

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

Hindley Dental Practice

1-3 Ladies Lane, Hindley, Wigan, WN2 2QA

Tel: 01942255315

Date of Inspection: 21 February 2013

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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	Mr. Shahram Mirtorabi
Overview of the service	Hindley Dental Practice is a dental practice offering a full range of dental treatments to both National Health Service (NHS) and private patients. It is located near the centre of Hindley and close to rail networks. There are two dentists, a therapist, and five dental nurses who double as reception staff.
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	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 unannounced 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 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited Hindley Dental Practice on 21 February 2013.

We observed that all areas were clean. There was a large reception and waiting area in which we saw a range of posters. Some promoted oral hygiene whilst others offered information about the practice.

We observed that patients were given a pleasant welcome and spoken to with politeness and respect by the various receptionists. Patient's details were confirmed on arrival. We heard staff offer staff a range of times and dates for follow up appointments.

We spoke with 4 patients during the inspection, we were told: "I have been coming here for around 6 years. I have no complaints at all". "Everything is always explained, I always know what treatment is needed and what it's going to cost" and "They always include the children".

We looked at records, which were electronic, factual, and up to date. We saw patients' medical history, treatment plans and personal preferences were regularly reviewed and updated.

We saw that policies and procedures were accessible to staff behind the reception desk along with emergency medical equipment.

Decontamination processes were seen to be followed and hygiene procedures were adhered to by staff, to minimise the risk of cross infection.

We observed that comments and complaints were taken seriously by the practice and used to inform changes and improvements to the service delivered.

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 4 patients including some of their older children during the inspection. People who used the service understood the care and treatment choices available to them. We were told: "I bring the whole family and treatment is always discussed" and "They are really good with the kids".

There were two surgeries on the ground floor and although there were no permanent ramps at the entrance the practice kept suitable ramps available to enable access for patients with a physical disability. This meant that the service recognised diversity and had taken reasonable steps to assist people with a disability to use the service.

Records we viewed showed patients had signed consent for their dental treatment and although the main treatment plans were held on computer we saw that consent forms were signed and kept as a separate paper record.

Electronic records outlined the treatment agreed and respective costs. People we spoke with told us that options were discussed, to allow them to make informed choices about treatment they received. This meant that patients had sufficient information about their treatments and were able to sign informed consent.

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 4 patients including some of their older children during the inspection. We were told: "I have had no problems. They always check my details". "We've been coming a long time. Never had a problem getting an emergency appointment" and "I have treatment under the NHS and they are really good".

We observed in the patients' electronic records that medical information was comprehensive and had been regularly checked and updated at every visit. We were told by staff that verbal checks were also done with the patients on arrival, even if the appointment was for a check up and no treatment was being offered. We saw that allergy information was highlighted on patients' notes. This meant that patients were assessed and their records were updated and amended to reduce the risk of people receiving unsafe care.

We found that treatments were clearly documented and any diagnostics tests such as X rays that were carried out were recorded. Treatment plans were detailed and discussed with patients who were given copies. This meant that people received a full explanation about their treatment.

We saw that there was resuscitation and emergency equipment available in line with best practice guidance which was checked regularly. We found that all staff had received basic life support training in the last 12 months. This meant the provider had taken appropriate steps for dealing with foreseeable emergencies.

We did note however that the oxygen cylinder, which formed part of this equipment, had an expiry date of December 2012. This was brought to the attention of the manager during our visit. We did see evidence from a service contract that the cylinder had recently been serviced which suggested that the expiry date sticker had not been replaced with a new one. Since our inspection we have been informed that this situation has now been rectified. This had obviously been missed in the monthly checks since December. The provider may wish to note that it is their responsibility to make sure that all emergency equipment is in date.

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 spoke with 4 patients including some of their older children during the inspection. Their comments did not really relate to this outcome however one person who used the service did say: "Its always clean".

All areas of the dental practice appeared clean and hygienic, including the waiting areas and the treatment rooms. We were told clinical areas were always cleaned between each patient.

The practice had policies and procedures in place for the prevention and control of infection. Personal protective equipment (PPE) was available for staff when carrying out dental procedures.

The practice had a decontamination room which was clean and well organised. We were told by the provider that all staff had received training in infection control. We also saw evidence of this from training records and certificates. This meant that all staff employed by the service had sufficient knowledge to keep patients and themselves protected from infection.

One of the dental nurses was the designated infection control lead and was responsible for ensuring the monitoring of cleanliness throughout the clinic and for the effective decontamination of instrumentation. This person was able to explain and show us the process clearly.

We saw there were clear procedures in place for the decontamination of equipment which were in line with HTM 01-05 standards. HTM 01-05 is a document issued by the Department of Health which sets out essential requirements and guidance in relation to decontamination in dental practices. Records were available which showed that cleaning and sterilization equipment was tested regularly and serviced in line with the manufacturers' guidance to ensure that it was working properly.

We saw that sterilised equipment was then packed, labelled and stored appropriately prior to use. We looked at some of this equipment and found that instrument packs were dated with sterilisation and expiry dates.

Liquid soap and paper towels were used by staff. The practice has a specialist contract in place for the safe removal of amalgam and clinical waste.

All of this meant that the provider was following best practice guidance in terms of cleanliness and infection control.

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 spoke with 4 patients including some of their older children during the inspection. We were told: "The staff are really helpful" and "They are all very nice and really good with the children".

We looked at the files in relation to 4 members of staff and found that all required employment checks had been completed. There was a signed contract in place which clearly outlined the person's start date, role and responsibilities. Staff we spoke to all informed us that they had been asked to provide full employment histories where this was available along with references and evidence of identity. This meant the provider had effective and robust recruitment and selection procedures in place.

We did note whilst looking at these records that the provider had kept application forms and interview records over a period of time for those people who had been declined employment. The same records had not been kept for those who had. The provider may wish to consider keeping the same records for employed staff as this will evidence that a proper interview process took place.

We saw that interviews were carried out by the registered manager and that Criminal Records Bureau checks (CRBs) were in place for all staff and were in date. This meant the provider had effective recruitment and selection procedures in place and carried out appropriate checks when employing staff.

Staff had up to date professional registration where applicable. We saw evidence from training records that staff had recorded training and hours in order to provide evidence when renewing their professional registration. This meant that staff were appropriately qualified to do their job.

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 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

We spoke with 4 patients including some of their older children during the inspection. We were told: "I have never had to wait long" and "They are very flexible with appointments". One person did tell us that they had once waited over 45 minutes to be seen but in six years this had only been on one occasion.

We saw evidence that the practice undertook regular audits that included checks on equipment and treatment records. A daily check list was completed for all areas of the environment. All records were dated and signed by the person carrying out the audit. This meant that standards were met and the quality was maintained.

We observed that there was a suggestions box in the reception area for patients to put forward any ideas to enhance their experience of the service. We were shown a patient satisfaction survey, which had been carried out, encouraging comments around any issues patients may have had with the practice. A summary of the results had been analysed and indicated that most patients were very satisfied with the service. This meant that the provider had systems in place to monitor the levels of satisfaction from people who used the service.

We looked at a sample of practice meeting minutes. These meetings were held monthly and we noted that discussions had been held about how to improve service delivery and idea sharing amongst the staff was positively encouraged. This meant that staff were able to make valid contributions in order to improve the service provided.

We found safeguarding training for both adults and children had been undertaken in July 2012. This had been attended by the dental nurses, practice manager and dentists. There was a designated lead for safeguarding and this person informed us that regular checks were done to ensure training was up to date.

We asked to see the complaints file and we saw that the practice had a complaints policy. There were no current complaints but we saw that those that had been made in the past had been resolved in a timely manner. This meant that the provider had systems in place to effectively deal with complaints.

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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