

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

## Albert Road Dental Practice

1 Albert Road, Evesham, WR11 4JX

Tel: 01386442207

Date of Inspection: 22 April 2013

Date of Publication: May 2013

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

<b>Consent to care and treatment</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>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr. Michael Waplinton
Overview of the service	The dental practice provides private dental care services to people of all ages.
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 announced 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 22 April 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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During this inspection we spoke with the provider, the lead dental nurse, a dentist, two dental nurses and a receptionist. We also spoke on the telephone with six people who used the practice.

People that used the practice were very complimentary about the care and treatment they and where applicable their family members received. People told us they were given information about their treatment and the cost of this. One person said: "The dentist explained every step of what they were doing and what was involved". Another person said: "It was all talked through and the treatment options and costs".

The practice was clean and people we spoke with confirmed that this was their experience too. One person said the: "Waiting area is very clean and the surgery rooms are pretty spotless". There were suitable arrangements for the cleaning, sterilising and storing of instruments so that people were not placed at risk of infection.

The dental team were qualified and maintained their continuous professional development (CPD) as required by the General Dental Council (GDC) so that they knew how to support people.

The provider had systems of audit in place to enable them to monitor the quality of the service provided to ensure that people received appropriate care and treatment. People were asked for their views about the practice and these were listened to so they felt involved in their care and treatment.

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

### 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People who used the practice told us they were given choices, and all treatments were explained to them fully before making any decision. One person told us: "The dentist went through all the treatment options with me". Another person said the dentist: "Explains what is going to happen before it happens".

We looked at the dental records and treatment plans of 10 people treated by the practice. These showed that people's treatment options had been discussed with them and showed where consent had been obtained. This meant that people were kept fully informed about the treatment available to them and were able to make informed decisions about their care and treatment.

Staff spoken with were very aware of the need to obtain informed consent from people who used the practice prior to treatment being given. This meant that staff recognised the importance of ensuring people agreed to any provision of treatment before staff attempted to carry it out.

**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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People's needs were assessed and care and treatment was planned and delivered in line with their individual needs. People we spoke with were complimentary about the care and treatment that they received. One person said: "I can't fault them; if I have any problems they get me in to see someone the same day". Another person told us a: "Very high quality of treatment is given. I rate them 10 out of 10". Other people said: "Their approach has been excellent and our care" and: "The hygienists are very proactive". Another person said: "I receive excellent care and treatment. On my first visit they picked up on everything. I had to see the hygienist and they were very good. This has changed the way I manage my teeth".

Some of the people we spoke with told us that they sometimes felt nervous about going to the dentist. One person said the staff: "Are always ever so friendly and make you feel at ease". Another person told us the dentist: "Is brilliant at reassuring me". "They are very good with children and advise them how to brush their teeth. The children like them and have no phobias" about attending the dentist.

We looked at the records of 10 people who had recently used the practice. The records contained information about each person. They also identified any potential medical risks and included details of all appointments attended and the care and treatment provided. Records showed that people's medical history had been recorded and that people were asked about any changes to their medical history at each appointment. People we spoke with confirmed this. One person told us the dentist: "Check any changes in health and any tablets we are taking. They always check our throat for any abnormalities". This meant that any potential health risks could be identified to ensure the safety and welfare of the individual.

We saw that information was available to people about the services provided and the associated costs. Information on maintaining good dental health and general wellbeing was also available. Staff told us post treatment advice leaflets were provided for people, for example after a tooth extraction. One person said: "I had a tooth out and the dentist gave us an aftercare leaflet that told us what to do if it started bleeding".

We saw that the practice had a range of emergency medicines that could be administered

in a medical emergency, for example diabetes and unexpected shock from treatments. Records showed that medicines and equipment for administering them were being regularly checked to ensure they were in date and fit for use. Staff spoken with told us how they dealt with any medical emergencies that may occur. They all knew where emergency equipment was stored and had received the appropriate emergency first aid training. This meant that arrangements were in place to deal with any potential emergencies.

The practice was accessible for people with mobility disabilities. The treatment rooms and a recently refurbished toilet suitable for people with a mobility disability were located on the ground floor. A loop system was also available at reception for people with a hearing disability. This meant that people with a disability could benefit from the services available at the practice.

**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 cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and the spread of infection. People we spoke with told us that they had no concerns about the cleanliness of the practice. One person said the cleanliness was: "Pretty good, I can't fault that". Another person said in the treatment room: "All the bits are wrapped and look very sterile. They (the staff) always wear a mask and rubber gloves, sometimes they use two or three pairs during my treatment".

We saw that treatment rooms were clean and well organised. Records showed that staff that worked at the practice received ongoing training in infection prevention and control. Staff told us how they cleaned the treatment room and cleaned and checked equipment between use. This meant that people would be cared for in a clean environment and would be protected from the risk of infection.

There was a designated infection control lead with responsibility for the management and monitoring of infection control in the practice. This included responsibility for undertaking infection control checks at the practice, for example a hand hygiene audit.

We saw that there were effective systems for the transportation of clean and dirty instruments. For example, there was a designated room for the decontamination and sterilisation of surgical instruments. A dental nurse worked in this area each day. We found the areas were clean, tidy and well organised and there were clearly defined clean and dirty areas. Staff were able to explain to us the process they used for cleaning and sterilising the instruments.

We saw that personal protective equipment (PPE) was available for staff to use. We saw staff changed their PPE between accessing clean and dirty areas. Hand gel was located around the practice. Hand washing facilities were provided in treatment rooms. This meant that staff ensured that they and the people who used the practice would not be placed at risk of the spread of infection.

There were arrangements for the management of clinical waste products which included a secure area for storage of waste prior to collection. The provider may find it useful to note that the bags in this store had been overfilled which did not comply with the practice's policy for safe handling of clinical waste.

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

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## Our judgement

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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.

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## Reasons for our judgement

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Staff received appropriate professional development. We spoke with people who used the practice who told us that staff appeared very competent in the way they cared for them. One person said: "The staff are very professional all the time but also very friendly. We are more than happy with the service and the quality of it". Another person told us: "I would not go anywhere else, I am perfectly happy with the service. It is very good".

All dentists, dental nurses and hygienists that worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the United Kingdom. Records showed that the provider had carried out checks on staff's professional registration. This meant that the provider ensured that staff were suitably skilled to provide care and treatment to people who used the practice.

Records showed that staff had done a range of relevant training. Examples included safeguarding adults and child protection and resuscitation, as well as specific dental topics. Reception staff were also encouraged to undertake training relevant to their roles, for example greeting people. Staff used a range of methods to update their knowledge and skills. For example, records showed that some training was done within the practice, some was done using internet based courses and some took place at external venues. Discussion with staff confirmed this. We saw that staff had an annual appraisal and personal development plan.

Records showed that new staff to the practice had received induction training in line with the provider's procedures. Discussion with staff confirmed this. Staff told us their induction was: "Very good, I have felt supported and I can say if I have any concerns or need any extra help". This meant that the provider was able to identify areas where staff may need additional support and training to enable them to meet people's needs.

## 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 systems in place to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who used the practice were asked for their views about their care and treatment. We saw the outcome of a recent 'Patient Satisfaction Audit'. We saw that the feedback from people was positive. One written comment stated: "Always friendly. Helpful gives that little extra". We saw that an action plan was in place to implement some of the suggestions for improvement that had been made. One person we spoke with told us: "It is a really nice practice. It has a nice feel and staff are very friendly". We saw that a suggestion box was located in the waiting room and a suggestions form available at the reception for people to complete. This meant that the provider encouraged people to comment on their experience of the care, treatment and facilities provided by the practice.

Records showed that the provider investigated any complaints received in line with their procedures. Accidents and incidents were recorded. This meant that any lessons could be learnt and action taken to reduce these incidents reoccurring. We had not received any concerns about this practice since it was registered in June 2011. People we spoke with had no concerns about the treatment they had received.

Staff told us that they were able to give their feedback about the practice through regular staff meetings. Minutes from practice meetings showed that these took place each month. Staff told us at the next meeting they planned to discuss the recently revised changes to the hygiene code. This provided staff with an opportunity to review their practice and share new information. One staff member said: "We have our say; we can say what we like. We cover most things and can air any problems. They are quite good". This meant that staff's views were listened to and used to improve the practice where needed.

We found that the practice had some audit systems in place to enable them to monitor the quality of the service. For example, infection control, hand hygiene, health and safety and radiographic audits. The provider may wish to note that there were no internal audits of patients' records to check people's treatment or that the required information was reliably recorded. This would ensure that people who used the practice were not placed at risk of receiving inappropriate care and treatment.

## 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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