

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

Broadway Dental

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Date of Inspection: 24 April 2013

Date of Publication: May 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
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	S A Groups
Overview of the service	Dental practice offering NHS and private dental services to people of all ages.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

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 24 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

This dental practice had two treatment rooms and employed three dentists, five nurses and a part time hygienist.

During our inspection process we spoke to seven people who had recently used this dental practice or were receiving treatment that day. People told us that they were happy with the service that had been provided and the treatment they had received. One person told us, "I had been to many dentists in the past but they were not able to meet my dental needs. This dentist knows my condition perfectly and I get the treatment I need". Another person said, "I always use this dentist I have been coming here for a long time. They are good with the children".

People told us and we saw that staff were helpful and polite. We found that people had received the care and treatment they needed. People told us that they were informed about the treatment they needed and were given choices and options regarding this.

We saw that processes were in place to prevent infection. People we spoke with had no concerns about the cleanliness of the practice.

Recruitment processes were adequate to give people using this dental practice assurance that only suitable staff had been employed.

We saw that processes were in place to monitor the quality of the service provided to the satisfaction of the people who used it.

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.

Reasons for our judgement

We heard staff talking to people in the waiting room in a helpful and polite manner. People we spoke with told us that they had been treated with respect whilst having their treatments. One person said, "They are helpful and polite".

We saw that information about NHS and private charges was available in the waiting room. People we spoke with told us that they were told how much their treatment would cost before they agreed to it.

People told us that their appointment had been booked to their convenience. One person told us, "I am given an appointment that suits me". Other people told us that they were always given an appointment when they needed one at short notice. This meant that the staff offered appointment dates and times to suit people's needs, preferences and individual lifestyles.

Staff told us that the practice offered a service to a diverse range of people. They told us how they communicate with people whose first language was not English. For example, staff at the dental practice spoke a number of languages. We heard staff conversing with people in a language that they could understand. Staff also told us how they made people who had been nervous about having dental treatments feel at ease. They told us that they gave people time and explained things to them. People we spoke with confirmed that the dentist and staff had put them at ease which made them feel less nervous. This meant that staff recognised that people had different needs and had adapted their approaches and communications to meet those needs.

We saw that the front entrance to the dental practice was on ground floor. A passenger lift was available for people to access the first floor where the surgery rooms were located. A large toilet room was provided which could accommodate wheelchairs. This meant that this dental practice could offer people with mobility restrictions a service because appropriate access and facilities had been provided.

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 who used this dental practice had been given appropriate information regarding their care and treatment. People we spoke with told us that they had been given the information they needed to help them decide what treatment they could choose. One person said, "They always explain everything to me so I understand what I need to have done". They ask my opinion and give me treatment options".

People's needs were assessed and their care and treatment had been planned and delivered in line with their individual care choices. People told us that they were happy with the care and treatment they received from this dental practice. With their permission we observed one person's treatment being carried out. We heard the dentist explaining what treatment the person needed. We saw the person nodding in agreement. This meant that the dentist had explained to the person the treatment that they needed and the person was happy and agreed with that treatment.

People told us that they were asked if there were any changes to their medical conditions or medication at each visit. Whilst observing in the waiting room we heard the receptionist ask people to complete a medical history form.

The dentist confirmed that as routine for each person they would thoroughly examine people. They showed a check list they used for this purpose. For example, they checked people's soft tissue and checked to see if there were any swollen lymph nodes or other concerns as well as assessing the state of people's teeth. This meant that people had been assessed to determine if any sign of disease was present for which they may have needed treatment or a referral to a specialist for further investigation.

Recalls for dental checks were based on current guidance and people told us they had a six monthly check up at the dentist. People we spoke with told us that they were sent a reminder before their next appointment was due. Staff confirmed that they send reminders to people in the way that they preferred. Some were sent by a mobile phone text and some were sent by post.

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 all medication was within date. Staff we spoke with told us that they had received emergency resuscitation training and training records we looked at confirmed that. We were told that refresher training had been arranged for the following week. This meant that people could receive the correct treatment in an emergency.

We found that the temperature of the area where medication was stored was not being monitored. This meant that staff could not confirm that that medication had been stored at the temperature that had been recommended by the manufacturer to prevent it being 'spoilt' or not working as it was supposed to. The registered provider told us that they would address the issue.

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 they had no concerns about the cleanliness of the surgery. One person said "The surgery is always clean. If I felt it was not clean I would not go there."

We saw that systems were in place to reduce the risk and spread of infection. We found that decontamination and sterilisation processes included used instruments being transported from the surgeries in closed containers to the decontamination room where the autoclave was located. After being cleaned and autoclaved the instruments were then put into bags and dated for use within 21 days. We were told that the instruments were checked regularly and if not used within the expiry date they were then re-sterilised prior to use. We looked at a sample of the sterilised instruments stored in the surgery rooms and saw that they were all in date.

We saw that there were plenty of gloves, aprons and masks available. On the day of our inspection we found that equipment in the rooms were visibly clean. This included the dental chairs, equipment used for treatments and the work surfaces. We observed staff undertaking cleaning processes after people's treatments had been completed. These actions meant that bacteria were less likely to grow and infection transmission risk was lowered.

We saw evidence to show that everyone involved in clinical treatment had received infection prevention training. This training would give staff basic knowledge and understanding of infection prevention to help protect people from infection and risk. We asked people who had recently had treatments at this practice if they had any problems afterwards such as infection. People confirmed that they had not developed any infection after their treatments.

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

People we spoke with had no concerns about the staff working at the practice. One person told us, "The staff are very helpful and polite." Another person said, "My dentist is very good, I would not go anywhere else".

We looked at the recruitment documents for four staff members who had been employed since the provider had been registered with us. Records confirmed that an enhanced Criminal Records Bureau (CRB) check had been undertaken and that a check had been carried out on the 'barring' list. The manager told us that they were in the process of having new checks undertaken on staff. We saw evidence of staff registration with their registering body. This meant that recruitment processes and checks gave people using this dental practice assurance that they were protected from the risk of unsuitable staff working there.

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 systems in place to assess and monitor the quality of service that people receive.

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 find a different dentist. We had not received any complaints about the practice. We saw that a small number of complaints had been received which had been dealt with appropriately.

We looked at recently completed questionnaires which generally confirmed people's satisfaction with the service. We saw evidence to confirm that the registered provider had taken notice of the comments that people had made. For example, one person had suggested that a television be available in the waiting room. The registered provider told us that they were in the process of installing a television system. They told us that this would give educational information about dentistry and general advice. This meant that people would have something to watch whilst waiting for their appointment which would give advice about promoting good oral hygiene and information about treatments.

We found that the registered provider had looked at ways in which they could provide a better service. Recently the practice had employed a part time hygienist who provided oral hygiene care and advice. This meant that people using this practice could have dedicated time with this staff member to learn about ways they could promote better oral hygiene to prevent oral disease and tooth decay.

We saw that the registered provider's public liability insurance was in date. 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 ensure that it was safe to use. It also meant that people could be assured that insurance had been purchased in case something went wrong.

The registered provider may wish to note that although we saw that some audits had been undertaken to an appropriate standard we were told that the 'spot' checking of staff work was not undertaken regularly. In one surgery room we found four preparations that were out of date. Although these preparations were not used for clinical or surgical purposes they should not have been there. Thorough checking processes would have identified this

issue and eradicated any risk that this may have posed. The manager told us that they would recommence the spot checking of surgery rooms to prevent the situation happening again.

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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