

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

St Edward Street Dental Practice

47 St Edward Street, Leek, ST13 5DN

Tel: 01538399288

Date of Inspection: 27 November 2012

Date of Publication:
December 2012

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
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mr. Peter Phillips
Registered Manager	Mr. Peter Phillips
Overview of the service	This dental practice offers NHS dental care and treatment for adults and children.
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
Cleanliness and infection control	8
Requirements relating to workers	9
Records	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 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 27 November 2012, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

This was the first time we had inspected at this practice. We spoke with five people and asked them about their experience of treatment at the practice. We also spoke with the senior dentist and their staff about working at the practice.

People that used the practice told us that they were supported to be involved in all aspects of their treatment. Everyone told us that they were recommend the practice to other people. One person told us that, "I have been coming here for years and would not go anywhere else. They know me well and are very patient."

People received care and treatment that was planned to meet their needs. All consultations were recorded and any change in people's health needs taken into account when planning any treatment. People we spoke with told us that appointments were easy to book and that they could access emergency appointments the same day. One person told us about how flexible the practice had been to help arrange an appointment at short notice. They told us, "Staff moved heaven and earth to change my husband's appointment."

The practice had procedures in place to provide a safe environment of care. There were effective staff recruitment processes in place. There were clear procedures to ensure that the practice was kept clean and that all dental instruments used were thoroughly cleaned and sterilised between each use.

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 were treated with respect and supported to be involved in decisions relating to their care and treatment.

Reasons for our judgement

People were supported to be involved in all aspects of their treatment. The people we spoke with told us they were involved in making decisions about their care and treatment. We were told the treatment was always explained, and the options available to them were discussed before any decisions were made. One person told us "I could ask all the silly questions I wanted."

Staff described how they would involve people who needed more support to understand their treatment and what would happen. One person we spoke with was very appreciative of the respect shown to their relative and how they were treated as an individual, following a recent illness that affected their level of understanding and communication skills. We were told by staff that if a person needed an interpreter then this could be arranged so that people understood their treatment and could make their preferred options known to the dentist.

During our inspection visit, we observed a number of people coming in for their appointments and heard a number of phone call conversations. The staff were friendly, helpful and courteous. None of the conversations were rushed and staff took time to respond to queries and concerns. One person told us that, "I have been coming here for years and would not go anywhere else. They know me well and are very patient." Another person said ""Staff are absolutely brilliant." We saw that doors to consultation rooms were closed during people's appointments to maintain their privacy.

The practice welcomed feedback from people about the treatment and care they had received. There was a suggestions box available and annual surveys were completed. We saw that the feedback from the most recent survey had been reviewed and acted upon.

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

Our judgement

The provider was meeting this standard.

People received care and treatment that met their needs.

Reasons for our judgement

We spoke to five people and asked them about their experience of treatment at the practice. Everyone told us that they would recommend the practice to other people.

People we spoke with told us that appointments were easy to book and that they could access emergency appointments the same day. The practice provided a reminder service to help people to keep their appointments. One person told us "I get an instant appointment when I ring to book in and then a letter to remind me nearer the time." Another person told us about how flexible the practice had been to help arrange an appointment at short notice. They told us, "Staff moved heaven and earth to change my husband's appointment."

Both dentists we spoke with were able to explain to us how they would make adjustments to the way a consultation and any treatment was carried out involving a nervous patient. This included extended appointment times. Two of the people we spoke with were nervous about going to the dentist. They both told us that the dentists picked up on their anxiety before they said anything, and that allowances such as extended appointment times were organised.

We found that a detailed dental and medical history was taken as part of the assessment of people being treated at the practice for the first time. People's medical information was reviewed and updated on an annual basis and as part of every appointment. A general oral health check was completed as part of every appointment, to include a check for any signs of mouth cancer.

General health and oral care advice was always given as part of people's consultation or treatment. The frequency of check ups and follow up treatment was based on people's ongoing dental needs. Where no ongoing treatment was required, people had follow up appointments at six to 12 month intervals, at the discretion of the dentist and as agreed with people. The records we reviewed showed evidence of recall for check ups and treatments based on people's individual needs and treatment plan.

We found that that policies and procedures were in place to provide clear guidance to staff. Staff told us that these were reviewed as part of their induction to the practice. These procedures included guidance for staff on responding to medical emergencies. There was also appropriate equipment available ifor use in the event of an emergency and evidence that this was regularly checked to ensure it was always ready for use.

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 treated in a clean, hygienic environment and protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We found that the practice provided a clean and suitable environment for treatment. We saw that personal protective equipment was available for staff to use. We saw that hand gel dispensers were located around the practice and hand washing facilities were also provided in treatment rooms.

During our inspection, people that we talked with gave us positive feedback about how clean the practice was when they visited. People we asked told us that the dentists and nurses always wore disposable gloves and offered them glasses to protect their eyes during treatment.

We found there were policies and procedures for cleanliness, decontamination and infection control. There were clear arrangements in place to ensure that treatment rooms were cleaned in between appointments, as well as at the beginning and end of the day. There were clear schedules in place to ensure staff knew how, when and where to clean to ensure cleanliness and infection control was adequately managed. All the staff we spoke with told us about their responsibilities for ensuring that good cleaning and hygiene practice was followed. There was evidence of ongoing training in infection prevention and control being provided to staff. Regular audits also took place to monitor staff practice and compliance with practice policies.

The practice had a dedicated room, where all the cleaning and sterilisation of instruments took place. We were given an explanation of the process in place for making sure that all dental instruments used were thoroughly cleaned and sterilised between each use. We checked instruments that had been sterilised and found them all to be in date for use.

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.

Reasons for our judgement

We looked at the recruitment information for two members of staff and found there were effective recruitment and selection processes were in place. All the necessary checks had been completed to ensure that staff working in the practice were suitable to work with vulnerable people. These checks included that where relevant; staff were registered appropriately with their professional body.

We spoke with the two members of staff about the quality of the induction and ongoing training they received. Both were positive about the induction and ongoing training opportunities provided. One member of staff had no previous dental practice experience. They told us that the training provided them with the necessary skills and knowledge for their job role in the practice.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The quality and accuracy of records relating to people's treatment protected people from the risk of unsafe or inappropriate care.

Reasons for our judgement

During our visit, we reviewed the dental records of seven people treated by the practice to check that records provided adequate information on people's dental history. All treatment plans were recorded in writing and set out all the treatment that had been discussed and the total costs. A detailed record of the examination, treatment agreed and completed, and any after care required was then made.

Detailed records of people's preferences and specific risks that would need to be taken into account were made, providing continuity of care. Any allergies were clearly recorded within clinical records and were alerted to staff each time the person's record was accessed. The alert system was used to bring other specific needs to the attention of staff, such as people who got very anxious at visiting the dentist.

We were told that if a person was unable to access the dental practice due to their health, age or physical disabilities a dentist would visit them at home. It was confirmed that the visiting dentist would ensure that a person's records were updated at the earliest opportunity to maintain continuity of care.

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.
