

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

Glendair Dental Practice - Alfreton

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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
Consent to care and treatment	✓ Met this standard
Fees	✓ 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

Details about this location

Registered Provider	Glendair Dental Practice
Registered Manager	Mrs. Beverley Harston
Overview of the service	Glendair dental practice provides dental services in the market town of Alfreton in north Derbyshire to private patients. The dental practice is located close to the town centre.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

What people told us and what we found

We saw that the dental practice had a patient centred approach to its work, and patients were put at ease by the staff

We spoke with two private patients at Glendair Dental Practice. Both patients said that they were very happy with their dental treatment, and they had been attending the dental practice for several years.

One patient told us: "I am very happy here, the dentist is very good, and all of the staff are very friendly yet professional. The treatment I have received has been first class."

The second patient said: "I am very happy with the treatment I receive, and all of the staff are marvellous. I can ask questions, and the dentist is only too happy to explain everything to me"

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.

Patients who receive a dental service from Glendair Dental Practice had their privacy, dignity and independence respected. Patient's views and experiences were also taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The dental surgery treated private dental patients. This was identified following discussions with the practice manager and a dental nurse. We saw that the scale of charges were available in surgery, at reception and on Glendair Dental Practice's web site.

The surgery is located in a single storey building close to Alfreton town centre. The surgery had a ramped access to the front of the building, with hand rails, and there was disabled parking close to the front door. The building was fully accessible to people with restricted mobility, as the entire dental surgery had a level access. The practice manager said that the building was fitted with a hearing loop, which meant that patients who were wearing hearing aids would be better able to hear inside the building.

Also within the building we saw that there was a toilet for patient's use, and a disabled toilet which had grab rails and a wide access door. The toilet facilities also included baby changing facilities.

We noted that information was available in the reception area, including a number of leaflets relating to various treatments and information leaflets about the dental surgery. The practice manager said that the practice used a telephone translation service should anyone have difficulty with spoken English.

We saw that every patient was given a copy of their treatment plan, and that this also included the cost of any treatment. This meant that all patients had a written explanation of what treatment they would be having and how much it would cost them.

The dental practice surveyed its patients, and copies were available in the reception area. The practice manager explained that a feedback form was available to all patients with a suggestion box in the reception area. We saw copies of previous forms that had been completed by patients and the evaluation of the information and how this had been used to

improve practice.

We spoke with two patients at the dental practice and both said they were very happy with their dental care. One patient said: "The dentist is very good, he always explains what they are doing, I'm perfectly happy with my dental care." A second patient said: "I am very happy here; I have every confidence in my dentist."

The practice manager told us that there been no complaints in the last twelve months. The complaints procedure was on display o the Glendair web site, which also featured a large number of positive comments from patients.

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

Reasons for our judgement

We saw that patients signed a consent form before their treatment started, and if following an examination further treatment was required, the patient signed a consent form for this further treatment.

We saw several examples of consent forms that had been signed by patients.

We asked both patients that we spoke with if they consented to their treatment. Both patients said that they provided written consent before any treatment started, and they also gave verbal consent during their treatment.

Fees

✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

Our judgement

The provider was meeting this standard.

Patients who receive a dental service from Glendair Dental Practice were informed of the cost of their treatment.

Reasons for our judgement

We were shown the scale of private fees, and these were available at the reception desk, and in the surgeries.

The patients said that they were made aware of the cost of any treatment before it started. They also said that their dentist always explained the options available including the costs.

We also saw that the fees for a range of dental treatments were available on the Glendair web site.

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

Our judgement

The provider was meeting this standard.

Patients who receive a dental service from Glendair Dental Practice experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We discussed the assessment process with both practice manager and a dental nurse, both for new patients and returning patients. We were told that at each visit there was an assessment of the patient's teeth and gums, and a discussion about the person's general health. All patients filled in a form giving information about their health, and for returning patients this highlighted any changes in their health status. We were shown a copy of the Denplan Excel 'your oral health score' which was used to record patients general dental condition from one appointment to the next. The practice manager explained that patients really liked the score, as it was something they could relate to.

The practice manager showed us examples of the dental records that were used at the practice. The practice has used paper records for many years but had recently got a new computerised system for their records. As a result patient's records were being transferred to the new computer, with patient's dental histories being transferred. We saw that both systems identified any particular risks. This would include the risk of excessive bleeding, diabetes or other health problems. The computerised records automatically flagged up any risks when the dentist opened the record. The records also had a chart showing, for example which teeth had been removed, filled or had root canal treatment. This meant that the dentist had a clear idea of the patient's dental history.

We saw that the dental practice had emergency resuscitation equipment together with the necessary medication for use in any such emergency. We checked the dates of the medication, and saw that all of the medication was still within its 'use by' date. One of the emergency drugs is best stored in a refrigerator, as storage at room temperature affects that use by date. A dental nurse showed us that this medication was stored at room temperature and that they were aware of how this affected the use by date.

Discussions with several staff members identified that they knew the location of all of the emergency medication and resuscitation equipment.

A discussion with the practice manager showed that all staff had been trained in resuscitation techniques, and had their training regularly updated and refreshed. This was further evidenced by the training certificates that we saw in the staff training files, and on display on the wall.

The dental practice had a central x-ray room. We saw that the local rules governing the use of x-ray equipment were on display in the x-ray room. It is a requirement that the 'local rules' are displayed beside x-ray machines within dental surgeries.

Both of the patients we spoke with said that they were very happy with their dental treatment. One patient told us that: "I have no concerns at all, they always make me feel comfortable and reassured." A second patient said I'm very happy with everything here. The dentists are all really very good."

We were shown that the dental practice had a Cerec machine (this stands for Chairside Economical Restoration of Esthetic Ceramics.) This is a machine that will create crowns, veneers, onlays, and inlays from a block of ceramic following computerised scanning of the patient's teeth by the dentist. The practice manager explained that this meant that the patient received their crown, veneer etc much quicker. This was because they were created while the patient was still in the surgery, thereby speeding up treatment and cutting down on the need for repeated dental appointments.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients who receive a dental service from Glendair Dental Practice were protected from the risks of infection because appropriate guidance had been followed, and patients were cared for in a clean, hygienic environment.

Reasons for our judgement

The dental surgery had a sterilisation room, this was where all of the dental instruments were cleaned and sterilised. The instruments were manually cleaned before being placed into an autoclave to ensure that there was no cross infection between patients. An autoclave is a device for cleaning and sterilising dental instruments, which will kill bacteria with pressurised steam at over 100 degrees centigrade.

Within the sterilisation room the dental practice had two autoclaves. The practice manager said that they did not have a washer disinfectant, as they were waiting for them to improve in quality and time for the wash cycle to complete. A dental nurse explained that they preferred to clean the instruments manually as they were then certain that they were clean. As per the regulations the dental practice has two separate sinks for use in the cleaning process.

We saw that the autoclave was calibrated and checked on a daily basis, with printed readouts for the staff to be able to ensure that the disinfection process was effective. In addition the autoclaves had indicator strips which showed that the machines had reached the correct temperature and for the required length of time. Both of these being crucial to ensure effective sterilisation in the autoclave. We saw that when the dental instruments were bagged after being sterilised, they had a sticker attached identifying when it had been sterilised. This was to allow staff to identify when the instruments had been sterilised as the instruments only remained sterile for a certain amount of time.

Within the dental surgery we saw that personal protective equipment was used, with gloves and masks for every member of staff. We saw how these were changed between each patient to cut down the risk of cross infection. We saw that there was a plentiful supply of 'clean' gloves and masks in each dental surgery.

We also saw that the dental surgery had a clinical waste contract, for collecting and disposing of soiled waste. This contract also covered the disposal of old fillings which are considered to be a 'hazardous waste' product.

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.

Patients at Glendair Dental Practice were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with three members of staff during our visit. We saw that staff working at the surgery had the relevant qualifications for the role that they performed. We saw copies of the appropriate certificates to support the staff member's views. In addition we saw the professional certificates for the dentist and the dental nurses.

We discussed staff training with the practice manager and we were told that mandatory training, which is training that staff must receive such as resuscitation training is provided by the dental practice for all staff. We saw certificates showing that staff had attended this training.

We saw evidence that all of the dentists were following a programme of continuous professional development (CPD). This is a requirement of the General Dental Council,.

We saw evidence that staff had undergone a Criminal Records Bureau check (CRB) with this being recorded in their individual staff file.

Discussions with the practice manager about supervision and appraisal showed that all staff had an annual appraisal together with a regular monthly one to one meeting with a supervisor. In addition a staff meeting was held at the dental practice every month. All of the staff we spoke with said that they felt well supported, and part of the team.

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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