

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

## Great Haywood Dental Practice

Rosegarth, Brewery Lane, Great Haywood,  
Stafford, ST18 0SN

Tel: 01889882873

Date of Inspection: 17 May 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr. Peter Nadin
Overview of the service	Great Haywood Dental Practice provides private dental treatment to adults and NHS dental treatment to children and adults who are exempt from paying fees.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 May 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 people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We carried out this inspection to check on the care and welfare of people who used this service. Our inspection was discussed and arranged two days in advance. This was to ensure we had the opportunity to see and speak with people who were registered with the service, as well as staff members.

People told us their treatment and any associated costs were explained to them before treatment began. Each person's record we checked included a signed treatment/consent form. This meant that the dentist ensured people were fully informed prior to giving consent to the treatment and its costs.

We spoke with a person who received treatment on the day of our inspection. We contacted six people who were registered with the service by telephone following the inspection. One person said: "It's an excellent service".

We looked at paper and electronic records for four people who used the service to see how their care and treatment was provided. We saw people were asked about their medical history and this was taken into account when treatment was provided.

We found the practice had systems in place to ensure equipment and instruments were thoroughly cleaned, decontaminated and sterilised between treatments.

Staff told us they felt supported and received the training they needed.

We found there were effective monitoring systems in place to ensure that people who used the service received safe quality care, treatment and support.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

People we spoke with told us they were involved in discussions about their treatment. One person told us: "Peter (the dentist) always explains everything to me; he tells me the pros and cons of everything. I always get a treatment plan and I know the costs before I start having treatment".

We were shown a copy of a consent policy. We looked at the process for taking new patients and how their medical history was recorded prior to a consultation. People told us that the dentist talked to them about their personal history before any treatment was discussed or any consent to treatment was signed.

During the inspection we checked four patient's records. Each record included details about the treatment proposed and the choices offered to the patient where appropriate. Each treatment record seen was signed by the patient. This confirmed their consent to the treatment and associated costs. This meant that the dentist ensured people were fully informed before they gave consent to the treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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At this inspection visit we spoke with one person who received treatment on the day. After the inspection we spoke with six people registered with the practice over the telephone. We looked at treatment records. We spoke with the dentist and the practice manager. We also spoke with two members of staff. We did this to help us to understand the outcomes and experiences of selected people who used the service.

People told us that booking an appointment was easy and if they needed urgent treatment this was provided within 24 hours. People told us they could have an appointment at a time that suited them. One person we spoke with said: "I have never had a problem booking an appointment – the receptionists are great. They make an appointment time that suits me. If I have an emergency I have the dentist's number so I can call him directly". The practice had a system to recall people when their check up was due. The recall system included contacting people by letter, email or by text. People told us this was a very helpful reminder.

We checked four treatment records and saw that both paper and electronic records were maintained. The records showed that they had been updated for each person on each occasion they had visited the surgery. This meant that an account of people's dental needs was kept up-to-date.

People told us they were asked about their medical history when they arrived at the surgery. One person told us: "I am always asked about my medical history at each appointment". The practice manager told us they always asked people for an update on their medical history at each visit and any changes would be recorded within the individual records. Information from the medical history forms provided the dentist with an up to date picture of a patient's medical health before commencing treatment. This ensured that people's health conditions were not compromised when undergoing dental, x-rays or surgical treatments.

People told us the dentist checked their teeth, gums and soft tissue areas around the neck. We asked people if they understood why these checks were carried out. People knew these checks could identify early signs of disease. One person told us: "I am a

diabetic and Peter (the dentist) told me I have brilliant gums for a diabetic. I know these checks can show if there is any disease there".

The practice manager showed us a computer in reception for children to use which provided a quiz for them about dental hygiene. They explained this was extremely popular with the children and helped them to feel less anxious about having any dental treatment. Staff we spoke with told us that they helped anxious people by being calm and friendly, and answering any queries they might have.

We were invited by the dentist to observe treatment being carried out on a patient during the inspection. The patient had given their consent to this. We witnessed both the dentist and senior dental nurse wearing protective masks and goggles. They also offered goggles and apron to the patient too. We observed positive interaction between the dentist and patient. The dentist checked the patient's medical history before the treatment began. They explained each part of the treatment process and frequently checked with the patient throughout the appointment.

We saw there were emergency medicines and emergency medical equipment at the practice and all staff had received training to manage emergency situations. We saw that there was a system in place to ensure that the stock of emergency drugs were within their expiry dates. This meant there were appropriate arrangements in place to deal with medical emergencies.

People we spoke with told us that all staff were kind and considerate. One person told us: "The staff are absolutely brilliant. I have complete confidence in them all. Peter (the dentist) is excellent both technically and with his chairside manner".

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The Code of Practice on the prevention and control of infections for health and adult social care requires providers to have adequate systems in place to prevent and control infection. During the inspection we saw all areas of the practice and found them to be very tidy and clean. The practice manager informed us that the dentist was the infection control lead at the service. They confirmed other staff were also trained in the procedures to prevent and control infection at the practice. We were shown a copy of the infection control policy which was available for staff.

The senior dental nurse demonstrated the procedures for the decontamination of instruments and hand hygiene. They told us: "We complete daily checks to ensure that infection control procedures are followed and the equipment is working correctly". We saw records of daily and weekly checks on equipment and the testing of water to ensure the required standards were maintained.

We checked cleaning schedules and observed cleaning taking place before and after consultations with each patient. Hand washing facilities were provided in treatment rooms. We saw instruments were stored in sterile pouches. We found that these were within the expiry dates in accordance with national guidelines. This meant that there were systems in place to protect people from the risk of harm from infection.

People who used the service told us that the dentist, hygienist and nurses always wore disposable gloves and masks and aprons when providing treatment. They also confirmed that they were offered glasses to protect their eyes during treatment. One person told us: "I am always asked to wear an apron and protective glasses when I am having treatment – even the hygienist asks me too". This meant that the practice had procedures in place to protect people and staff from the risks associated with infection.

We spoke with seven people about the quality of the service they received from this dental practice. Without exception everyone was very complimentary about the dentist and the staff. One person told us they were disabled and used a wheelchair. They said: "Peter (the

dentist) is first class. We've been using this practice for years and if Peter had to move, we'd follow him!". Another person told us of their satisfaction with the practice. They said: "I thoroughly trust his (the dentist) input and he respects mine. I travel quite a way to go to him but I feel safe when I go there".

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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During the inspection we spoke with the practice manager who told us that most of the staff had been with the practice for a number of years. We discussed the type of support provided for new staff. We were shown a copy of a new staff induction training programme which the practice manager had recently developed. The practice manager confirmed that this would be used in the next few weeks when a new temporary employee was appointed.

We asked about staff training and were shown the 'practice training log'. This showed that staff received a variety of training. This included complaints handling, cross infection, medical emergencies, cardiac pulmonary resuscitation and child protection.

Staff we spoke with told us that they had received a range of training. We also saw individual certificates for training. This meant staff received appropriate professional development to enable them to meet people's needs. One dental nurse told us: "When I started here at the practice I was shadowing a person who was going off on maternity leave. They gave me a step by step guide on how to carry out each task required. I found this very helpful". This meant that staff were provided with the relevant information before they provided a service to people.

The practice manager told us that staff had the responsibility for completing a programme of training as part of their continuous professional development (CPD). We saw records which showed a summary of the CPD completed for each relevant staff member.

We looked at staff appraisal records which identified key objectives and training needs. We noted that the dentist checked the progress of CPD for those staff where it was relevant. Each appraisal was seen as signed and dated by both the dentist and the staff member.

We asked staff if they received supervision. A dental nurse told us that they had regular discussions with the dentist about their development and any updates in practice. The provider may wish to note that there were no written records of these discussions.

Staff we spoke with told us that they felt supported by the dentist and were given opportunities to undertake training. One member of staff told us: "We can do any training we need. I like working here. I find it very easy to talk to Peter (the dentist). If I have any queries about anything, I can ask him at any time. He supported me to become a qualified dental nurse". This meant that staff were supported by the dentist to update their skills so that they carried out their role safely.

The practice manager told us that regular staff meetings were held and had been rearranged to ensure all staff could attend, including part time staff. We saw records of staff meetings which took place monthly. Minutes seen from the last one held on 16 April 2013 included discussion about patient feedback, health and safety routines and other key areas.

People who used the service told us that all the staff at the practice were highly skilled and efficient. One person told us: "Peter (the dentist) is very good. The staff are excellent too including the hygienist. They all know what they are doing".

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We spoke with the practice manager about the quality assurance systems that were in place at the practice. We looked at some of the audits completed. These included x-ray film audits and medical history audits.

We saw records that showed ongoing health and safety monitoring of the premises was in place. These included checks on the management of the building, water lines and fire drills. We saw that new fire doors had been fitted in the practice. We were told this had been done as a result of a recent internal fire risk assessment. We were also shown records of incidents or accidents and, although these were few, were monitored.

We saw that there was a comments box on the wall in reception enabling patients to feedback on their experiences of using the service. The practice manager told us that these comments were used to improve the service. We saw a summary of patient's feedback. All of the comments seen were positive. We saw that one person had made a suggestion for an improvement to be made in the reception area. We observed this suggestion had been acted upon and introduced. We saw many comments from other patients about how they valued this improvement too.

We saw a Patient Advice and Liaison Service (PALS) leaflet in reception for patients who wished make complaints about the service if they were dissatisfied. The practice manager confirmed there were no complaints.

We saw that the service was very well organised. All records we asked to see were readily available, up to date and in good order. This meant that the service had systems in place to identify and manage risks and to provide a safe service.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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