

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

Ainsty Dental Practice

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Stephen Davies
Overview of the service	Ainsty Dental Practice is located on the outskirts of York City Centre; there is a car park for patients at the rear of the building. The surgery is located on the ground floor and there is disabled access. Dr Stephen Davies is the registered person for this practice. The patients are predominately Denplan private patients; there is also the facility to pay for individual treatment items.
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 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 9 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service and talked with staff.

What people told us and what we found

To help us understand the experiences of people using the service, we spoke with people who had attended the surgery at the time of our inspection.

We spoke with people in private at the practice address. Everyone we spoke with said that they were treated with respect and kindness. They said they gave agreement for their treatment and they had their treatment options fully explained to them. People told us they were supported to make decisions and choices regarding their care and treatment. One person said, "He explains everything in detail, he is so patient." Another said, "He is explicit and gives options."

People told us they did not have to wait too long for appointments and that they are always welcomed in a friendly manner. One person said, "I lost my filling yesterday and I was given an appointment for today."

People commented that they thought the surgery and practice building were clean. One person said, "It is always clean."

We were told by the people we spoke with at this inspection they felt safe and relaxed when receiving treatment. One person said, "He is the best dentist I have ever had. He makes sure I am relaxed before I sit in the chair"

People told us that they had not had any need to complain; but if necessary they would speak either to the dentist or the practice manager.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Everybody we spoke with at the practice made positive comments about the care and treatment they had received. Staff were described as 'friendly, pleasant and professional.' One person said, "The dentist is very thorough. He went through my treatment options and the costs before I made my decision." Another person told us, "I had agreed to one treatment option and then changed my mind; the dentist was very supportive about this."

We observed staff treating people with kindness, respect and courtesy. The four people, who had received treatment on the afternoon of our inspection, were very relaxed when we spoke with them about their experiences.

We reviewed the records of people who received treatment on the day of our inspection. They had individualised treatment plans which had been agreed with the dentist and signed by the person receiving treatment. We saw parents had signed consent for their children's treatment too. We saw the dentist had made comprehensive notes about their discussions with the patient and their relative, if necessary.

We spoke with the dental nurse about treatment and patient choice. They told us that when patients require treatment they are presented with all of the options available, the cost and the implications of each option. It was clear to us that the final decision on treatment was with the patient and/or their parent. So with support and guidance from the dentist; they were able to understand their treatment plan.

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 we spoke with told us that they were very pleased with the care they received and the treatment and service provided. One person told us, "I used to be scared of the dentist, now I feel really comfortable coming here." Another person commented, "The dentist always explains in detail what he is doing and tells me what is happening."

We looked at patient records during our visit. Records were held electronically, with paper copies of consent and agreement to treatment plans stored in locked cabinets. The records showed that people were involved in the planning of their treatment and that informed consent was gained.

Emergency and first aid equipment was available within the practice. These were stored in the decontamination room, adjacent to the surgery. This gave easy access to the equipment if required.

We spoke with the dentists and the dental nurse who was working on the day of our inspection. They told us what emergency equipment they had and how it would be used, if necessary. They told us they had recently received training in Emergency care in dental practice, this updated their resuscitation skills. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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.

Reasons for our judgement

People told us that they had no concerns around the cleanliness of the practice. They told us that they wore protective glasses and a clothes protector when having their treatments. One person told us the dentist, "Wears glasses, a mask and gloves, when he is carrying out procedures on me." Another said, "The surgery always smells clean when I arrive."

There were effective systems in place to reduce the risk and spread of infection. The practice had policies and procedures in place for the prevention and control of infection. The practice had cleaning and sterilisation processes in place that followed best practice guidelines and we saw that these were regularly monitored and audited to ensure these processes were maintained .

The practice manager told us the dental nurses were responsible for cleaning the surgeries, after each patient and at the end of the day.

We spoke with the dental nurse who told us that she had received all of the immunisations required for working in a dental practice, this included Hepatitis B. She told us how she would respond to, needle stick injuries and blood spillage; these met with the guidance.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There is a recruitment and selection process in place and some staff including the dentist and the practice manager had up to date Criminal Record Bureau (CRB) clearance. However, some other staff, including the two part-time dental nurses, who might work directly with patients, did not. The provider might find it useful to note that they need to have systems in place to risk assess the respective roles of staff deployed and ensure that all relevant staff have CRB clearance checks in place. We spoke with the practice manager about this and she told us that they would address this immediately.

We spoke with one of the dental nurses who worked at the practice. She told us that she had completed an induction programme which included infection control and safeguarding children and vulnerable adults. She said that she had attended courses and used e-learning as part of her Continuing Professional Development (CPD) that is required by their professional body. We saw evidence of her CPD records. We were told by the dental nurse how she would support people to relax, by chatting to them. This was confirmed when we spoke with people on the day of our inspection. The dental nurse told us that she had an annual appraisal, with the practice manager. We were also told that they often discussed cases at lunchtime, in the staff room, which was an informal way of supporting and learning from each other. She told us she felt 'well supported' by the dentist and the practice manager.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The people we spoke with did not directly comment about this outcome. When we asked them what they would do if they had a complaint, they told us they would speak to, "Either the Dentist or the practice manager."

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the practice's current complaints procedure was displayed in the waiting room. We were shown the practice's complaints policy and procedure. We were told by the practice manager, how they would work with the patient to resolve their complaint to their satisfaction.

We saw the comments box in the waiting room. We saw evidence of the comments people made and they were very complimentary about the service they had received and the skills of the dentist.

People told us that they had 'every' confidence in the dentists and the dental nurses. They said every examination was, 'very thorough' and we saw children on the day of our inspection who left the surgery smiling.

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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