

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

Delph Dental Practice

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Tel: 01283222499

Date of Inspection: 05 June 2013

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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	Mr. John Hume-Spry
Overview of the service	Delph Dental Practice caters for both adults and children. It offers treatments for both NHS and private patients.
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 5 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

As part of this inspection we spoke with four people who used the service and five members of staff.

All the people we spoke with were happy with the care and service provided by the provider and all felt that different options were explained to them. One person told us "everything is 100%". Another stated "I would give it 10 out of 10, no actually 15 out of 10".

There were effective systems in place to reduce the risk and spread of infection and staff understood the importance of these.

We found there were effective recruitment and selection processes in place to ensure that staff were suitable to work in this environment.

The provider had a clear complaints policy in place.

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

The provider had a consent policy which detailed that people would be given information including the risks, benefits and alternative options to allow people to give informed consent. The policy also detailed that patients could refuse treatment, as well as the procedures for people who were unable to give consent.

We spoke with the provider about consent and they told us that verbal consent was obtained for people attending check up's. Treatment plans would then be completed for all treatment needed. These detailed what treatment was needed, the different costs and had a section to be signed to say they consented to the treatment. We saw evidence of these in patient records; however the provider did not retain a signed copy for people who paid privately.

People who used the service told us that they understood the care and treatment choices available to them and were involved in making decisions about their care and treatment. One person told us that the dentist "never forces anything on me"; another stated "they gave me a number of different options". The provider informed us that people were given time to consider all options available to them: people we spoke with confirmed this. One person told us "they leave you to make your own mind up and they give you a print out of everything".

The provider informed us that children under the age of 16 would always have a parent/guardian with them to give consent. They would assess older children to see their level of understanding and whether they believed they could give consent for check ups or emergency treatment. If any treatment other than a check up was needed the provider would insist that their parents /guardian's be present to give consent.

The practice also had procedures in place for vulnerable adults in relation to consent. A person's ability to give informed consent would be assessed by a dentist. If any concerns were raised then the person's responsible adult such as spouse or next of kin would be

contacted before any treatment would be carried out. The provider informed us that if extensive work was needed then they would contact other services such as an advocate to ensure that it was in the person's best interest.

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 told us that they were very happy with the quality of care they received and that procedures were explained. They all felt able to ask questions and told us that things were explained in terms that they could understand. One person told us that they had not been to a dentist for over 10 years as they were scared and stated this dentist had been "brilliant" and that were "really good and can not fault them". Other comments included "they were very welcoming and very professional" and "they put everyone at ease. It's a pleasure to come".

We observed that people were treated with respect; procedures were explained. People told us that they were given preventative advice as well as aftercare advice following treatment. This helped to ensure that people's care needs were met.

At each appointment people were required to update their medical history and we saw evidence of these being checked. If changes had occurred then we were informed that this would be discussed with the patient before treatment commenced. This ensured that dentists were aware of health implications and medication that patients were taking.

The practice had a range of equipment and drugs for use in medical emergencies if required. We saw that the emergency drugs and oxygen were regularly checked to ensure they were in date. We saw evidence that staff had been trained in medical emergency techniques and basic life support on a regular basis. We saw evidence of protocols in place in case of emergencies. These were displayed in each surgery. This showed how the provider ensured that people using the service were protected from avoidable risk and had arrangements in place to deal with unforeseeable emergencies.

The practice had three treatment rooms and toilet all accessible for people who used wheelchairs, as was the front of the building.

Information was displayed in the reception area about the different costs for NHS treatment bands as well as private costs. We also saw that the provider had a practice leaflet which included information on who the staff were and opening hours. Leaflets were also available about the different treatment plans available to private patients.

The dentist told us they had arrangements in place to make referrals to the hospital or other specialist if required. One person told us that they "impressed" that a referral had been made "so quickly" for them. This showed that the practice was working effectively with other professionals.

The provider carried out a regular survey on people who used the service. The last was completed in April 2013. There was evidence that this information had been analysed and action taken where appropriate. The vast majority of these showed that people were happy with the service.

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

There was evidence of an infection control policies which had covered areas such as hand hygiene and the manual cleaning instruments. These were on display to act as a reference point should staff need them. Staff we spoke with understood the importance of infection prevention and control and understood their role and responsibilities in respect of this which minimised any risk to patients.

The provider had carried out an infection control audit in January 2013. This is required by the Department of Health. The provider informed us that action had been taken following previous audits.

The provider had a cleaning plan and schedule which outlined what tasks were needed to be completed in different areas of the practice and the frequency. We saw evidence of daily and weekly checklists which identified cleaning tasks for staff. Staff confirmed that that the manager or head dental nurse would check these on a weekly basis as was as completing random checks on the standards. This helped to ensure that treatment rooms were cleaned to an appropriate standard.

The practice had a dedicated room to carry out decontamination process. This is the process for cleaning and sterilising equipment. It had procedures in place to minimise the risk of infection being spread when the instruments were taken to the decontamination room. There was a clear process for ensuring the separation of clean and dirty equipment. One member of staff explained the decontamination process to us which complied with the requirements set out in the Department of Health publication 'Health Technical Memorandum (HTM) 01-05 guidance.

There was evidence that staff had attended recent external training in the decontamination process. This helped to ensure that staff understood their responsibilities and followed the correct procedures.

There was evidence that the both autoclaves and washer disinfectors had been serviced on a regular basis and that daily checks were carried out. All were under maintenance contracts. There was also evidence that the provider had a contract for removal of clinical

waste and sharps. In line with government guidance on infection control, the provider had measures in place to minimise the risk of Legionaries.

We observed that the surgery was cleaned in between patients and that staff wore appropriate protective clothing. People we spoke with confirmed that this is always the case and that they were offered protective clothing when having treatment. All the people we spoke with felt that the practice was clean; one person described it as "spotless".

We saw evidence that all staff were up to date with the relevant immunisations to help ensure their safety.

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

We looked at four staff records including the most recent to be employed. Each of these had an enhanced Criminal Records Bureau (CRB) check carried out on them. This is to help ensure that there were no adverse reasons why they should not work in this surgery.

Dentists and dental nurses had up to date registrations with the General Dental Council (GDC). This is the professional regulator of dental practitioners and helped provider's ensure that staff were suitably qualified to carry out the work. Part of this registration is mandatory continuous professional development so that staff were kept up to date with changes in dentistry.

One person's records we looked at had been employed before April 2011 and were therefore not subject to the requirements set out in Schedule Three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Two of the staff files we looked at full employment histories. One person's file did not contain an employment history. We spoke with the provider about this stated that they had a CV for this person but not a paper copy. They had trained with this person and so knew where they had worked since graduating. A full employment history is needed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to help ensure there are no adverse reasons for any gaps in employment.

All staff had references in place from previous employers. This helped the provider to ensure that people had satisfactory conduct in previous employment.

All staff had a minimum of one form of identify with a recent photo as is required by Schedule Three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Complaints

✓ Met this standard

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

The provider had a complaints policy in place. This detailed that acknowledgment would be made within three working days of receiving any complaint, and investigated within 12 months.

The provider had received one complaint since registering with the CQC in April 2011 to the date of this inspection. There was evidence at the time of the inspection that this was being investigated and that action had already been taken as a consequence of this complaint.

Information about how to make a complaint was included in the patient leaflet. We observed that the provider also the complaints procedure on display in the waiting area. None of the people we spoke with had needed to complain about the provider and told us that they would know how to do so.

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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