

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

Mr Adrian Williams - Alvechurch

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control



Met this standard

Details about this location

Registered Provider	Mr Adrian Williams
Overview of the service	This dental practice offers NHS dental care and treatment for adults and children. People are also seen on a private basis.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Cleanliness and infection control	6
About CQC Inspections	8
How we define our judgements	9
Glossary of terms we use in this report	11
Contact us	13

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Mr Adrian Williams - Alvechurch had taken action to meet the following essential standards:

- Cleanliness and infection control

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 28 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

Our inspection was unannounced so the provider did not know we were coming. As part of our inspection, we spoke with four staff about working at the practice.

Following our last inspection in March 2012, we set a compliance action where we had concerns. We found that improvements were required in the written evidence to reflect the checks and monitoring carried out by staff for the prevention and control of infections. We used this inspection to follow up in these areas. Therefore we did not speak with people who used the practice at the time of our inspection.

At this inspection, we found that there had been some changes.

We found that documentation was now being completed. We saw that staff had completed daily cleaning tasks that included checking and making sure available equipment and instruments were ready for use.

The provider had made arrangements for regular audits to be carried out to assess and monitor the prevention and control of infection. This helped the provider to maintain expected standards in cleanliness and hygiene at the practice. This ensured people who used the practice were provided with a clean and suitable treatment environment.

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

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.

There were arrangements in place that protected people from poor standards of cleanliness and the risk of infection, based on national guidance.

Reasons for our judgement

At our last inspection in July 2012 we found that regular audits were not always being completed to assess and monitor the prevention and control of infection at the practice. We also found checking and monitoring procedures were not always being completed. For example, the daily tasks needing to be done such as filling and draining the autoclave, (equipment used to sterilise the instruments), were not always being completed to show staff had done these tasks.

During this inspection we found that improvements had been made.

We found that a copy of the Department of Health's Code of Practice on the prevention and control of infection was available to staff at the practice. The Code expects that all areas of a dental practice will be kept clean and suitable for treatment to be provided to people. During our visit, we found that the practice provided a clean and suitable treatment environment.

The person employed by the provider to carry out monitoring checks for infection control arrived at the practice. They showed us that quarterly monitoring checks were now being completed at the practice to monitor staff practice and compliance with practice policies. They had carried out an infection control audit in April 2013. This audit showed that the results were positive. However, they told us that if any action was required this would be taken to maintain expected standards in cleanliness and hygiene at the practice.

We found there were policies and procedures for cleanliness, decontamination and infection control. There were clear arrangements in place to ensure that treatment rooms were cleaned in between appointments, as well as at the beginning and end of the day. For example, we saw evidence of daily checklists which identified cleaning tasks for staff. These checklists ensured staff knew how, when and where to clean to ensure cleanliness and infection control was adequately managed. We saw checks were now being recorded by the staff at the beginning and end of each dental treatment session.

We looked at the temperature monitoring checks for the specialist machine, (autoclave) that was used to sterilise the instruments. Since our last inspection we found that the provider had put procedures in place to ensure that the temperatures for the autoclave were now being checked. For example, we saw test strips were now used during each cycle which indicated to staff that the autoclave was always reaching the required temperatures.

We looked at the book that was used to store the test strips so that the provider had a record of these being done and when by staff. These showed that instruments were being effectively cleaned to prevent the risk of the spread of infections. Staff were also alerted if the autoclave was not working appropriately so this could be repaired.

All the staff we spoke with told us about their responsibilities for ensuring that good cleaning and hygiene practice was followed. We saw that personal protective equipment was available for staff to use. We saw that hand gel dispensers were in place to promote good hand hygiene practices. Hand washing facilities were also provided in treatment rooms. There was also evidence that on-going training in infection prevention and control was provided to staff.

The provider had a dedicated room at the practice to carry out the decontamination process. This is the process for cleaning, checking and sterilisation of instruments. There was a clear process for ensuring the separation of clean and dirty equipment. However, the provider may wish to note that the designated clean area was cluttered with folders. This meant that there was no room for staff to effectively carry out the tasks they needed to do in the clean area. Staff told us that this area would be cleared immediately.

We found that one member of staff was unsure of some of the procedures they were carrying out when rinsing instruments and carrying these through to the treatment room. We spoke with the person responsible for infection prevention and control at the practice. They told us that the member of staff would be receiving some further instruction before carrying out any tasks within the decontamination room. This ensured people who used the practice were protected from the risk of infection.

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.

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