

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

Caldwell and Associates

The Alders Dental Practice, 82 Cross Lane,
Newton-le-Willows, WA12 9QB

Tel: 01925225997

Date of Inspection: 07 November 2012

Date of Publication: January
2013

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

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

Details about this location

Registered Provider	Dr. Duncan Caldwell
Overview of the service	Caldwell and Associates (The Alders) is a dental practice situated in Newton -Le -Willows. The practice has 4 surgeries providing NHS and private treatment to patients. The staff team consists of 4 dentists and 10 dental nurses including a trainee nurse.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 7 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with stakeholders.

What people told us and what we found

During our inspection we spoke with two people who were waiting to receive dental treatment. They were both very positive about the practice.

Some of the comments were, "I have been coming to this dentist for over 50 years. The refurbishments that have taken place are wonderful," "my wife used to be very fearful of coming to the dentist. She now comes here and is fine. They are brilliant with her," "the staff are very pleasant. I would recommend anyone to come here" and "I have advised people to come here, it's marvellous". Other comments we received included, "he is a brilliant dentist" and "I have had lots of different dentists. He is the best ever".

We saw that the treatment rooms, decontamination room, waiting area and other communal areas were clean and tidy. We also saw that the instruments and equipment used at the practice were cleaned and decontaminated in line with current best practice guidance.

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

People who used the service were given clear information about the treatment they would receive and how much it would cost. In addition we saw information about support to stop smoking and oral hygiene.

A comments and complaints book was available in the reception area. We also saw a sample of questionnaires that had previously been completed by patients and noted that these all contained positive comments about the service people had received. There were no records of any complaints.

In discussions with staff they provided examples of the ways in which they had maintained patients' right to privacy. This included providing a private space for discussions if needed; password protected computers and never providing confidential information over the phone to anybody else regarding a patient.

We observed staff both on the phone and in person dealing with patients and noted that they were helpful and polite. Some of the comments from patients were, "The staff are polite, professional and efficient" and "All of the staff and the dentist put the patients' needs at the centre of their practice at all times."

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

People told us that they had regularly been asked to update their health information form and that prior to any treatment this had been thoroughly explained to them and their consent obtained. We observed people being asked by reception staff if there were any changes to their health. The lead nurse also told us, "The dentist will also always ask if there are any changes to medication or medical history. It's a wellbeing check as well." We noted that people's personal and medical history was updated at each visit.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed three people's records and found evidence of information in respect of people's examination, risk assessments, treatment planning, preventative dental care and advice.

We observed one of the dental nurses reassure a person who was a little anxious. She explained that the dentist would only be a few more minutes before seeing them. This was done in a sensitive and calming manner.

One patient said, "I have received treatment from two of the dentists, they were both very skilful, professional and whilst receiving treatment making me feel at ease."

There were arrangements in place to deal with foreseeable emergencies. The practice had a first aid kit, an emergency drugs kit, for example medication for anybody having an anaphylactic shock, an allergic reaction and eye wash. Oxygen was also available. Two members of staff were fully trained to take the lead in first aid. Staff were also trained in cardiopulmonary resuscitation (CPR).

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 practice had up to date policies and procedures in place for the protection of vulnerable people, including a whistleblowing policy.

We spoke with three members of staff at the time of our inspection who told us they had received training in the safeguarding of children and adults.

The staff were fully aware of the potential areas of abuse and were able to demonstrate how they would ensure that the welfare of vulnerable people was protected through the safeguarding procedures.

We saw staff training records that confirmed that staff had received appropriate safeguarding training.

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 and people were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The treatment rooms were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in each of the treatment rooms. Staff told us that protective equipment, including visors, gloves and aprons were used when cleaning and sterilising equipment. We saw evidence of appropriate protective equipment in place and accessible in the surgeries. We saw sharps containers that were appropriate and not overfilled.

People told us that they had always found the practice to be clean and tidy. One person commented that it had always been; "Really clean". People also confirmed that staff had always worn disposable gloves, aprons, and masks and provided goggles for them, if needed.

All clinical staff were trained and competent in decontamination procedures. There was a newly built separate decontamination / sterilisation room, which was not up and running at the time of our visit. However we were shown and told how the workflow system process from the dirty through to the clean area would operate.

We were informed that the lead infection control person from the local PCT had been involved in giving advice and guidance regarding the installation of the decontamination room. The PCT also regularly monitored the management of infection control within the practice. During our visit the decontamination lead nurse demonstrated the decontamination process. We observed that correct practices were undertaken as per good infection control practice guidelines.

We saw that sterile instruments were bagged and dated with the sterilisation date and use by date.

Waste contracts were in place for the collection and disposal of clinical and domestic waste.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three staff members during our visit. They told us they felt well supported and had all the training and information they needed for their roles.

Some of the staff comments were, "I really enjoy working here. My mum said, I have never seen you so happy coming home from a job," "I feel so well supported and appreciated here," "It's such a lovely atmosphere working here" and "We specialise in being a family orientated practice."

Patients commented, "They (staff) are friendly and very good with children" and "The staff are polite, professional and efficient."

During our inspection we looked at the training records of three members of staff. We saw that mandatory training updates and further training relevant to their roles and responsibilities had been provided. Each member of staff had a professional development portfolio in place that evidenced their ongoing training and development.

We were informed that training was provided by The Mersey Deanery NHS. The training covered infection control, radiography, oral health, first aid, medical emergencies and smoking cessation.

We saw evidence of practice / staff meetings which took place bi-monthly, which provided staff with the opportunity to discuss the service and ways in which ongoing improvements could be made.

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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