

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

Roseville Dental Practice

Unit 4, 29 Castle Street, Coseley, Bilston, WV14 9EP

Tel: 01902678202

Date of Inspection: 30 August 2013

Date of Publication:
September 2013

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. Harinder Amrik
Overview of the service	Roseville Dental practice provides NHS and private dental care 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 30 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of the inspection we spoke with the practice manager, one dentist, and two dental nurses. Following the inspection we undertook telephone interviews with six people. The practice is located on ground floor level and is accessible to wheelchair users.

People were informed of their treatment options and their consent for treatment was obtained. One person we spoke with told us, "The dentist is very good he always explains everything to me, so I understand. My consent is always obtained before any treatment is provided."

We looked at five dental records that showed what treatment people had received. One person we spoke with told us, "I am always advised about the treatment I am having and what the costs will be, so I am well informed."

We found that the decontamination processes for instruments used for dental treatment was satisfactory and we observed that the practice was clean. One person who used the service said, "I have always found the practice and treatment room to be spotless."

We saw that there were procedures in place for the safe recruitment of staff which meant that people using the practice were protected from being treated by unsuitable staff.

All of the people we spoke with were complimentary about the service. People we spoke with knew how they could complain. One person said, "I am aware of the procedures in place to complain if I needed to, but I have no issues."

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

People were asked for their consent before treatment was provided. All the people we spoke with told us that the dentist asked them for their consent. Records showed that people had signed their treatment plan to show that they understood the treatment that was delivered, including the cost if this was applicable to them. One person we spoke with told us, "My dentist is clear about what treatment I need. We discuss everything. My consent is obtained before they provide any treatment." Another person said, "I am happy with everything, the treatment I have and the costs are all explained."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We asked what staff would do if a person did not have capacity to make their own decisions. We were told that people who did not have capacity usually attended the practice with a legal guardian who would help them make decisions. Staff told us they would not treat a person if they did not have capacity to understand or consent to treatment without their being someone who was acting on their behalf.

We asked whether staff had received training in the Mental Capacity Act. We were advised by the practice manager that information and the policy around this legislation was due to be discussed at the next practice meeting in September. We saw that the provider's consent policy did include what action staff should take when people lacked capacity to consent to their treatment.

We spoke with the practice manager about how they would make information available for people whose first language was not English. We were advised that this situation had not yet arisen. The practice manager told us that they would make suitable arrangements in order to meet people's communication needs. For example, they would use an interpreter service. We saw that people's communication needs were obtained as part of the initial assessment that was completed when they first started using this dental practice.

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's needs were assessed and treatment was planned and delivered in line with their individual dental plan. We looked at the paper and electronic records for five people. We found that the records were detailed and consistent in showing the advice and treatment provided. We saw that these records also contained information about people's soft tissue examination and medical history, and this was reviewed at each visit. One person told us, "I am always asked for an update about my medical history." Another person told us, "They always request any changes to my medical history before they start any treatment." We saw that the cost of the treatment people received was detailed as part of their treatment plan. This meant that people were aware of their course of treatment and the cost.

All of the people we spoke with told us they were happy with the service and the treatment they received. One person told us, "My dentist is brilliant, I used to be very frightened, but he makes me feel at ease." Another person told us, "I am very happy with my dentist, they are excellent I would recommend them to anyone."

Arrangements were in place to deal with emergencies. We found that emergency medicines were available for staff to use when needed. We saw that this equipment was in date and ready for use. We found that medication which had to be stored at a certain temperature was being stored in the fridge. However when we checked the temperature of the fridge and the records we found that the fridge was not maintaining the required temperature on a daily basis. This meant the medication was not being stored at the temperature that had been recommended by the manufacturer to prevent it being 'spoilt' or not working as it was supposed to. We were advised that a new fridge was on order and was due to be delivered the following day. Action was taken to dispose of the medication and we were advised that new medication would be purchased and placed in the new fridge. A new min and maximum thermometer was also purchased to ensure the temperature of the fridge could be monitored more effectively.

We saw that information was displayed for staff on how to deal with emergencies and staff members also confirmed the procedures they would follow. Staff we spoke with confirmed they had received training in cardiopulmonary resuscitation (CPR) which is a first aid

technique.

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, "It's always clean and tidy when I have visited." Another person said, "It is very clean, and the staff wear gloves and masks when they treat me." The practice had two treatment rooms on the ground floor. The areas we visited were all clean and tidy. We found that staff had access to appropriate personal protective equipment (PPE), which would minimise risks for staff.

The practice had a decontamination room where instruments used for dental treatment were cleaned and sterilised. We observed a dental nurse complete the process of cleaning instruments to ensure they were safe for use. We found that systems and practices in place were satisfactory to ensure that the risk of cross infection was reduced. We looked at instruments ready to be used in a dental surgery and saw that they were clean, and fit for their purpose. All instruments that were bagged were within their use by date. We saw that the bulb of the lamp which is used to visually check each instrument to ensure it was clean was not working. We were advised that a replacement bulb could not be purchased therefore a new lamp would be purchased. We received confirmation that this action had been taken following our visit.

We saw that regular checks took place to ensure that all equipment used in the decontamination and sterilising of dental equipment was working correctly. We saw records that staff signed to demonstrate that they had undertaken the action required to ensure the equipment was safe to use. We observed staff undertaking cleaning processes after a person's treatment had been completed. These actions meant that the risk of cross infection to people was reduced.

The practice had a nominated infection prevention and control lead (IPC). An (IPC) lead is responsible for the processes in place to reduce the risk of cross infection and the cleanliness of the practice. All of the staff that we spoke with confirmed they had received training in infection control and we saw records to confirm this. We found that staff had received the appropriate immunisation to protect them from associated risks.

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 by suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with were complimentary about the staff. One person told us, "All of the staff are friendly and courteous, and the dentists are professional." Another person said, "I am very happy with my dentist and the staff they are all lovely."

We found that majority of the staff at this dental practice had worked there for a significant amount of time. Therefore there was limited recruitment information available. We saw that Disclosure and Barring checks (DBS) had been obtained for all of the existing staff. A DBS clearance ensures that staff were suitable to work with vulnerable people.

We asked to see the recruitment information for a staff member employed recently. We saw that all of the required checks had been undertaken before they had commenced working in the practice. These checks would help to keep people safe and prevent them from harm as they prevented unsuitable people working at the practice. We saw that the recruitment and selection procedure in place was in the process of being updated to include the information now required by the current legislation.

We saw that the provider did not have a process in place to obtain assurances from staff that they remained fit to work in this dentist. This would ensure that staff remained 'suitable' to work with the people who used this practice. The provider may wish to note that a system should be in place to ensure staff continue to be suitable to work with people who use this dental practice.

Records were in place to confirm that all applicable staff was registered with the General Dental Council (GDC) as required for their role. GDC is an organisation that regulates dental professionals. Records we looked at confirmed that staff had undertaken training to maintain their professional development to ensure they were able to perform their work safely and maintain their qualifications.

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.

Reasons for our judgement

People we spoke with were aware of how they could complain, although they were all satisfied with the service they received. One person said, "I have no need to complain as the service I receive is really good." Another person said, "I know how to complain but the dentist is really good so I have no issues."

People were made aware of the complaints system. We saw that a copy of the complaints procedure was displayed in the reception area. The procedure included information for people receiving the service through the NHS and privately. The procedure was available in English, and the practice manager advised that alternative formats would be made available if required by people.

We found that the practice had received two complaints in the last two years. We saw that these complaints were acknowledged in writing and efforts had been made to resolve the concerns to people's satisfaction. This meant that people could be confident that their complaint would be listened to and taken seriously.

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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