

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

Dental Surgery

57 London Road South, Poynton, Stockport,
SK12 1LA

Tel: 01625850828

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Atabak Ashtab
Overview of the service	Dentist providing NHS and private dental treatment. The premises are on the ground floor, situated on a main road, with car parking at the rear of the building.
Type of service	Dental service
Regulated activity	Treatment of disease, disorder or injury

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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 6 February 2013, observed how people were being cared for and talked with people who use the service.

What people told us and what we found

We visited the Dental Surgery on 6 February 2013 and we observed that all areas were clean, bright and welcoming. There was information promoting oral hygiene and a practice information folder containing details of the service.

We observed staff members interacting politely and with respect towards patients and noted that patients were given privacy and dignity.

We saw that policies and procedures were accessible to staff and emergency medical equipment was in place, regularly checked and maintained.

We looked at records, which were factual, up to date and relevant. Patients' medical information, treatment plans and personal preferences were regularly reviewed and updated.

We spoke with four patients, all of whom felt that the service delivery was good and the staff were respectful and efficient. One patient said "The care and treatment is very good, the staff are considerate. I was told exactly what I was going to have done." Another patient said that "the treatment is much better here than anywhere else I have been."

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

We spoke with two members of staff who were suitably qualified for their roles and demonstrated an understanding of safeguarding and mental capacity issues.

We observed that patient comments and feedback were sought by the practice and used to inform changes and improvements to the service delivery.

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 privacy, dignity and independence were respected.

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 visited the dental surgery on 6 February 2013 and noted that there was ample parking at the rear of the building and the signage was clear. There were steps leading up to the front door, but we were told that there was a ramp available for use by any patients who required it.

The surgery was situated on ground floor level. The reception area and waiting room were warm, clean and well lit. We saw that there was a practice information folder in the waiting room, which included information about opening hours, emergency arrangements, record keeping, confidentiality and the surgery's cancellation policy and complaints policy. There was also information on how to access interpretation and translation services, Braille or large print leaflets.

We saw appropriate policies within the practice around issues such as confidentiality and data protection. We saw information around the waiting room offering advice on oral hygiene and there were products on display that patients could buy. We saw that a copy of the infection control policy was on the wall for patients to see, as were the dentist's professional certificates and staff first aid certificates.

We observed staff members who spoke with courtesy to patients and treated them with respect. We heard staff explaining charging policies clearly to patients and taking time to discuss the most convenient follow up appointments for each patient.

We looked at a sample of six patient records and noted that patient consent was recorded within them. We saw that all the treatment options were explained to patients and that their personal preferences around treatment were noted and that efforts were made to accommodate these wishes.

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 observed that each patient was asked, by the receptionist, whether there were any changes to their medical history. They were then requested to sign to this effect. We were told by the staff that this was done as a matter of course at each six monthly check up.

We saw from the sample of six patient records that we looked at, that they included medical histories, information on health conditions, medication and allergies. We saw that costs were discussed with patients and that all treatment options were explained to assist patients with decision making. We saw that referrals were made to hospitals or other services as required.

We saw that the surgery had a folder containing information about first aid procedures, the location of the first aid box, the accident book and logs of six monthly drug checks and the annual oxygen check. There were fire extinguishers in place and we saw up to date equipment inspection certificates. We saw evidence of the surgery's fire risk assessment and logs of weekly alarm tests and monthly fire drills.

All staff undertook annual cardiopulmonary resuscitation (CPR) training and the dates of the training were held in the first aid folder. There were appropriate health and safety policies in place and the two staff members with whom we spoke confirmed that they had been required to read and sign all the surgery's policies as part of their induction. Policies were updated regularly and we saw evidence of staff meetings where fire exits, fire precautions and fire risk assessments had been discussed.

We spoke with four patients and all were very positive about the practice. One patient said "The care and treatment is very good, the staff are considerate. I was told exactly what I was going to have done." Another patient said that "treatment is much better here than anywhere else I have been." When asked if their views were ever sought patients were aware that there were feedback forms available in the waiting room.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The surgery had a folder containing their safeguarding policy and procedure, which was updated annually. There was guidance around dealing with safeguarding concerns.

We spoke with two members of staff and observed that they were suitably qualified to carry out their duties as we saw their professional certificates and details of training undertaken. The dentist had undertaken training in safeguarding and the other staff members had read and discussed the safeguarding policies and procedures as part of their induction.

The two staff members with whom we spoke demonstrated an understanding of safeguarding issues and were aware of what may constitute a safeguarding concern. They knew where to report any issues to and told us that the relevant contact numbers were held in a book behind the reception desk.

The staff members we spoke with also demonstrated an understanding of mental capacity issues which may relate to consent to treatment and cost within this setting.

We looked at a sample of staff meeting minutes. We noted that policies and procedures were discussed and changes noted within these meetings.

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

We were taken on a tour of the premises and observed that all the rooms were clean and tidy. We saw that a copy of the infection control policy was on display in the waiting room for patients to see.

We saw the surgery's cleaning log and daily cleaning regime and were told that the staff were responsible for the cleaning of the surgery. We were shown that colour coded mops and buckets were used for different areas of the surgery to help minimise the risk of cross infection.

The surgery held an infection control folder which included evidence of training, personal protective equipment (PPE) guidelines, policies and procedures relating to infection control, hand hygiene, waste management, disposal of sharps and hand hygiene. There was guidance around each policy contained within the folder.

We looked at the minutes of a sample of staff meetings and saw that discussions had been held around issues such as hand washing techniques and infection control. We saw that protective clothing, such as aprons, masks and gloves, were worn by clinical staff when treating patients.

We were shown the decontamination room in which there were two sinks for instruments and a separate hand washing sink with the hand washing technique displayed above it.

Reusable instruments were put through a cleaning cycle at the end of which some instruments were used immediately and others were bagged and labelled for future use. Records of each cycle were maintained. This process should comply with HTM01-05 requirements. The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This provides guidance for the decontamination of dental instruments and infection control in general dental practice.

We saw that there was only one autoclave, the device used for sterilizing equipment. We

asked about back up plans if the autoclave should malfunction. We were told that there was an arrangement for a replacement to be brought out within two hours if this should ever occur. We saw that staff wore the appropriate PPE when responsible for the cleaning cycle. There were reminders around the room of the correct protocols to be followed.

We observed that there were appropriate waste facilities for the disposal of needles and other clinical waste products within the surgery. There was a contract with an outside agency for the safe disposal of clinical waste and we saw records of this process.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We were shown the complaints procedure, which was outlined within the practice information folder in the waiting room. We looked at the accidents, incidents and complaints log, and noted that there had been no recent entries but that previous incidents had been followed up appropriately.

We saw that there were patient feedback forms in the waiting room. These were for patients to fill in and put into a suggestion box. We were told that patients rarely filled these forms in but that they would make suggestions verbally to staff members who would then take their comments forward to be discussed within team meetings.

We were also told that, because this was a small practice with few staff, informal discussions were held continually between staff about how to make improvements to the service delivery.

We spoke with four patients at the surgery. Two of the patients said that they had previously taken part in a patient survey where their feedback had been asked for about the service delivery. All four patients with whom we spoke were aware of the feedback forms available in the surgery and of the surgery's complaints procedure.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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