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

H M Forest Bank Prison

Forestbank, Swinton, Manchester, M27 8FB
Tel: 01619257000
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We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✔</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✔</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✔</td>
</tr>
<tr>
<td>Records</td>
<td>✔</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Dr. Mohammad Al-Sharkawi</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview of the service</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Mohammad Al-Sharkawi is registered to provide dental treatments to the prison population at HMP Forest Bank Prison. The service operates from a designated area within the healthcare unit of the prison. The clinic area is suitable for disabled access.</td>
<td></td>
</tr>
<tr>
<td><strong>Type of service</strong></td>
<td>Dental service</td>
</tr>
</tbody>
</table>
| **Regulated activities**  | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>5</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>9</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>11</td>
</tr>
<tr>
<td>Records</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>About CQC Inspections</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we define our judgements</td>
<td>14</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>16</td>
</tr>
<tr>
<td>Contact us</td>
<td>18</td>
</tr>
</tbody>
</table>
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 16 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with stakeholders.

What people told us and what we found

Patients confirmed that they were given information about treatment options before making a decision about their treatment. They told us they felt involved and included in their treatment plan and that the dentist explained any proposed treatment to them.

One patient told us they had found it easy to get an emergency dental appointment when they were in pain and that the dentist had been good and had explained the treatment to them.

Patients told us the dentist was, "Helpful, he explained things to me."

Another patient said, "...he was pretty helpful, I've got to come back for a filling and a scale and polish. Everything was ok he told me what was happening."

One patient had a tooth extraction and following his treatment said, "It was good. I didn't feel a thing, it was quick."

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.
### Respecting and involving people who use services

| People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run |

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**Our judgement**

The provider was meeting this standard.

Patients’ were involved in their care, which was delivered in a respectful and dignified way.

**Reasons for our judgement**

We looked at the treatment and care records of three patients who received a service from the practice and we spoke with nine patients.

Patients’ accessed the dental service by making a written application to the healthcare clinic through a prison officer on their wing. Nurses from the healthcare clinic checked the health requests of all applications and those for dental care were passed to a dental nurse who was employed by HMP Forest Bank Prison. A daily list of patients was planned and drawn up by the dental nurse and appointments were sent out to prisoners.

Patients’ confirmed that they were given information about treatment options before making a decision about their treatment. They told us they felt involved and included in their treatment plan and that the dentist explained any proposed treatment to them.

One patient told us, "Treatment is good…he (dentist) doesn't always explain the treatment but I know I can ask questions."

We observed two patient's undergoing treatment. We heard the dentist explaining what he was going to do for example examination of teeth and gum areas. We heard the dentist discuss the patient's medical history with them. We heard the dentist ask if there had been any changes to patient's medication.

We heard the dentist discuss planned treatment and treatment options with patients and we heard the dentist provide advice on general dental care including smoking cessation treatment and support.

We saw that patients were asked to sign a consent form and consent was obtained before any treatment was given.

The decision about when patients should return to the dentist for a follow up appointment or routine check was individualised, depending on the circumstances of each patient.
We saw health promotion leaflets were available in the surgery and these were available for patients to take away. We saw information explaining NHS services and costs and we saw that the practice provided an information leaflet about the dental service. The leaflet advised patients of clinic opening times, how to make an appointment, what to do in the case of an emergency, what services were provided depending on the time they were sentenced and how to make a complaint.

We saw that patients using the dental service were treated respectfully by both the dentist and the dental nurse.

We looked at patients records and saw signed consent to treatment forms in place. We saw evidence on patient records to show what discussions had taken place with patients about proposed and planned treatment. This meant that the dentist was consulting and involving patients in decisions concerning their treatment.
Care and welfare of people who use services  

Met this standard

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

Our judgement

The provider was meeting this standard.

Patients’ needs were assessed and care and treatment was planned and delivered in line with their individual needs.

Reasons for our judgement

We looked at the treatment and care records of three patients who received a service from the practice and we spoke with nine patients.
We received mixed feedback from patients who used the service. Five patients who had received on going treatment spoke very positively about the treatment they received. Other patients who were attending the practice for the first time told us they had heard negative comments about the practice and treatment provided.

On the day of our inspection twenty patients were scheduled in to see the dentist. We saw that additional time was available to see emergency patients and we were told that patients in extreme dental pain would be seen as soon as possible after being triaged by a healthcare nurse.

Details about opening hours of the practice were provided on an information leaflet, along with details of how to access emergency services. Patients we spoke to told us they were unaware of how to access emergency treatment. We discussed this with the dentist who agreed to remind patients how to access emergency dental services. One patient told us they had found it easy to get an emergency dental appointment when they were in pain and that the dentist had been good and had explained the treatment to them.

Patient records were held on paper and electronically. We looked at a sample of patient records that included a full dental history, background medical history and examination and planned treatment. We saw recordings included patient oral health, soft and hard tissue examinations, diagnosis and treatment outcomes.
Following their treatment patients were given a copy of their personal dental treatment plan, known as a FP17C form. We spoke to patients following their treatment and with their consent looked at their treatment plan. We saw copies of patients treatment plans stored in patients files along with signed copies of a FP17 form which was used to claim NHS costs.

Some patients were unclear about why they could not receive all their recommended treatments. We were told that if a person was sentenced to six months or longer, they were entitled to all NHS dental treatments that were clinically necessary. However if a person was on remand then they would be entitled to emergency dental care only, to relieve them of pain.
Four dental clinics were provided at the prison, including Sunday morning. We looked at dental waiting lists and saw that there was an average waiting time of four weeks. Some patients told us they had waited up to six to seven weeks for an appointment. We discussed this with the dentist who told us that annual leave had impacted upon clinic opening times through the summer months and that they were actively attempting to reduce the current waiting list.

We received some negative comments from patients' about the dental service provided. We found that for these patients' this was their first appointment and their first personal experience of the service. We spoke with the same prisoners following their treatment and they told us the dentist was, "Helpful, he explained things to me." Another patient said, "... he was pretty helpful, I've got to come back for a filling and a scale and polish. Everything was ok he told me what was happening." One patient had a tooth extraction and following his treatment said, "It was good. I didn't feel a thing, it was quick."

We spoke to three patients who were receiving ongoing dental treatment, all told us they were satisfied with the treatment, care and advice they had received. One patient told us the dentist had given them advice on how to deal with sensitive teeth. They told us the dentist had explained to them what treatment they needed and what treatment options were available to them and said of the dentist, "He was spot on."

We had a discussion with the dentist and the dental nurse and shared both positive and the negative comments we had received with them. The dentist was fully aware of the negative perception that some patients' had of the service. He told us he felt this was a cultural attitude within the prison and despite this he and the dental nurse remained professional and provided a good service to patients.

We spoke to Salford NHS about the provider. They told us that Salford NHS had spent a lot of time working with dental providers in the Salford area and they had no concerns about the practice and they were not aware of any negative rumours concerning the practice.

We did not find any evidence to substantiate the negative comments made by some patients who used the service.

We saw that the door to the surgery was kept open whilst patients were being treated. We had a discussion with the dentist about this and they told us they had been subjected to verbal abuse and threats and for this reason they preferred to keep the door open. We saw that a prison community officer patrolled the corridor outside the treatment rooms and two panic buttons were situated in the treatment room. The provider may find it useful to note and consider the risk each patient presents to staff safety and welfare. This may allow the dentist to provide treatment in a private manner with the door closed for those patients who do not present a threat to staff safety.

We saw that oxygen and masks were available for patients should the need arise. Oxygen levels were checked.
Emergency drugs were stored in the treatment room next to the surgery.
Resuscitation equipment was also stored in the nurses' treatment room and accessible to both the dental nurse and dentist.
Cleanliness and infection control  ✔ Met this standard

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' were cared for in a clean, hygienic environment. There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

We looked at the treatment and care records of three patients who received a service from the practice and we spoke with nine patients. Patients' told us the surgery was clean. We too observed that the surgery was clean and maintained to a good standard.

The provider had a contract with Salford NHS to provide dental services to HMP Forest Bank Prison.

The practice had policies and procedures in place for the prevention and control of infection. Personal protective equipment (PPE) was available for staff when carrying out dental procedures.

The staff we spoke with understood the importance of infection prevention and control, including decontamination. The dental nurse we spoke with was clear about roles and responsibilities with infection control. We saw policies and procedures in place relating to decontamination and the prevention and control of infection.

The practice had a separate room where equipment was cleaned and sterilised, known as the decontamination room. The decontamination room was new and had only been in operation since September 2012. An autoclave and a washer disinfector were situated in this area. We saw records and checklists confirming that the dentist ensured that checks of the infection control and decontamination systems took place on a regular basis in keeping with HTM 01-05 requirements.

We were told that matrix bands and endodontic sticks were for single use only.

Waste disposal arrangements were the responsibility of HMP Forest Bank and we saw a copy of the disposal of clinical waste policy for the service.

A policy was in place for the handling of contaminated sharps and needles at the surgery.

We saw a copy of the radiation protection adviser contract for the period 1 February 2012 to 31 January 2013.
The surgery was suitable for disabled patients and the dentist told us that he also visited patients on prison wings in their cells or in a treatment area on the wing, in order to take impressions for false teeth when required.
Supporting workers

Met this standard

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

Reasons for our judgement

We looked at the treatment and care records of three patients who received a service from the practice and we spoke with nine patients.

We saw copies of the dentist’s certificate of registration which showed that he was entered in the Dentists Register and was entitled to practice dentistry for the period 1 January 2012 to 31 December 2113. The dentist had provided a service to patients at HMP Forest Bank for 12 years.

One dental nurse worked at the practice. The dental nurse was employed by HMP Forest Bank Prison, which is a private prison and at present is exempt from the Health and Social Care Act 2008. However we saw evidence that the dental nurse working with the dentist maintained her continuous professional development and had completed training in basic life support on the 17 September 2012 and the dentist confirmed that he had also completed training in basic life support on the same date.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Met this standard

Our judgement

The provider was meeting this standard.

Patients’ personal records including medical records were accurate and fit for purpose. Records relevant to the management of the service were accurate and fit for purpose.

Reasons for our judgement

We looked at the treatment and care records of three patients who received a service from the practice and we spoke with nine patients.

We saw that care and treatment records for patients were in place. These contained accurate details of each patient including an up to date medical history.

We saw records were in place that contained information in relation to the care and treatment provided to each patient.

Patients were given a copy of their treatment plan at the end of their appointment. We saw where patients were receiving ongoing treatment their records were updated following each appointment.

We initially had some concerns about the storage of patient records held in the surgery. One day when the surgery was not in use we observed patient records stored in the treatment room ready for the following days clinic. We discussed this with the dentist and dental nurse who told us that lockable storage cabinets were on order from HMP Forest Bank Prison and following our discussions a lockable area within the treatment room was identified. We were told that patient records would only be stored in this area until new lockable cabinets were made available. This meant that patient records were stored safely and patient confidentiality was maintained. We were told that treatment and dental records were stored for ten years.

Records of the maintenance of equipment used at the surgery were appropriately maintained. This meant that patients were protected against the risks of unsafe or 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.

**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.