

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

## The Birmingham Periodontal and Implant Centre

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B17 9AA

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Birmingham Periodontal and Implant Centre Limited
Registered Manager	Mrs. Kuldeep Kaur Sohal
Overview of the service	The Birmingham Peridontal and Implant Centre provides a range of dental treatments on a private basis. The majority of people who use the service are referred by their usual dentist for specialist treatment. A general dental service is also provided at this practice.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced 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 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During the inspection we spoke with the dentist (who was also the registered provider), one dental hygienist, a dental nurse and the registered manager. We spoke with two people who used the service during our visit and a further seven people by telephone after our inspection visit to ask them about their experiences of the service.

The people we spoke with were very complimentary about the service they had received. Most people we spoke with had been referred to the service from their usual dentist for specialist care. Their comments included: "For me the service has been 110%. I'm so grateful to them for what they have done" and "The service provided has been exemplary...They listened to what my problem was and they set about putting it right in the most professional way."

We found that people had been involved in the decisions about their treatment and that they received the care and treatment they needed. Records detailed the treatment people had received.

Infection prevention procedures were followed to minimise the risk of infection and to ensure instruments were being hygienically cleaned.

Staff received a range of training so that they had up to date knowledge and skills in order to treat people safely when they attended the practice.

There were systems in place to monitor how the practice was run to ensure people received a quality service.

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

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## More information about the provider

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

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

## Our judgements for each standard inspected

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

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with nine people who used the service. They were all complimentary about the care they received at the dental practice and found the staff polite. One person told us "They have always treated me respectfully; I get a warm welcome." Another person told us the staff were, "Very friendly, very polite and very helpful as well."

People who used the service understood the care and treatment choices available to them. We saw from people's dental records that there had been discussions about people's treatment needs and the treatment options if available. People's preferences had also been recorded. People confirmed they had been given the opportunity to discuss their dental treatment and had received treatment plans containing information and costs of their proposed treatment. These were signed prior to treatment commencing. This ensured people understood the treatment and costs they were having and had consented to it.

As we looked around the premises we saw that the dental practice was accessible to people with mobility difficulties. Staff showed us the mobile ramp which they used for people who needed help with the step into the premises. Two of the treatment rooms were located on the ground floor. The ground floor contained adequate space for a wheel chair and had disabled toilet facilities. This enabled people to obtain dental treatment needed because they could access the service.

The people we spoke with told us that discussions with the dentist were always held privately in the treatment rooms. This helped maintain people's confidentiality when discussing their dental health.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with nine people who used the service. Most of the people we spoke with had been referred to the practice by their usual dentist, for specialist treatment. People told us they were happy with the care and treatment they had received. One person told us, "First class, I haven't had any problems at all with them." Another person told us, "They listened to what my problem was and they set about putting it right in the most professional way."

Care and treatment was planned and delivered in a way that ensured people's welfare. We saw from people's dental records that their medical history was regularly updated and any concerns were 'flagged' on the electronic patient record system. This ensured the dental staff were aware of any changes in people's medical conditions and could take this into account when considering and providing treatment.

We spoke with one of the dentists working in the practice on the day of our visit. They talked us through a routine examination and the checks they undertook with new patients. They told us about the electronic checklist they used so that they did not forget anything. We looked at ten people's dental records and saw that these had been fully completed in all cases. This provided assurance that people's dental health and treatment needs had been assessed prior to them receiving treatment.

We looked at how people's anxieties were managed. People using the service told us about extensive dental treatment they had received at the practice and how they had been put at ease by staff. The dentist advised us that sedation was available to help people relax when receiving treatment. Before people received sedation risk assessments were undertaken to ensure they were of good health and staff were up to date with their cardiopulmonary resuscitation (CPR) training should problems arise. People were given instructions to follow for their own safety and signed a consent form to ensure they had understood the instructions given to them. This ensured people's safety was considered when giving sedation. We spoke to one person who had received sedation at the dental practice, they told us that they would use it again.

There were arrangements in place to deal with medical emergencies. The practice had emergency equipment and oxygen available. We found the emergency drugs were all in date. Staff we spoke with confirmed they had recently received training in dealing with

medical emergencies. However, the provider may find it useful to note that the equipment checks were not adequately robust. Checks were undertaken monthly and did not indicate which member of staff had undertaken them, although the registered manager advised us that it was them. We were advised the defibrillator was checked daily but this was not recorded. We also found one of the oxygen cylinders use by date had expired, which had been due to a misunderstanding of replacement needs. The registered manager agreed that they would address these issues and immediately arranged for oxygen replacement during our visit.

**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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People we spoke with were complimentary about the cleanliness of the practice. People told us that they were given glasses to protect their eyes and bibs to protect their clothing when they visited. This was confirmed during a consultation we observed. Comments we received about the cleanliness of the practice included: "It's really, really beautifully clean" and "The whole place looks spotless and clean."

There were effective systems in place to reduce the risk and spread of infection. We looked at the facilities provided in the three treatment rooms. The rooms were clean and work surfaces were smooth and free from damage making them easy to keep clean. There was a clear separation of 'clean' and 'dirty' areas with separate sinks for hand washing and for used instruments. Staff wore clean uniforms and protective equipment such as gloves and masks during people's consultations. We also observed cleaning taking place between appointments. This helped to minimise the spread of infection. We noticed there was a tear in one hygienist's chair which prevented it from being adequately cleaned. We brought this to the attention of the registered manager so that action could be taken.

We spoke with one of the dental nurses about the processes in place for cleaning, checking and sterilising used instruments. There was a designated decontamination room where used instruments were washed and sterilised to ensure that they were thoroughly clean before they were used again. Checks were also undertaken to ensure equipment used for sterilising the instruments was also working properly. This provided assurance that instruments used on patients were hygienically cleaned.

Once sterilised, instruments were bagged and dated. This allowed staff to identify the period in which instruments remained sterile. We checked some of the dental instruments which had been sterilised and were ready to use and found that these were all within date. This minimised the risk of unsterile instruments being used on people who used the service.

We looked at the arrangements for disposing of clinical waste. Staff advised us that clinical waste was segregated using different coloured bags and kept securely to await collection. Specific containers were used for the disposal of sharps and amalgam from dental work to prevent it entering the main drainage systems.

We saw that there were infection control policies and procedures. These included issues such as hand hygiene, clinical waste disposal and decontamination of treatment areas. Staff we spoke with told us that they had undertaken training in infection control and one member of staff told us about 'spot checks' that were undertaken of their practise. The provider may find it useful to note that not all staff were aware of the policies and where to find them.

## 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 nine people who used the service. All the people we spoke with told us that they had confidence in the ability of the staff to meet their dental needs. One person told us, "For me the service has been 110%. I'm so grateful to them for what they have done."

We checked the registration status of four members of staff with the General Dental Council (GDC) register and found their registration was up to date. This included one dentist, two dental nurses and a hygienist who worked at the practice. This provided assurance that these members of staff met the requirements of their professional body and had the right to practice.

There were effective recruitment and selection processes in place. We saw that identity checks had been undertaken for staff working in the dental practice. There was evidence that dental nurses had undergone formal interview processes where ability to meet the requirements of the job description were assessed. References from former employers' had also been obtained. This provided assurance that staff recruited had relevant skills to meet the needs of people who used the service.

We saw that checks had been undertaken to ascertain whether staff were of good character. Criminal Records Bureau (CRB) checks were carried out for staff at the practice. We spoke to the principal dentist about how information obtained from CRB checks was managed to ensure the safety of people who used the service. The dentist advised us that they had in the past notified the GDC of an incident involving a member of staff that had occurred outside work. They went on to explain that the GDC had not been concerned by the incident. Action taken by the dental practice had not been formally recorded on the basis that this had happened a number of years ago. We were advised that there had been no further incidents. The provider was aware that formal risk assessments would need to be undertaken to demonstrate whether there was any risk to people's safety if such issues arose again.

Dentists and hygienists were self employed and interviewed by the principal dentist before starting work at the practice. We saw these staff had appropriate indemnity which provided financial protection against malpractice for people who used the service.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We spoke with nine people who used the service. All the people we spoke with were very satisfied with the service they had received from the dental practice. They told us about improvements they had seen made to the premises. Comments we received from people included: "The service provided is exemplary" and "I have nothing bad to say about them."

People who used the service were asked for their views about their care and treatment and they were acted on. Feedback from the service was obtained in a variety of ways. We saw in the waiting area a range of thank you cards displayed and a comment book for people to use. We also looked at patient satisfaction questionnaires that had been completed over the last few months. We saw that the feedback obtained had been very positive. The registered manager advised us that they held regular staff away days and would use people's feedback and other information obtained to look at how they could improve the service.

We looked at the processes for dealing with complaints. We saw that there had been four complaints recorded during the last year. Two complaints received related to charges for appointments that had been cancelled by people at the last minute. We spoke to the registered manager and principal dentist about this. They advised us that the decision to charge in these cases would be based on individual circumstances. We saw evidence of complaints discussed at staff meetings in order to drive service improvement. This showed that complaints had been dealt with appropriately.

We saw evidence of incident reporting. Staff we spoke with were aware of the processes for recording of incidents at the practices. This enabled the practice to investigate and take appropriate action in response to incidents that had occurred.

The practice demonstrated a commitment to delivering a quality service to people. The practice had recently obtained the British Dental Association Good Practice Award. We saw that there had been numerous audits carried out throughout the year. These included infection prevention, x-ray quality, sedation and record audits. Results from audits undertaken were fed back to the relevant staff. Staff meetings and away days were also used to discuss quality issues. This helped staff to identify and act upon issues affecting the practice and raise the standards of care.

We looked at maintenance and service histories for some of the equipment used in the practice. These were kept up to date and provided assurance that equipment in use was well maintained.

## 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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