

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

Swinton Dental Practice - Swinton

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Mrs. Coral Lundean
Overview of the service	Swinton Dental Practice is situated in the Swinton area of Rotherham. The practice comprises of a reception, two waiting areas and three treatment rooms. It has disabled access and toilet facilities. The practice provides NHS dental services and occasionally private treatments are offered.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 8 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who used the service told us they received the treatment they wanted and were given options. One person told us, "The dentist always takes time to explain what they are doing." People said they felt able to express their views.

We spoke with three people who said they had used the practice for a number of years. They told us that they found the staff very welcoming and approachable. One person said, "They look after you here and put you at ease." Another person said, "The staff are very nice and explain everything."

We spoke with three people who used the service and they all said that the environment was always clean and tidy. Processes were in place to ensure that equipment was safe to use and clean. "One person said, "The whole practice is clean every time I visit." People told us staff wore protective gloves and masks when treating them. They also said they were offered protective goggles and clothes protection during their treatment.

The practice had a process in place to monitor people's views about the service offered. People we spoke with told us that they had never had to complain about the 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their treatment.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We spoke with three people during our visit to the practice. They told us how the dentist explained what treatment they required. They also told us that they were given a treatment plan to take away with them. This gave the person time to consider their options. Patients were invited to ask questions about their proposed treatment. The treatment plan identified the treatment required and the cost.

People expressed their views and were involved in decisions about their care and treatment. The practice regularly asked people for their views and opinions about the service. We saw some results of this and found them to be very positive. We saw that the results of the surveys were analysed and discussed in staff meetings.

The practice had three surgeries, with two being located on the ground floor. This enabled people with limited mobility access to treatment. There were toilet facilities which could also be accessed. The practice also had a portable loop system in place which could be used in reception and all surgeries.

Information available to people in the waiting rooms included the emergency contact number, opening times, and the complaints procedure. Dental health promotion information was also available.

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

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. We saw people's records were comprehensive. They included information about what treatment had been given and treatment plans. Records were stored securely in a locked cupboard in reception. We spoke to three people who used the service and they all said that they completed a medical history form at each visit. We saw evidence of this in the persons file. We saw that fees were communicated to people via the treatment plans.

There were arrangements in place to deal with foreseeable emergencies. We saw the emergency resuscitation kit was kept in one of the surgeries situated downstairs. This was accessible for use quickly. There were systems in place to ensure that all the equipment was ready for use. We spoke with two staff who demonstrated a clear understanding on how they would respond to medical emergencies. The dentist leading the inspection confirmed that all staff had received training in basic life support skills.

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

There were effective systems in place to reduce the risk and spread of infection. We saw that the environment was clean and organised. We also saw that there were decontamination areas in the upstairs surgery and in one of the downstairs surgeries. All instruments were scrubbed and cleaned under a light and magnifier and then placed into a steam autoclave. We saw that the dental nurse wore gloves, a mask and visor while cleaning the equipment. Clean instruments were then stored in sealed packets and dated. The dentist leading the inspection told us that the instruments were sterilised again after 21 days if they had not been used.

We saw that all of the surfaces and flooring in surgeries and decontamination areas were easy clean to help reduce infection. Protective equipment such as aprons, goggles, masks and gloves were readily available for staff. People who used the service were also supplied with protective equipment depending on the treatment they received.

We saw that records were kept and checks took place on the autoclave and sterilisation process. We saw that an infection control audit was carried out on a six monthly basis. There was an incident book which was used to record injuries. Staff were knowledgeable about the waste disposal policy. They were able to explain the procedure for the disposal of clinical waste and sharps.

General cleaning of the practice was done by a cleaner who visited the practice daily after the practice was closed.

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 treatment safely and to an appropriate standard

Reasons for our judgement

Staff received appropriate professional development. We spoke to two staff who felt that they were supported to develop their skills. We saw records which indicated that staff had received training. This covered subjects such as oral health, basic life support, medical emergencies and cross contamination. These courses were repeated on a yearly basis. This ensured that staff had up to date knowledge in these areas.

Each member of staff had a personal development plan. We saw that these were individual and looked at general learning areas and specific learning objectives. This showed that staff were given the opportunity to develop their skills. All dentists had taken part in continued professional development as part of meeting the General Dental Council requirements.

Staff told us that they received regular updates about the profession and the practice. This was done at staff meetings which were held about six times a year. We saw records of these meetings and the personal development plans of 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 in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service were asked about their views regarding their treatment and the practice. We saw that a comments book was available in the reception area for people to record any concerns or positive experiences about the practice. The dentist leading the inspection also told us that an annual survey was completed. These surveys had then been discussed in the staff meetings. We saw records of the surveys and noted that people had made positive comments.

The provider took account of complaints and comments to improve the service. The practice had a complaints procedure and logged any complaint that they received. This detailed the complaint, action taken, follow up and the outcome. Staff told us that they had received very few complaints, but where they had the procedure had been followed. We spoke with three people who used the service and they told us that they had never needed to complain. They felt that they would be able to speak with staff if they needed to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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