

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

## Shifnal Dental Care Limited

Park Street, Shifnal, TF11 9BG

Tel: 01952460119

Date of Inspection: 08 February 2013

Date of Publication: March 2013

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

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

## Details about this location

Registered Provider	Shifnal Dental Care Limited
Registered Manager	Dr. Maciej Wozniak
Overview of the service	Shifnal Dental Care Limited provides NHS treatment to children and adults paying privately for treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 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 and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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People we spoke with told us that they were very happy with the service they received and with the quality of their dental work. Comments included, "My dentist is absolutely excellent, I have great faith in him" and "They have helped to rebuild my confidence and listened to what I wanted".

People's treatment was planned and discussed with them. People told us that they were "very much" involved in making decisions about their care and treatment options. They said they were given clear information that enabled them to make informed choices and were made aware of the costs for treatment.

People received their treatment in a clean, hygienic environment. The dental practice had arrangements in place for the management of infection control. Staff were confident procedures were effective to ensure people were not placed at risk of cross infection.

People described staff as "caring" and "competent". One person said, "The staff give an air of confidence and reassurance". Staff confirmed they had attended training courses appropriate to their work and to meet the requirement of their professional registration. Dental nurses told us they were well supported in their work.

Everyone we spoke with told us they would and had recommended the practice to their family and friends. People told us they had never had cause to complain about their treatment. They said they were confident any concerns raised would be listened to and addressed.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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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 and treatment.

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### Reasons for our judgement

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Everyone we spoke with told us they were made welcome and were seen on time. They said they were treated with consideration and respect. People told us they were provided with sufficient information and support to understand the range of treatment options available to them and were fully involved in making decisions about their treatment.

People were able to book an appointment to see a treatment co-ordinator to discuss all the treatment options available to them. This consultation was a free and non obligation service. One of the people we spoke with told us they really benefited from using this service. They said the treatment co-ordinator was "Lovely" and was there for them "Every step of the way" through their complex procedure. They said the practice had also telephoned them the day after their procedure to check that they were OK.

We saw people could access detailed information about the range of treatment provided on the practice website. A patient information leaflet was also provided. The dental staff told us they used a variety of aids to help people understand their treatment options. These included a computerised education programme and models.

People who used the service confirmed that their care and treatment choices were explained to them. We saw that information given to people during appointments was recorded in their notes.

The practice was able to provide services to people with a physical disability. There were two surgeries located on the ground floor with level access to the building. This enabled people with limited mobility to access treatment.

People told us that they were treated with dignity and respect. Staff shared examples of how they ensured privacy and dignity was maintained. For example, by ensuring the door to the surgery was kept closed during treatment. We saw staff observe people's confidentiality when they were met at the reception.

We sampled the records held on behalf of three people. These evidenced people's involvement in their treatment. Examples included, "Patient doesn't want any treatment today" and "Discussed shade of denture with patient".

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with six people who used the service. Everyone said they were very happy with their care and treatment. One person said, "My dentist is brilliant and puts me at ease, I have total faith in the man". Another person said, "The dentistry is excellent. I trust my dentist's judgement implicitly".

People's needs were assessed and treatment was planned and delivered in line with their individual needs. We saw that people's treatment was recorded in their electronic notes to provide a record of the care they had received. When we spoke to the principal dentist they described speaking with people about their treatment and making sure it was suitable for the person concerned. People who used the service said they felt able to ask their dentist questions about any aspects of their treatment.

People considered their check ups were thorough and included soft tissue and oral health checks. This was reflected in the records we sampled. Where diagnostic tests such as radiographs (X-rays) had been carried out, we saw the records stated the reason for this.

People told us they had completed a medical questionnaire and were asked at each appointment if there had been any changes to their health. This ensured dental staff had up to date information about them and were aware of any medical conditions.

People confirmed they were offered a copy of their treatment plan and were made aware of costs prior to treatment. People confirmed that the risks and benefits of treatment were fully explained to them. We saw a dentist had sought a second opinion from a hospital consultant for a person requiring complex treatment. The person had been provided with a number of options and gone ahead with the treatment they desired. Records were detailed and reflected all treatment carried out. The person told us the dentist gave them, "Step by step guidance and reassurance" and said they were "Very happy" with the outcome of their treatment.

There were arrangements in place to deal with foreseeable medical emergencies. This included the availability of medication, oxygen and a defibrillator. Staff confirmed they had received training in basic life support to equip them with the skills and knowledge to deal

with a medical emergency.

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

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**Our judgement**

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The provider was meeting this standard.

There were systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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There were systems in place to reduce the risk and spread of infection. The people we spoke with expressed no concerns about the cleanliness or the hygiene standards. They described the practice as, "Absolutely spotless" and "Stunning". People confirmed dental staff always wore personal protective clothing to include short sleeved uniforms and disposable masks and gloves to help safeguard them from the risk of cross infection.

Staff were confident that infection control procedures were effective. They told us they had recently received training in procedures to ensure people were not placed at risk of cross infection. We observed all clinical and patient accessible areas to be clean and tidy. We saw the practice had policies and procedures in place in relation to infection prevention and control. There were suitable arrangements in place for the safe removal of clinical waste. We advised staff to ensure sharps (needles) boxes were dated and signed when assembled. Where a member of staff had sustained a needle stick injury we saw the incident had been well documented. Staff had also signed to say they were aware of the procedure to follow for needle stick injuries and were able to explain the procedures to us. Staff we spoke with confirmed their work-related vaccinations were up to date.

The practice did not have a designated central room for sterilisation and decontamination of instruments. The principal dentist told us they had a plan in place to move to best practice. Some instruments were cleaned in a room upstairs and others in a ground floor surgery. We saw that the rooms did not provide two dedicated sinks for decontamination, as required. We spoke with the lead nurse with designated responsibility for infection prevention and control. They shared the records they maintained to monitor that equipment was working correctly and that the necessary checks had been done.

Dental nurses described the processes used to clean and sterilise instruments to ensure equipment was cleaned to minimise the risk of cross infection. However, the provider may wish to note that internal audits relating to infection control had not been carried out. Disposable aprons were not being routinely used when cleaning instruments. In addition, one magnification device used to check instruments was not working.

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

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## Our judgement

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The provider was meeting this standard.

Staff were effectively trained to deliver care and treatment to an appropriate standard.

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## Reasons for our judgement

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People we spoke with were very complimentary about the dentists and all of the staff at the dental practice. One person said, "They bend over backwards to help you". Everyone considered staff were competent to carry out their work. People told us that staff were professional and many of the staff had worked at the practice for numerous years. They told us this provided them with continuity of care with their treatment.

People were supported by an established team of professionals. Staff told us they worked well as a team, were well supported in their work and described morale as "Good". They confirmed they had attended courses appropriate to their work and to meet the requirements of their registration with the General Dental Council (GDC). Training certificates for courses attended by the dentists were displayed on a wall for people to see. Staff told us a meeting had recently been held to discuss their continuous professional development.

We sampled training records for two dental nurses and saw they had attended various training courses. The staff files were organised and included their certificate of registration and certificates for the training courses they had completed. This ensured that people were treated by people who were up to date with current practice. These included radiography, professionalism and ethics, restorative materials, Mental Capacity Act and essential oils in oral health management. The principal dentist had undertaken training in relation to leading on adult and child protection.

We saw staff had designated roles and responsibilities. The principal dentist told us this had empowered the staff. They told us the practice had employed the right staff and that this was a credit to the previous registered provider and colleague. We saw staff attended practice meetings. Topics discussed included discussions on treatment plans, the creation of a newsletter and good telephone techniques. We saw dental nurses had received an annual appraisal of their work. The provider may wish to note that staff appraisal records should be stored securely to ensure confidentiality.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was a complaints system available. Comments and complaints people made would be responded to appropriately.

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### Reasons for our judgement

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People we spoke with told us they were satisfied with the service they had received. They said they had not had cause to complain but felt confident in raising concerns direct with the practice staff.

People had access to information about how to make a complaint about the service or their care and treatment. The complaints policy stated, "We take complaints very seriously and try to ensure that all our patients are pleased with their experience". We saw the complaints procedure included the appropriate escalation process for private paying patients. The provider may wish to note that the appropriate external organisation should be included for children receiving NHS treatment.

We saw people were encouraged to make suggestions and a box was made available in the waiting room. The principal dentist and the staff spoken with told us they had not received any formal complaints. However, they were aware of the procedure to follow in the event of receiving a complaint. CQC have not received any concerns or complaints about this practice since registration.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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