

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

Priory Dental Clinic

68 Priory Road, Kenilworth, CV8 1LQ

Tel: 01926864015

Date of Inspection: 09 April 2013

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2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr. Shabir Ahmed
Overview of the service	Priory Dental Clinic provides a range of dental treatments to people requiring dentistry on a private basis.
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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2013, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection visit to this dental practice we spoke with the principal dentist, two dental nurses and the receptionist. In order to gain the experiences of people who used the service we also spoke with five people who used the practice.

All of the people we spoke with were positive about the service they received. They told us, "I'd recommend this practice, If I wasn't happy I'd go somewhere else", "I've never had to make a complaint" and "I'm very pleased that I changed my dentist."

There was a range of information available to people attending the practice about the services provided and the costs.

We asked people about the availability of appointments and if they had to wait over their appointment time to be seen. People told us, "He's never been late in seeing me", "He's always ready for you, he's never running late" and "He's disconcertingly on time."

People told us the practice was clean and hygienic and that they were satisfied with the standards of cleanliness. "As far as it appears to me it always looks very clean and hygienic" and "Cleanliness is 100%" were comments made.

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

People we spoke with were complimentary about the dental practice and told us that they were satisfied with the service they received. Comments made to us included "They're ever so obliging", "This practice is absolutely amazing" and "He has a nice way, he makes sure you're ok and he listens to you."

People told us that they would recommend the practice to friends and relatives. "I have recommended him to others and they are very satisfied" and "After I'd been I recommended him to lots of friends and family" were comments made.

People we spoke with told us that the staff were polite and respectful towards them saying, "It feels like a family atmosphere" and "The staff are very nice."

We saw that there was a varied selection of patient information leaflets available for people to read or take away in the waiting room. The costs for treatments were displayed on the wall in the waiting area.

People we spoke with told us that their dentist always explained the treatment options and costs available to them and discussed which would be the best option in order for them to make decisions. One person told us, "He explains things very thoroughly; I'm quite impressed by that." Another person told us, "I've never had things explained to me the way he does." Other comments people made included, "They give you a treatment plan that gives a full breakdown of costs", "You get a printed estimate for treatment" and "He listens to my concerns, he provides treatments that meet my needs."

We noted that signed paper copies of people's treatment plans were available at the practice to demonstrate that people had consented and agreed to the treatments decided on.

We saw that the reception and waiting area did not allow for confidential discussions. A dental nurse told us that all private discussions took place in the treatment rooms away

from this area in order to maintain people's confidentiality.

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

All of the people we spoke with were satisfied with the treatment they received. People made comments such as, "I'm satisfied with the treatment I've received" and "I'm very pleased that I changed my dentist."

We saw that the name of the dentists, the practice telephone number and opening hours were clearly on display outside of the surgery.

We asked a dental nurse what processes were in place for seeing people requiring emergency treatment during normal opening hours. We were told that a small number of appointment slots were kept open each day to see patients in an emergency.

We also asked how people could access the practice during an emergency outside of normal surgery hours. We were told that the telephone number took the caller to an answer phone message that provided the NHS dental emergencies telephone number. People could also leave a message that would be picked up by the dentist if they wanted a private emergency appointment outside of normal surgery hours. The dentist told us that messages were automatically diverted to his mobile phone so that he could retrieve them in a timely manner.

People we spoke with told us that their medical history and current health were checked on a regular basis. We were told, "They check my medical history each time I come" and "I update my medical history every time I come."

A dental nurse told us that people were provided with medical history forms to either complete or update depending on whether it was their first visit to the practice or a return appointment. We saw that the hard paper copies were filed in a locked cabinet in the reception area.

We were shown that patient treatment records were stored electronically rather than in paper format. The dentist talked us through three sets of records, whilst a dental nurse talked us through a fourth. We saw that all examinations and treatments carried out, any local anaesthetics used and any discussions regarding treatments and costs had been recorded. We noted that information provided regarding people's medical history and

health had also been transferred into the electronic records.

We found that the practice kept medication and portable oxygen for use in an emergency. Staff we spoke with were able to tell us where the emergency medication and oxygen was located. We were told that the receptionist was responsible for ensuring that the emergency medicines and oxygen remained in date and fit for use. We saw that records of weekly expiry date checks were in place. The receptionist told us that when medicines were close to expiring she replaced them and updated the list of medicines available at the practice accordingly.

A dental nurse we spoke with told us that annual training in Cardio Pulmonary Resuscitation (CPR) and emergency medical procedures was undertaken. We saw records which confirmed this.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with told us that they found the practice to be clean and hygienic. One person told us, "Cleanliness is 100%." Other comments made to us included, "It always looks very clean and hygienic as far as it appears to me" and "Everything seems spotless and clean."

During our visit we looked at both of the treatment rooms available in the practice. We saw that they were clean and tidy, with surfaces that were free from clutter. We noted that there were some cracks in the plaster on the walls which could present an infection control risk. We discussed this with the dentist who told us that he would arrange to have them filled in and the walls made good.

We observed a dental nurse undertaking cleaning processes between patients in order to minimise the risk of the spread of infection. We saw that this included wiping down all surfaces, equipment, covers and eye protection with appropriate cleaning products and replacing tissues and mouthwashes. We were shown that cleaning schedules for daily tasks before and after surgery were completed. We also saw that cleaning schedules for the non surgery areas of the practice were in place and completed on a daily basis.

We saw that there was a plentiful supply of plastic aprons, gloves, eye protection and masks along with anti bacterial hand washes available for use. Staff we spoke with confirmed that they did not run out of this equipment.

We saw that the staff at the practice, which included the dentist, wore a uniform. The dental nurses we spoke with told us they wore their uniform when they were working and they changed out of it if they wanted to leave the building or whilst they ate lunch. We noted that both dental nurses changed into their own clothes when they went out during our inspection.

We saw that the practice had a decontamination room. This was where dental nurses washed and rinsed used instruments, checked them for residual debris and then used the autoclave to sterilise them in order to ensure they reached the approved level of

sterilisation.

We spoke with a dental nurse who demonstrated the decontamination process. The nurse was knowledgeable about the process and flow of equipment through the room. She was able to explain each step that she would go through to ensure that equipment was fit and clean for use at the end of the process. We saw that clean equipment was bagged, sealed and date stamped in line with national guidelines. We were shown that equipment was stored on a rotational basis to ensure that it remained within the dated timescales for use.

We saw that required tests of equipment which included safety checks to ensure the equipment was working properly were completed.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with told us that they thought the staff were polite and friendly. One person commented, "The staff always greet you nicely and they remember you." Other comments made to us included, "The staff are very helpful" and "The staff are polite friendly and respectful, I find them all to be 100%."

The practice consisted of two dentists, both of whom worked two days a week, a hygienist who worked one day a week, two dental nurses and a receptionist. Both dental nurses and the principal dentist told us that they were registered with the British Dental Association (BDA). One dental nurse told us that she felt well supported to maintain her continued professional development (CPD) to the required standard. We were shown training certificates and records which confirmed she had up to date knowledge and skills to enable her to do her job. The second dental nurse told us that she had only been in post at the practice for two weeks, but felt that her induction had been good and the support she got from the dentist and senior dental assistant had also been good.

A dental nurse told us that 'on the job' support was provided between the team before, during and after surgery, when things would be discussed. We also saw records which demonstrated that staff were provided with an annual appraisal. This gave them the opportunity to discuss on a formal basis their role and training needs along with their current achievements and future goals.

We were told that regular, more formal practice meetings were held in order to ensure that specific time was set aside to discuss issues, updates and training needs. We saw that these meetings were recorded in the CPD record of one member of staff. We also looked at a sample of practice meeting minutes, which confirmed what we had been told.

Staff we spoke with were aware of their responsibilities in relation to safeguarding both vulnerable adults and children. We saw that the practice had policies and procedures in place for safeguarding children. Although we were told that there were policies and procedures in place for safeguarding vulnerable adults, these could not be located at the time of our inspection. The principle dentist provided us with written confirmation that a safeguarding vulnerable adults policy is available at the practice following our inspection visit.. We saw that training in safeguarding children had been undertaken by staff. We

were told that the team were on a waiting list for training in safeguarding vulnerable adults as all of the local courses currently scheduled were fully booked.

Records

✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

We found that people's personal records which included their medical records were accurate, fit for purpose and could be provided promptly.

We were shown that people's confidential information including their treatment records were stored electronically. We were assured these records were password protected to maintain security.

We saw that people's treatment records were updated each time they visited the practice for a check up or treatment.

We found that hard copy medical history forms and signed treatment plans for current and ongoing treatments were stored in lockable filing cabinets.. We noted that confidential information relating to the staff was also store securely in a lockable filing cabinet.

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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