate decontamination room although a plan to introduce one was described to us. Decontamination of instruments was carried out in one surgery which had an ultrasonic bath and an autoclave. The other surgery had a small room annexed to it where the cleaning and sterilising was done. A nurse showed us how the dirty instruments were cleaned in the ultrasonic bath, rinsed, inspected and sterilised correctly. She the showed us how these instruments were moved to a clean area and bagged with a 'use by date' written on it. Both the autoclaves and ultrasonic baths were routinely checked by the staff and professionally maintained as required. Evidence to support this was shown to us. Satisfactory cleaning was checked by weekly tests to detect any residual protein left on the instruments.

We were shown that a rolling three monthly audit of cross-infection control was carried out in compliance with current guidance.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We were shown files for every member of staff and two of these were inspected. These files contained certificates for hepatitis B, General Dental Council registration and criminal records Bureau (CRB) as well as job descriptions and training records. We looked at the file for a dental nurse who had been with the practice for two years and whose role rotated between nursing and reception duties. She told us that she felt well trained and supported during her time with the practice. Both the records we inspected contained signed copies of the training given to staff in core areas such as health and safety, x-ray protection, cross infection control, medical emergencies as well as legislation and internal managerial issues. This meant that staff had the training they needed for their role.

The staff all had an annual appraisal and evidence of this was seen so that they had the ongoing support they needed to be effective in their role.

Practice meetings were held monthly with fixed agenda items and these were recorded. We were shown the records for the last three meetings. There was an opportunity to record and discuss any adverse events during these meetings so that the practice could learn lessons to continually improve the service they provided.

We were shown the policy on how to express concerns and whistle blow. We later asked a member of staff if she felt she could follow this process without intimidation and she felt she could.

## Records

✓ Met this standard

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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### Our judgement

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The provider was meeting this standard.

Patients were protected from unsafe and inappropriate care because the practice records kept were accurate, fit for purpose and held in a confidential and secure way.

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### Reasons for our judgement

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Patient's personal records including medical records were accurate and fit for purpose. Four sets of patient's records were inspected for quality and were found to be fit for purpose. They contained patient details, updated medical histories, full oral assessments of both the teeth and gums with good contemporaneous notes of discussions with patients and procedures, drugs and materials used. Patient's electronic records were password protected and the card records stored in a lockable cupboard so that patients can be confident that their personal information is stored securely.

We were shown that audits had been carried out on record quality as part of a rolling quality assurance program. This meant that the provider was monitoring the quality of their record keeping.

Staff records and other records relevant to the management of the service were accurate and fit for purpose. The practice records relating to health and safety, risk management, cross infection control, radiation protection, child protection, information governance, complaints, legislation and employment were all seen to be well managed and accessible to staff.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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