

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

Dental Practice

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L31 7DQ

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Knight Dental Services Limited
Registered Manager	Dr. Paul Andrew Knight
Overview of the service	<p>Knight Dental Services Limited provides dental services at one dental practice in Maghull, Liverpool. The practice provides NHS dental services for children and private dental services for adults. The practice has one treatment room on the first floor of the building. The building is not accessible for people who use a wheelchair or who have mobility difficulties.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 12 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four patients who had received treatment at the practice on the day of our inspection. All the patients we spoke with were complimentary about the dental treatment they had received. One patient said "I have been coming here for many years and have told him he can't retire. I would not like to have to see another dentist." Another patient told us both they and their family came to the practice because the staff were welcoming and friendly and the dental treatment provided was excellent.

The practice was owned by the one dentist who provided treatment at the practice. Two further members of staff were employed, a registered dental nurse and a receptionist. As the practice was small, people were always seen by the same staff team. The patients we spoke with told us they valued seeing the same staff members at every visit and that the staff team were always helpful.

We found the practice to have good standards of infection control. Staff members employed by the practice were well trained and were confident to deliver their roles. Systems were in place for gathering, recording and evaluating information about the service to ensure patients received safe effective care, support and treatment. However, these were limited.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy and dignity were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

There was a wide range of information available in the waiting area of the practice. This included leaflets that explained the dental services offered, and others that provided information about oral health. Patient feedback forms and information on how to make a complaint were also available.

The practice was owned by the one dentist who provided treatment at the practice. Two further members of staff were employed, a registered dental nurse and a receptionist. As the practice was small, people were always seen by the same staff team. We spoke with four patients who had received treatment at the practice on the day of our inspection. The patients we spoke with told us they valued seeing the same staff members at every visit and that the staff team were always helpful. We were told that the dentist always clearly explained what options were available and provided clear information about charges. This meant the patients we spoke with were able to make informed decisions about which treatment option was best for them.

We looked at three patient's care and treatment records. These records provided details about the treatment options people had been offered. We saw evidence that patients had given signed consent to their treatment plan. Patients therefore understood the treatment choices available to them and were involved in making decisions about their treatment.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's welfare and safety.

Reasons for our judgement

All the patients we spoke with were complimentary about the dental treatment they had received. One patient said "I have been coming here for many years and have told him he can't retire. I would not like to have to see another dentist." Another patient told us both they and their family came to the practice because the staff were welcoming and friendly and the dental treatment provided was excellent.

We looked at three patient's care and treatment records, which were held electronically. These recorded information about the patients' medical history, dental history, examinations and their individual treatment plans along with any charges made. The records also recorded preventative dental care and advice given to patients at the time of their appointment to promote effective dental care. We found these records clearly outlined the care and treatment patients had received.

Staff had received training as a team to respond to medical emergencies. Both the dentist and the dental nurse were clear about their role in the event of an emergency taking place. There was an emergency drug kit that was stored in the treatment room. We checked the emergency drug kit on the day of the inspection and found one item of medication was four months out of date and two were close to their expiry date. The dentist told us the medication would be reordered the following day. The day after the inspection we received confirmation this had been replaced and a log had been put in place to avoid a reoccurrence of this issue. This meant there were arrangements in place to deal with foreseeable emergencies.

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 observed that the waiting room and treatment areas were visibly clean, tidy and uncluttered. The patients we spoke with said the practice was always very clean and tidy. The dental nurse was the infection control lead for the practice and took responsibility for infection control and decontamination within the practice.

The practice had a dedicated decontamination room that was used solely for cleaning dental instruments. This was arranged in the order of the processes to be undertaken so the instruments were transferred round the room from being dirty to being clean and bagged. The infection control lead went through how the instruments were cleaned.

The practice had an infection control policy in place, which was signed August 2013. We found routine checking systems were in place for the equipment that was in use within the practice. We found the equipment used for decontamination was being appropriately maintained through service contracts. However, the provider may wish to note that cleaning logs were not in place for the practice. Therefore, it was not possible to confirm the cleaning practices outlined by the staff routinely took place. We were told by the dentist and the dental nurse they were aware they needed to complete a cleaning log. We were shown an example copy and were assured this would be modified to suit the practice's needs and then be implemented as soon as possible,

We looked at what arrangements were in place to ensure the surgery was compliant with a document called HTM 01-05. This document is designed to assist primary dental care services to meet satisfactory standards of decontamination (making something clean from a contaminating substance). The practice had an audit of HTM 01-05 that had been completed with the community infection control lead in March 2013. This demonstrated the practice was compliant with HTM 01-05.

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

Our judgement

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.

Reasons for our judgement

During the inspection we spoke with all three members of staff working at the practice. All three members of staff told us they enjoyed working together as they all got on very well and that it was a very supportive practice to work within. The dentist told us he had peer support available from colleagues at two other local dental practices, which he could access if needed.

Each member of staff within the practice had training records and contracts in place and competency based appraisals took place annually. We looked at staff records and found people's mandatory training was up to date in topics such as infection control, medical rescue and safeguarding. This demonstrated that staff had the training they needed to deliver care and treatment safely.

We found both members of staff with a professional registration attended training to collate the Continuous Professional Development (CPD) credits required to maintain their registration. This meant staff received appropriate professional development.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a limited system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We found the practice had a set of policies and procedures in place. However, these were generic policies and were not specific to the practice. This meant that although staff could use them as a reference point they were not commonly being used on a day to day basis and staff awareness of these policies was limited.

With the exception of an infection control audit, no other audits had been undertaken at the practice. The practice was a member of Denplan, a private dental payment plan scheme. As part of this scheme, member practices receive quality assurance visits. However, at the time of this inspection the practice had not yet been inspected by Denplan. The provider may wish to note this meant the systems in place for gathering, recording and evaluating information about the service to ensure patients received safe effective care, support and treatment were limited.

The practice had an accident book in place for recording incidents, which was blank. We found that one medical emergency had occurred in the last twelve months and that although this had been recorded in the patient's electronic notes it had not been recorded separately. The dentist told us in the future all incidents would be recorded so the practice could review each incident to inform the delivery of the service.

We found the practice gathered feedback from patients. We were shown 13 responses; these were undated so we were unable to determine what time period they were from. Results from these patient satisfaction surveys were very positive. One comment said, "This dental practice is a credit to all the staff. I feel I can ask anything about my dental care and I am always treated with respect and dignity." Another comment said, "Throughout the time with the practice I have always had excellent, friendly and professional care."

The practice had a complaints policy and this was available in the waiting room. We were told by the dentist that no complaints had been received in the last twelve months.

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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