

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

## Main Street Dental

69a Main Street, Frodsham, WA6 7DF

Date of Inspection: 07 November 2012

Date of Publication:  
November 2012

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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Main Street Dental
Registered Manager	Dr. Christopher Caldwell
Overview of the service	<p>Main Street Dental provides private dental care for adults and NHS dental care for children. The service has two dentists providing restorative and cosmetic dentistry, including crowns, bridges, veneers and tooth whitening. There are also two hygienists who provide preventative care tailored to individual need.</p> <p>There is one dental surgery and two hygienists' surgeries on the first floor, but there is also another surgery on the ground floor for people with limited mobility.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 7 November 2012, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke to three people who were very happy with the service. One said "They're brilliant" and another said "They're very professional, thorough and friendly". The third person said the practice was "very accommodating" and gave an example of when the dentist had made a home visit to them on a bank holiday.

People told us their treatment options were always discussed and that they were given a written copy of their treatment plan along with an estimate of any cost involved. They told us that the practice was comfortable and accommodating and that appointments were flexible to meet their needs. They also said they were asked for their opinion of the service.

Proper procedures were in place to prevent and control infection.

People were protected from abuse by the service's safeguarding and recruitment policies and procedures.

Accurate records were maintained.

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 were taken into account in the way the service was provided and delivered in relation to their treatment.

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### Reasons for our judgement

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We saw there were patient information leaflets available at the reception desk that had information about the practice and treatment options. There were other patient advice and information leaflets available which the dentists or hygienists provided to patients on an individual basis. The complaints procedure was displayed in the waiting room.

Three patients told us their treatment options were always discussed and that they were given a written copy of their treatment plan along with an estimate of any cost involved. They told us that the practice was comfortable and accommodating and that appointments were flexible to meet their needs.

**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 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 to three people who were very happy with the service. One said "They're brilliant" and another said "They're very professional, thorough and friendly". The third person said the practice was "very accommodating" and gave an example of when the dentist had made a home visit to them on a bank holiday.

The patients we spoke with told us they were asked about their medical history and any medication they were taking. Up to date medical information was particularly important as medications and medical conditions could effect treatment given. Medical information was also important as the dentist would be made aware of any potential emergencies that could happen.

We saw evidence that staff were trained in dealing with medical emergencies, the most recent training having taken place in July 2012. Appropriate emergency procedures were in place. The clinic had emergency equipment available including a defibrillator, oxygen, masks, airways and emergency drugs. This was checked regularly. There were systems in place for receiving dental safety alerts and for recording adverse events, accidents and incidents.

An emergency service was available for patients if they had problems out of practice hours.

**Safeguarding people who use services from abuse** ✓ Met this standard

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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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The practice manager was the lead person for safeguarding. There were very detailed policies and procedures in place for safeguarding both adults and children and staff confirmed they had received training in these at staff meetings.

**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.

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

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**Reasons for our judgement**

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The surgery was clean throughout and we saw that there was a separate decontamination room for cleaning dental instruments. The essential equipment for sterilising instruments was present and the necessary protective clothing for staff when cleaning instruments was available and in use.

We asked a dental nurse to demonstrate how the dental instruments were cleaned and saw that the correct procedure was followed. The nurse told us that she was the lead for decontamination and that all staff had received training in infection control procedures. We saw hand washing policies were clearly displayed in the room and that the practice had the relevant infection control policies available. We saw records to show that all equipment was serviced and maintained. The nurse told us that they used single use disposable items where possible and we saw supplies of these. We also saw that infection control audits were undertaken at the clinic, the last being in April 2012.

All waste from the practice was collected and disposed of by a registered waste carrier and we saw information to confirm this. Sharps bins were provided for the disposal of used needles.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were protected because the service had effective recruitment procedures in place.

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### Reasons for our judgement

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We looked at the personnel records to see whether the registered provider had carried out the necessary checks before employment to ensure that prospective staff were suitable for employment. All the relevant documentation was in place apart from written references. There were records to show that verbal references had been obtained for all staff, but the registered providers may find it useful to note that written references would provide clearer evidence that references had been obtained.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at three people's dental records. These contained all the relevant clinical information to show a full oral health assessment had been carried out. All treatment and advice given by the dentists and hygienists was also recorded in the patients' dental records.

All records were stored securely.

## 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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