Inspection Report

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

Church Street Dental Practice

27-29 Lichfield Street, Bilston, WV14 0AQ

Tel: 01902491539

Date of Inspection: 22 March 2013

Date of Publication: April 2013

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

Consent to care and treatment	✓ 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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Jaswinder Singh Jandu
Overview of the service	Church Street dental practice provides NHS and private dental care and treatment to people of all ages. Facilities offered are accessible to people with a physical disability.
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

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 22 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke with six people that used the service, four staff and the providers.

This practice was located on two floors, the ground floor having treatment rooms that were wheelchair accessible. The premises consisted of a number of reception/waiting areas, treatment rooms, two decontamination rooms and a disabled toilet as well as ancillary rooms used as offices and records storage.

The dental team consisted of nine dentists, one practice manager, one dental nurse manager and eleven dental nurses. All the staff were registered with the General Dental Council.

Dental records we saw showed people were informed of, and consented to their treatment before it commenced. People we spoke with confirmed they consented to treatment. One person said "Explains everything very well in great detail, takes time to put at ease – is excellent and trust completely"

Dental records provided detailed information about what treatment the person had received and the frequency of follow up visits.

We found that the decontamination process for dental instruments was satisfactory. We observed that treatment rooms were clean and tidy.

Staff recruitment practices, coupled with a robust induction process for new staff ensured the safety of people that used the practice.

We found that an effective complaints system was in place and people could be confident that their concerns would be acted on. One person said, "Would complain if not happy and would find out".

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The provider confirmed that before treatment was offered, people's consent was sought. Staff we spoke to also confirmed that people's consent was sought. We looked at four dental records that showed that consent for treatment had been obtained. We spoke with six people who confirmed that their dentist always explained the treatment needed and asked for their consent before this was carried out. This should ensure that people were fully aware of their proposed treatment. One person who used the service said, "Always ask regarding treatment, they explain everything they are doing" and "Have to sign something, they print it all".

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider said that where people lacked capacity to give consent, and were unable to understand their treatment options, this would be discussed with their carer or representative. This was confirmed by staff we spoke with, who told us if there was any doubt about lawful consent treatment would not continue. This meant that treatment was not carried out without people's informed and express consent.

The provider told us that staff had received safeguarding training that included information about the Mental Capacity Act. Access to training about mental capacity should give staff a better understanding of mental health and how to assist people who lacked capacity. We spoke with two dental nurses and a dentist who demonstrated a good understanding about how to support a person who lacked capacity. This meant that people could be confident that they would be provided with the appropriate support when needed.

Care and welfare of people who use services ✓ Met this standard

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

People's needs were assessed and treatment was planned and delivered in line with their individual plan. Discussions with the provider and staff confirmed that people's medical history was obtained at each visit. We saw people attending for treatment were given medical questionnaires and asked to complete them. People we spoke with who had recently used the service confirmed that their medical history was reviewed at each new course of treatment. This meant that treatment people received should not be compromised, or would be appropriate to, their pre existing health condition or prescribed medicines.

We looked at four dental records that showed a soft tissue examination was routinely carried out at each visit. This was also confirmed by the provider, staff and the people we spoke with. This examination should enable the dentist to identify signs of disease and enable the person to obtain immediate treatment. One person said their dentist, "Takes extreme care and time" when they examined their mouth. This meant that the dentists carried out appropriate checks when people attended the practice.

Discussions with the provider and staff confirmed that risk factors related to a person's health, such as underlying gum disease and other factors would determine the frequency of visits. This would be required to maintain good oral health and we saw evidence of this information recorded on people's dental records. People told us they were made aware of the dentist's findings. One person said," Explain everything they are doing, let know if anything".

Where x rays were carried out the reason for this was recorded. Staff told us that if they needed x-rays to clarify non visible areas that impacted on a person's dental health, they would discuss this with the person and gain their consent. Findings from x-rays were recorded in people's dental records. One person told us that they had asked for x-rays to be taken on a periodic basis and this was done, and the findings discussed with them.

There was information about oral health available to people in leaflet form in the waiting areas of the practice. People we spoke with told us that they were advised how to promote their dental hygiene. One person told us, "Give advice and demonstration of how to clean teeth". This meant there was access to written information and advice to help people promote good oral health and hygiene.

Cleanliness and infection control ✓ Met this standard

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 treated for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because guidance had been followed. We spoke with two dental nurses who confirmed they received infection and control training through continuous performance development and we saw evidence of this training in staff files.

We spoke with the dental nurse that was the nominated infection control lead (IPC).This meant they were responsible for the processes in place to reduce the risk of cross infection and the cleanliness of the surgeries. They also told us that they informed staff in practice meetings of any bulletins or updates from the General Dental Council (GDC) in respect of infection control. They demonstrated the decontamination process of instruments used for dental treatment and how these passed through the practice's two decontamination rooms which allowed better separation of dirty and clean equipment. We saw records that showed decontamination equipment was checked to ensure it worked properly. We heard that equipment was fitted with an audible alarm to alert staff if there were anything that needed attention. We saw that responses to alerts were documented.

We looked at a number of instruments that had been through an autoclave and bagged ready for use in the decontamination room and in surgeries. They were all stored appropriately and within their use by date. An autoclave is a device that sterilises instruments to reduce the risk of cross infection. This meant that there were effective systems in place to reduce the risk and spread of infection.

We spoke with dental nurses who confirmed they had access to personal protective equipment (PPE) and we observed these in place. We spoke with people who confirmed that the dentist always wore gloves when treating them. The use of appropriate PPE should reduce the risk of cross infection. We observed that the practice was clean and tidy. The provider showed us that a cleaning schedule was in place and this was signed by staff to show when cleaning tasks were carried out.

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, qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with told us that they were happy with how the staff treated them when they attended the practice. They said, "I find them very helpful", "Brilliant", "Couldn't be nicer", "Very happy with them", and "Really make me welcome"

We looked at records that the provider had for checking that they had received Criminal Record Bureau (CRB) clearances and found that these showed all but two had received these checks. The provider evidenced that one of these staff had been subject to a CRB after the inspection and the other staff member had applied for one. The provider had completed a risk assessment for this member of staff that detailed actions that should be taken to ensure they followed safe working practices. The provider may find it useful to note that where there is a delay in obtaining a CRB clearance a risk assessment should be put in place to state how any risks to people's safety will be managed in situations where nurses would/could be alone with patients. We were made aware by staff we spoke with and the provider that staff always work in pairs when with patients. This meant that the person waiting for their CRB would be working under the supervision of a dentist and risks to people from a person without CRB clearance would be reduced.

The provider confirmed that the staff recruitment process included the request for two references. We looked at three staff files and found that not all of them contained two references. The provider did however provide copies of the missing references after our inspection. This meant that there was information from previous employers that provided information about the person's character and their suitability to undertake their role.

The provider confirmed that all dental staff were registered with the General Dental Council (GDC) and we saw evidence of staff's registration. The GDC is responsible to protect the public by regulating dental professionals.

We spoke with three staff who confirmed that they had received annual appraisals. An appraisal is a process where the individual staff's work performance is reviewed and training needs are identified to ensure they have the necessary skills to undertake their role effectively. These staff also confirmed they had access to regular training that ensured they had up to date skills to undertake their role. The staff files we looked showed staff had received the following training: resuscitation, first aid, safeguarding, and infection control amongst others.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We observed that the practice's complaints procedure was displayed in the waiting area. This meant that people had access to information as to how they could complain or raised concerns.

The provider was the nominated complaints manager who was responsible for receiving and responding to complaints. They showed us how complaints were recorded and what action had been taken to resolve any concerns received. We looked at the complaints record which showed that complaints had been responded to, with actions taken to address people's dissatisfaction recorded. This meant that people could be confident that their concerns would be listened to and taken seriously.

The provider said that they would be able to make the complaints policy available in other formats, and there were staff at the practice that spoke a range of languages. The practice also used a translation service if they did not have a staff member that was able to speak the appropriate language. The practice also had a portable loop system which could be taken to a private room to aid discussion with people using hearing aids. This meant that systems were in place to aid discussion with people.

We spoke with six people who had recently used the service and three of these were aware of the practice's complaints procedure. No one said they had any complaints but said that they would complain if they felt it necessary and most were confident their concerns would be resolved. People told us, "Would complain if not happy and would find out" and would "Report to main people and have seen it".

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

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