

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

Wolstanton Dental Practice

5 Ellison Street, Wolstanton, Newcastle-under-Lyme, ST5 0BJ

Tel: 01782713007

Date of Inspection: 01 February 2013

Date of Publication: February 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Pavan Najran
Overview of the service	Wolstanton Dental Practice offers NHS and private dental treatment to 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	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Supporting workers	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 1 February 2013, 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, talked with staff and talked with stakeholders.

What people told us and what we found

This was the first time we had inspected at this practice. We announced our inspection because we wanted to ensure the provider was available to talk to us. Before our visit we consulted with the primary care trust (PCT) that had responsibility for monitoring the practice contract compliance for NHS treatment. During our visit we spoke with all of the staff on duty, including the practice manager, the dental nurses and the provider. Following our visit we telephoned eight people who used the service to ask them about their experience of treatment 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 able to choose and were made aware of the costs of any treatment. People we spoke with were very complimentary about the practice saying, "The service is brilliant".

The practice demonstrated that the procedures to provide a clean environment for people's dental care and treatment were effective. We saw all dental instruments used were thoroughly cleaned and sterilised between each use.

Staff we spoke with told us that they were supported by the practice manager and received the training they needed to deliver good quality care and support. They also confirmed that they met regularly as a team.

The practice had robust systems in place for the management of complaints. We saw that any complaints were properly managed 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

Information about the practice, available treatments and the NHS costs were on display in the main reception and waiting room. People we spoke with told us that the dentist always took time to explain treatment options, the likely outcome and the time it would take. One person said, "Everything is always explained, the dentists are very patient". "There is a lot of information for you to look at and if you're not sure the 'girls' will always explain what it means".

We heard and observed reception staff treating people with respect and courtesy when speaking to them on the telephone and in the practice. People we spoke with were complimentary about how they were dealt with by all of the staff at the practice, saying, "They are very accommodating and amenable".

We spoke with staff about how they supported people who were nervous about receiving treatment. They explained how they ensured that people were as comfortable as possible, knew what they could expect and offered reassurance. One nurse said, "Sometimes we'll just chat away and this can relax and distract people from focussing on and worrying about what's happening. The dentists here are great though, they are always sensitive to people's needs, they are calm and patient".

We were told about one person who was very nervous about receiving dental treatment. We heard and observed staff and the dentist paying particular attention to the patient to ensure that they felt comfortable. We spoke with two other people who said that they were nervous patients, they told us, "I need lots of reassurance as does my child. I've found the practice has been particularly understanding and would not now go anywhere else". "I've had bad experiences in the past at other dentists. This practice was recommended and now all my family come here. I can't speak highly enough of it".

We observed that people's treatment was carried out in the privacy of the surgery, ensuring their privacy and confidentiality was maintained at all times.

We saw that information for people could be provided in other languages upon request. The practice manager confirmed that the practice accessed the NHS language and sign line service and could arrange for interpreters or sign language support as required. The practice manager told us that if people were known to need assistance with completing forms. A reminder appeared on the computer screen and they could be assisted discreetly.

We spoke with the dentist and the practice manager about accessibility into the practice for people who may have a physical disability. The practice manager told us that they had a ramp to aid access into the practice, but identified some concerns about the steep gradient. She also told us that she had been liaising with the council about the access. We saw that one of the surgeries was at ground floor level and was easily accessible. The practice also had suitable toilet facilities. This meant that the service had acted to ensure that it's facilities were acceptable to people who had mobility difficulties.

One person we spoke commented on accessibility saying, "They always are very helpful and understand my difficulties. It would be nice if I could have a home visit, but I understand this isn't possible".

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 staff and the dentist about the process of accepting a new patient and the assessment of their dental needs. We were told that full medical history forms were completed for new patients and at every routine recall appointment. People we spoke with confirmed this. One person said, "It can be a bit annoying to have to update them every time, but I understand why it's necessary".

We were told that treatment plans were printed and given to patients to ensure that they knew what the agreed treatment was. People we spoke with confirmed this.

The electronic record system detailed people's medical and treatment history. 'Pop up' prompts alerted staff to any concerns, changes or risks, for example allergies. The dentist we spoke with told us how they carried out thorough checks of peoples gums, teeth and soft tissue to check for any disease. These checks were recorded. People confirmed that these checks had taken place and the reason for them had been explained.

The practice manager and the staff we spoke with confirmed that they received cardio pulmonary resuscitation (CPR) training every six months and certificated training annually. We saw that emergency medication and equipment including a defibrillator were easily accessible to staff in the event of an emergency. Checks on the equipment were undertaken regularly. This meant staff had the knowledge, skills and equipment to treat people in a medical emergency.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with dental staff and the practice manager about the protection of vulnerable adults, safeguarding and reporting suspected abuse. All of the staff we spoke with were able to explain the process they would follow, they described different types of abuse and knew where they could access further support.

The practice manager confirmed and provided evidence that safeguarding had been discussed at a staff meeting during an in house training session.

Clear guidance for staff to follow was on display in the practice. The practice manager told us how they had produced an easy to follow flow chart for staff, detailing the process they should follow for reporting and escalating any concerns they may have.

We looked at a sample of staff recruitment files to establish if pre employment checks and criminal records bureau checks had been sought before staff worked at the practice. We saw that they had. This meant that staff were vetted to ensure that they were safe to work with vulnerable adults and children.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We observed that all areas of the dental practice and the surgeries we looked at were clean and tidy. Staff we spoke with explained the cleaning procedures they followed to ensure that each of the areas they worked in were maintained to recommended standards of hygiene. Personal protective equipment (PPE) was available in all of the rooms and surgeries we visited. People we spoke with confirmed that staff used protective gloves and aprons during their treatment.

An experienced dental nurse was the nominated infection prevention and control lead for the practice. All of the staff we spoke with confirmed that she carried out spot checks of their infection and decontamination practice regularly. Staff we spoke with were aware of their responsibilities and their role in maintaining suitable standards.

We looked at the decontamination room within the practice. This was where staff manually washed and rinsed the instruments, before using equipment to sterilise them. Following sterilisation, instruments were stored in pouches and dated according to national guidelines. We looked at the equipment in pouches in two surgeries and saw they were within the date to be used.

We saw that logs had been completed to confirm checks had been carried out to ensure that decontamination equipment was functioning as it should be. The practice manager also provided evidence of audits and the checklists in place to monitor the cleanliness of the practice.

We saw that policies were available to staff for infection control. The manager stated that staff were being asked to sign them to confirm their understanding of the policies.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice had three dentists, a practice manager who was also a qualified dental nurse and five dental nurses. A dental hygienist was employed on a part time basis. All except one of the dental nurses were reported to be trainees. This meant that they had not qualified as dental nurses and were subject to supervision and chaperoning. We spoke with all the nurses about their induction. All stated that they had a thorough induction to the practice and had been chaperoned in practice for a period of three months. One nurse said, "I can still request a chaperone if I'm uncertain about any aspect of my role".

We looked at the records of five members of staff to see if there were effective recruitment and selection processes in place. We saw evidence that health professionals were registered with their appropriate professional body and the staff we spoke with kept themselves updated with new research and techniques. The practice manager confirmed that she had maintained her professional registration by completing the required hours of continuing professional development (CPD) training.

Staff we spoke with confirmed that they met together as a team at least monthly and sometimes more frequently. Records we saw confirmed this. The dental nurses confirmed that they had an opportunity to discuss their practice and progress with the practice manager regularly. They also confirmed that spot checks of the quality of their practice were carried out. This meant that standards were constantly being monitored to ensure that professional guidance regarding the quality of service was met.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice had a complaints procedure on display in the reception area and waiting room. We also saw that information leaflets about the practice contained a summary of the complaints procedure and process.

We saw records of complaints that had been received and looked into in line with the policy of the practice. The records showed that thorough investigations into any concerns were conducted.

None of the people we spoke with raised a concern during our discussions. They told us that they hadn't got any complaints about the service. One person said, "I picked up one of the leaflets on the counter so know how to complain if I needed to. However, I haven't got anything other than good things to say". Another said, "I have not had a need to complain but have one of the leaflets and would have no concerns about doing so".

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.
