

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

Dental Practice

5 St Marys Place, Stafford, ST16 2AR

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Date of Inspection: 19 April 2013

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Mubbassir Waraich
Overview of the service	The Dental Service offers NHS dental care and treatment for adults and children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures 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 announced 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 April 2013, talked with people who use the service and talked with staff. We reviewed information sent to us by other authorities.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people who used this service. The inspection was arranged one day in advance. This was to ensure that we had time to see and speak with staff working at the practice, as well as people registered with the service.

We looked at the paper records for two people who used the service to see how their care and treatment was provided and managed. We talked with staff who were aware of and able to discuss people's care and treatment needs.

We spoke with three people who were at the practice at the time of this inspection. We spoke with a further three people following the inspection. They all told us they were wholly satisfied with the service and would recommend this dental practice to anyone. One person told us: "It is an excellent service, all staff are very friendly, helpful and supportive. Nothing is too much trouble for them. I have been coming to this practice for many years and would not want to change".

People we spoke with told us that the practice always looked very tidy and they were satisfied with the standards of cleanliness. During the inspection we saw that there were good standards of hygiene and infection control practices.

We saw the way the service monitors the quality and safety of the service. The dentist told us that they were aware that improvements were needed in this area.

We found that Dental Practice was compliant in all five outcomes that we inspected.

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

Reasons for our judgement

We spoke with two people who used the service who told us they were very satisfied with the care and treatment they had received.

At the practice we heard the staff speak with people in a friendly, respectful way. Staff told us should people wish to speak in private with the clinical staff or dentist one of the surgeries would be made available.

In the practice there were information leaflets available to inform people about the care and treatment available. Staff told us they were not available in alternative formats but arrangements would be made if this was needed. The provider may wish to consider having information leaflets in alternative formats (large print etc) to ensure the communication was tailored to meet the individual needs of people.

We spoke with one person at the practice during our inspection. They told us that the dentist had explained the care and treatment choices available and they were given time to consider the options. They told us: "Everything is explained so we know exactly what will happen. Appointments are made to suit us; we have never had any problems or concerns here".

The dental nurse explained the way they help and support people who may be anxious and nervous. They told us that it was important to give people time to overcome their anxieties and by speaking with people in the correct way helped with reassuring them, putting them at ease.

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 saw information about the dental practice at the entrance to the surgery. The dental nurse told us they always informed people of the opening hours and the actions they could take if they needed help out of usual business hours or in the case of an emergency.

Mr Waraichs' surgery was situated on the ground floor and had ease of access for people who may have mobility problems.

The dental nurse showed us how the dental care and treatment was planned and delivered for each patient. We looked at the dental records of two people who used the service. Both contained information relating to peoples' medical history, their known allergies, ongoing assessments and their treatment plans. The nurse told us that on each occasion a person used the service the records would be updated. This meant that an up to date account of people's current treatment needs was recorded and readily available.

People we spoke with told us that on each occasion of seeing the dentist they would ask about any changes to their medical condition. One person told us: "The dentist always asks if there have been any changes to the tablets I take since my last appointment". This meant any necessary changes to people's treatment plans could be made.

People told us that the frequency of check ups and follow up treatment was based on their individual needs and current oral and dental health. Appointment times were allocated to meet the treatment needs of the individuals. One person told us that only occasionally did they have to wait past their appointment time to see the dentist. They told us: "Generally I do not have to wait but if there are any delays the receptionist will tell me and apologise for the wait".

Staff told us that they keep a limited stock of medication on the premises. They told us and we saw that robust procedures were in place to ensure an accurate account of the medication was maintained. We saw that regular checks were completed to ensure all medication was safe to use.

We saw that there was a system in place for checking the medicines and equipment in the emergency resuscitation kit. We saw that this equipment was in date and ready for use. A

sample of the emergency medicines showed that they were in date at the time of our visit. Staff we spoke with told us that they had received emergency resuscitation training and training records we looked at confirmed that. This meant that people could receive the correct treatment in an emergency.

The two people we spoke with following our inspection told us that all staff were kind and considerate. One person told us: "All staff are very polite and pleasant. The service is very good and accommodating. If there are any concerns with my teeth I only have to phone and they try and fit me in as soon as possible". Another person told us: "I am very satisfied and have always been very happy with the service I receive".

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 cared for in a clean, hygienic environment.

Reasons for our judgement

The Code of Practice on the prevention and control of infections for health and adult social care requires providers to have adequate systems in place to prevent and control infection. The Code expects that all areas of a dental practice will be kept clean and suitable for treatment to be provided to people.

During our visit, we found that the practice provided a clean and suitable treatment environment with systems in place to prevent and control infection. The dentist told us that all staff had responsibility for maintaining the cleanliness of the practice.

There was a dedicated decontamination room for the practice, where all cleaning, checking and sterilisation of instruments took place. A dental nurse explained the instrument cleaning regime to us. There were clear schedules and arrangements in place to ensure cleanliness and infection control was adequately managed.

We saw that the surgeries were clean and hygienic. The dental nurse explained the cleaning schedules in place prior to and between any consultations with patients. Staff told us and we saw that personal protective equipment was readily available to use. Hand washing facilities were provided in treatment rooms. People we spoke with told us that the dentists, hygienist and nurses always wore disposable gloves and masks and offered them glasses to protect their eyes during treatment. This meant that robust procedures were in place to reduce the risk of contamination and infections.

The dentist told us that the systems for reducing the risk of legionella were now due for checking to ensure a safe system is maintained. Records we saw indicated that the checks were now due. The dentist offered an assurance that action would be taken.

We saw a fridge was used for storing a certain medication that required cool storage. The dentist told us that the temperature of the fridge was not recorded daily as required by the regulations for the safe storage of medications. We saw that this fridge was in need of replacement as it was damaged and could not be effectively cleaned. The dentist offered an assurance that a new fridge would be purchased. The provider should note that daily monitoring of the temperature of the fridge where medications are stored should be completed and records kept.

We saw a record where a dental nurse had sustained a needle stick injury. A record was made of the immediate action taken to reduce the risk of harm to this nurse. We saw that policies and procedures were readily available with instructions for the action needed following such incidents.

Two people we spoke with following our inspection both told us that they had never had any concerns with the cleanliness or hygiene at the practice.

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

The dentist told us that staff had received regular training that was relevant to their role. We saw certificates of training which showed attendance on a variety of courses throughout the year. Training included infection control, patient confidentiality and cardiac pulmonary resuscitation. Staff told us that the training was sufficient for their role.

The dentist told us of the plan to introduce annual appraisals for staff, giving an opportunity to speak formally about work performance, training and development requirements. The dentist told us that there were many opportunities for staff to speak with them about any issues they may have with either their personal development or practice issues.

We saw that meetings were held monthly for all staff. The dentist told us these meetings included discussions on the dental practice and any information of interest. This meant that systems were in place to provide staff with the information they needed for the work to be performed.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Some improvements to the current system may be beneficial.

Reasons for our judgement

People we spoke with were happy with the care and treatment they had received. They told us if they were not happy they would complain or go to a different dentist. We had not received any complaints about the practice.

We saw that the registered provider had systems in place to monitor practices to ensure that people received a quality service. We saw that a suggestions box was available in the reception area so that people could comment on the treatment they received. The provider may wish to consider having pen and paper available and close by the suggestion box for the ease of people wishing to comment.

We saw that questionnaires had been completed by people using this dental practice. We looked at recently completed questionnaires which all confirmed people's high satisfaction with the service. We saw a comment where one person suggested: "Early morning appointments would be good but on the whole everything is fine".

Safety certificates were available for the equipment used for people's care, such as the x-ray machines and autoclave. This meant that the provider had taken action to make sure that equipment used to treat people was tested to make sure that it was safe to use.

We saw that the dentist had completed an audit of the service in September and November 2012 where they identified some concerns with recording the consent of people. We spoke with the dentist about this. They told us they always gained the verbal consent of people for their treatment but that this was not routinely recorded on their file. The provider may wish to consider ways of consistently recording the consent to treatment at each occasion.

We saw the way the service monitored the quality and safety of the service. The dentist told us that they were aware that improvements could be made in this area. The provider may wish to consider introducing a more effective regular quality monitoring system. Any issues would then be identified in a timely way and ensure the continued provision of a quality service.

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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