

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

Ms S Suleman Church Lane Dental Practice

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ms. Shivaun Suleman
Overview of the service	Church Lane Dental Practice offers private dental care and treatment for adults and children. The practice provides orthodontic treatments. In some cases people may be treated on a NHS basis.
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	5
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
Assessing and monitoring the quality of service provision	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 17 October 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with stakeholders.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people using this service. We planned and discussed this inspection with the staff at the practice two days in advance. This was to ensure that we had time to see and speak with staff working at the practice, as well as people registered with the practice.

We spoke with both dentists, the practice manager and two dental nurses. We reviewed four dental records, two staff files, some of the practice's policies and procedures and their quality audits.

We spoke with eight people who were registered with the practice. People that used the practice told us that they received care and treatment that was planned and met their needs. People told us that they were very satisfied with the service and had been using the practice for many years. Some families had four generation attending appointments.

All consultations were recorded and changes in people's health needs were taken into account when planning any treatment. General health and oral care advice was given as part of the treatment. People we spoke with told us that the practice was always clean and tidy and they had no concerns about the hygiene.

The practice followed a robust recruitment procedure and we saw that the necessary checks were made prior to employment. They monitored their service for the quality of care, safety of treatments and overall patient satisfaction. This ensured that any issues were identified and responded to.

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 care.

Reasons for our judgement

We spoke with eight people using the service who told us they were very satisfied with the care and treatment they had received. We spoke with people who needed support with mobility and used the ground floor surgery, people whose children also used the service and people who had been anxious patients. We did this to ensure the provider met the needs of the diverse group of people using the service.

With the staff, we looked at the process for taking new patients and we were shown the information that people received, the dental plans and the medical history form. Staff explained the importance of gaining the personal history so that treatment could be planned appropriately.

In the practice there were information leaflets available to inform people about the care and treatment available. The dentist told us that different formats such as large print and languages other than English, were available upon request. We saw a comments box available for people to leave feedback following their visit.

People told us that the payment options were explained to them when they joined the practice. Some people paid privately for all treatment and some had joined a payment scheme, which enabled them to pay a monthly amount for routine check-ups and dental hygiene.

People using the service told us that the dental staff had explained the care and treatment choices available to them and had been given a written treatment plan to consider how they should proceed. People told us that they were given time to decide on the options and they were given advice.

People told us, "The staff are reassuring and very friendly. I get the appointments when I need them and the treatment is always discussed at length and generally they give me several options". This meant that people were involved with their care and given time to consider all the options.

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 eight people about the quality of treatment received. People told us they were delighted with their treatment and that staff were friendly and always gave a warm welcome. The practice was accessible for people with mobility disabilities as there were treatment rooms on the ground floor.

One person told us, "I have only ever been to this dentist. My parents came here too. I cannot fault the attention I get here. I am always given a choice of treatments and given time to decide". Another person told us, "This is an excellent service. They have done a great job with my teeth. Very satisfied and have been for 20 years. You always receive a professional service here".

People told us that they we were well informed about all the treatments. We were told, "It's a first class service with fantastic results. They tell me how to improve my oral hygiene and look after my teeth".

People told us they could arrange their treatment when needed and the appointments were flexible to meet their needs. They told us that if the dentist was running late the reception staff would let them know this was the case and if they wanted to they could rebook for another time. Two people gave us examples of being able to see a dentist quickly, when urgent treatment was required. One person told us, "They're brilliant. It's the safest dentist I have been to and they're so gentle. The place is always immaculate".

During our visit, we reviewed the dental records of some people including children treated by the dentists and hygienist. We saw ongoing records of treatment provided to people that showed continuity of care and contained information on any specific risks or preferences for people.

We found that the all staff involved in the delivery of treatment took detailed dental and medical histories, carried out an examination and took consent as part of every appointment. This meant any necessary changes to people's treatment plans could be made. The frequency of check ups and follow up treatment was based on people's individual needs and current oral and dental health. The dental nurse showed us evidence of how the dentists referred people to other services should the need arise.

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

People we asked told us that the dentists and nurses always wore disposable gloves and offered them glasses to protect their eyes during treatment.

The Code of Practice on the prevention and control of infections for health and adult social care requires providers to have adequate systems in place to prevent and control infection.

During our visit, we found that the practice provided a clean and suitable treatment environment with systems in place to prevent and control infection. We saw that personal protective equipment was available for staff to use. We saw that hand gel dispensers were located around the practice and were in good working order. Hand washing facilities were also provided in treatment rooms.

The registered provider provided ongoing training in infection prevention and control for staff. Staff told us that they had undertaken training in hand hygiene, decontamination, waste disposal and blood borne viruses.

People we spoke with told us how clean the practice was when they visited. One person told us, "It's always spotless; I wouldn't come here if it wasn't".

Another person told us, "Everywhere is always tidy and clean, including the toilets".

We saw evidence that the registered provider had established policies and procedures about cleanliness, decontamination and infection control. We found that there were clear schedules in place to ensure staff knew how to ensure cleanliness and infection control was adequately managed. A dental nurse explained the instrument cleaning regime to us.

There was a dedicated decontamination room for the practice, where all cleaning, checking and sterilisation of instruments took place.

We saw evidence that there were arrangements for the autoclave machines, used for sterilising equipment, to be checked regularly to ensure they were working efficiently.

Certificates were also available to show equipment used in the decontamination room was serviced at regular intervals. We looked at the procedures in place for checking and monitoring the safe disposal of clinical waste, needles or sharp objects and the testing of water to ensure required standards were maintained.

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 checked the recruitment records for two staff including the records of one dentist. We were told that before staff commenced at the practice, checks were carried out to make sure staff were suitable, which included obtaining an application form, at least one reference and General Dental Council (GDC) registration numbers. We saw staff files contained copies of application forms, certificates and information that were relevant to their employment.

We saw that new staff completed a full induction programme which included training in infection control, resuscitation and practices within the surgery. Staff we spoke with told us they felt supported by the management and were given opportunities for on-going training and development. This meant that the staff were able to update their skills and knowledge to deliver an appropriate service.

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

People's views about the quality of service they received were important to the practice. The registered provider used information about people's experiences to understand where improvements were needed.

The quality of care provided was reviewed and issues responded to through audits completed, both in the practice and through checks completed by the local primary care trust (PCT).

The dentist showed us evidence that people's records were audited to monitor the quality of recording of medical histories and treatment plans. We saw evidence that this had taken place when we looked at a sample of people's records.

We found that ongoing health and safety monitoring of the premises was in place. These included management of the building, equipment service and repair, removal of clinical waste and water testing for Legionella. We saw that an accident book was used to record the details of any incidents or accidents.

We found there was a clear management structure and lines of reporting and decision making in place. Practice staff and people that received services were able to refer to the practice manager for guidance. We spoke with one person who told us, 'I would have no hesitation to discuss any issues with any of the staff. The staff ask us on every visit if everything was ok'.

Each person we spoke with told us they had not needed to raise any complaints about their dental care and treatment but if they did they would speak with the practice manager or dentist. We evidenced a relaxed, happy atmosphere in the surgery which was run by a vibrant and enthusiastic staff team.

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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