

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

Solihull Dental Centre & Implant Clinic

Doubleday House, 29 High Street, Solihull, B91
3SJ

Tel: 01217053935

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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
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr. Zubair Sacranie
Overview of the service	Solihull Dental Centre and Implant Clinic is a practice located in Solihull town centre. It accepts NHS and private patients.
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 20 May 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

During our visit on 20 May 2013 we met with the practice manager, the dentist and a dental nurse.

After our visit we spoke with seven people who attended the practice. People described the practice as being welcoming and friendly. People spoke very positively about the quality of the service they received. One person told us, "It's first rate." Another person said, "They are really good."

People we spoke with told us that everything was always explained to them. One person said, "They explain everything in a way I can understand."

During our visit we saw the practice was clean and tidy. Processes were in place to ensure that equipment was safe to use and high levels of cleanliness maintained.

The practice had processes in place to monitor people's views about the service offered. People told us they never had cause to complain about the service they had received. People told us they were satisfied with the service.

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 were treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

Reasons for our judgement

After our visit we spoke with seven people who had visited the practice within the last twelve months and asked them about their experience of using the service. We asked people if they were happy with the treatment provided and if they were treated with consideration and respect. People told us, "They are much more amenable than my previous practice." And "The staff are great." On the day of our visit we observed staff in the practice spoke to people in a friendly, welcoming way.

We looked at the information available in the waiting area for people who used the service. This included a practice information leaflet, information on dental treatments, prices and the complaints procedure. A customer comments box was available which enabled people to give their views. Opening times of the surgery were displayed outside. This meant people were given up to date information about services and were able to comment on the service provided.

We looked at the information provided to people regarding out of hours emergency treatment. We were told an answering machine was used when the surgery was closed to direct people to an out of hours service. There was also a telephone number listed on the outside of the surgery for people to use when the surgery was closed. This meant that people could access treatment when they needed to.

People told us they were given enough information about the treatment options before their treatment started. People also told us that fees were fully explained to them when the dentist discussed their treatment options. One person said, "They carefully explain the costs involved with both the NHS and private treatment options, so I can make a choice." We saw people could have a discussion in a private room if they needed to. This was also used to reassure nervous patients.

The practice was located on the first floor of a listed building and could only be entered using a flight of stairs. We were told due to the layout of the building and the fact it was

listed, it had not been possible to install a lift or ramp. As a result, the practice had entered into an agreement with a linked practice to treat people who were unable to use stairs. People were asked about this when they first contacted the practice. This meant that people with disabilities had access to treatment.

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

During our visit we looked at the procedures followed by staff for the assessment and treatment of people. We also looked at how medicines were managed and the procedures in place to keep people who used the service safe.

We asked about the process for accepting a new person to the practice. We were shown the documents that were completed for each patient. This included a health assessment and medical history that was updated during each visit. We saw there was a system in place for alerting the dentist to any medical conditions that may affect the person's treatment. One person we spoke with said, "They always check if I have had any medical problems since my last appointment."

We reviewed two people's records. We looked at a treatment plan and saw this had been signed to show consent for treatment. Records showed there had been discussion with the dentist regarding proposed treatment options. We spoke with staff who explained the procedure for obtaining consent to treat children and people who did not have capacity to make their own decisions. The procedures ensured treatment was undertaken in the person's best interest.

We looked at the procedures in place to deal with a medical emergency. We saw the emergency resuscitation kit was accessible for use quickly. The practice also had oxygen and a defibrillator available in the surgery. There were systems in place to check that emergency medication and equipment was in date and ready for use quickly. Staff had received training in emergency resuscitation and knew what to do if a person collapsed. We saw medication and prescription pads were stored securely and a record of medicines was kept. The medicines were regularly audited.

People told us they were happy with the care and treatment they had received. People said, "I've been there years, they are really good." and "I wouldn't want to go anywhere else now."

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

We asked people who used the service about the cleanliness in the surgery. People told us the surgery was always clean. One person said, "The surgery is spotless."

We looked around the surgery including a treatment room and the waiting room. We saw the environment was clean and tidy. We asked the manager about the systems in place to ensure that the cleanliness and hygiene of the surgery were maintained. We were told the dental nurse was responsible for cleaning the treatment rooms between patients. We observed the process for doing this. We were told they employed their own cleaner for general cleaning of the practice. We were shown the cleaning schedules for this and saw there was a regular audit of cleaning undertaken.

People we spoke with told us the dentist and dental nurses wore gloves and masks when providing treatment. We observed there was an adequate supply of gloves, aprons and hand wash for their use. We saw dental staff wore short sleeved uniforms. This assisted them to wash their hands thoroughly helping to reduce any potential spread of infection.

There was a separate room for decontaminating equipment. The dental nurses undertook the cleaning of equipment and all had undertaken the relevant training. We were told there was an ample supply of surgical equipment to treat patients between decontamination cycles. This meant there were always clean instruments and equipment available to treat people.

We watched a dental nurse working in the decontamination room. This included the procedure for scrubbing instruments to ensure they were clean. We saw how instruments were checked for debris using a magnifying glass and the use of the autoclave to sterilise them. We were shown that staff wore a face visor, apron and gloves at all times. Staff also regularly used hand wash gel and changed gloves and aprons when they moved from the dirty area to the clean area. Clean instruments were then stored in sealed packaging and dated according to national guidelines. We saw records were kept of the autoclave cycle to check and evidence the sterilisation process. Daily and weekly checks were undertaken of the bagged equipment to ensure they were within date and safe to use.

The dental staff were aware of the best practice guidelines set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice followed procedures recommended in the guidance.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit we met the practice manager, a dentist and a dental nurse. There were enough staff to meet people's needs.

We asked people about the staff in the practice and if they could get an appointment when they wanted. People told us that they were able to get appointments at times that suited them and at short notice in an emergency. One person said, "I can usually get an appointment when I need one."

We viewed two personnel files for members of staff at the practice. Staff files showed induction checklists had been completed, police checks had been undertaken and references obtained for new members of staff.

We asked about training courses for staff and how these were arranged. We were told that they used an external training provider. Staff also organised their own training to maintain registration with the General Dental Council (GDC). We saw records and certificates that confirmed staff had attended training including cardiac pulmonary resuscitation (CPR) and infection control training. This demonstrated staff were trained appropriately and were keeping their skills up to date.

We saw there were documented regular staff meetings and also separate meetings for clinical staff. This meant staff were given opportunities to discuss practice issues with each other.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We asked about the process for auditing the quality of the service provided. We saw that the practice had good auditing procedures in place to monitor the quality of the service. We noted checks were regularly made on records and equipment.

We saw the practice had regularly undertaken audits and had acted on recommendations in staff meetings. Some audits we viewed were for emergency medications and patient record keeping. This was to ensure the practice operated safely and efficiently.

The practice also had audits completed by external organisations to ensure they were meeting the required standards. There was evidence available to show that practice was meeting these.

We asked about complaints and how these were managed. We saw that the complaints policy was available in the waiting area. We were shown the complaints record. Records showed complaints were taken seriously and investigated within the time frame outlined in the complaints procedure.

The practice had a procedure for obtaining the views and opinions of people. There were customer satisfaction forms available in the waiting areas and a customer satisfaction survey was carried out twice every year. We saw evidence of comments patients had made regarding the practice. One person had written, "They are very considerate towards a nervous patient." Another person had written, "Friendly staff and efficient service."

Records showed customer comments were reviewed at monthly staff meetings to improve future practice.

We viewed a selection of policies the practice had in place which included safeguarding, infection control and waste management. Documented policies were available to all staff and were read as part of the staff induction process.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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