

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

Mount Dental Surgery - Batley

67a Purlwell Lane, Mount Pleasant, Batley, WF17
7QF

Tel: 01924521001

Date of Inspection: 10 May 2013

Date of Publication: July 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	✗	Action needed
Complaints	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Mount Dental Surgery Limited
Overview of the service	The location Mount Dental Surgery offers a full range of NHS dental treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Requirements relating to workers	8
Complaints	10
Records	11
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

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 10 May 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

When we visited the location we spoke with three people who used the service. One person told us "I'm more than happy with my care, I always recommend this surgery to people". Another person told us "Nine people in my family use this dentist. We wouldn't go anywhere else". We were also told that the nurses and reception staff are very friendly and nothing is too much trouble for them.

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

What we have told the provider to do

We have asked the provider to send us a report by 20 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 lead nurse explained that at each scheduled examination, people were asked if they consented to their treatment. We saw records of the consent. The person then completed a medical history questionnaire which was checked verbally at each visit, signed by the person and updated electronically as necessary.

The lead nurse told us that the wishes of the person are taken into account and each dentist provided a written explanation of the treatment required. For example, we saw the standard NHS consent form used in dentistry "FP17". (This form must be signed by the patient before seeing the dentist to confirm their consent to being seen on the NHS for an examination and, whether charges apply. The form also needed to be signed on completion of treatment). All of the people we spoke with told us they felt informed about their treatment. They told us the dentist always explained the proposed treatment to them.

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

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

We looked at ten people's care and treatment records. These were held in paper form and we saw that each record included dates of attendance, medical histories including reviews and individual treatment plans.

Treatment plans detailed associated costs and details of any relevant discussions held. People we spoke with confirmed they had received copies of their treatment plans, which identified costs and benefits of treatment.

There were arrangements in place to deal with foreseeable medical emergencies and resuscitation. Medical emergency procedures were displayed within each treatment room for staff to follow. Staff were aware of the procedures to follow in the event of an emergency. Resuscitation drugs, equipment for airway management and an automated external defibrillator (AED) was available for use.

The lead nurse retained up to date evidence of the safety checks for all of the emergency equipment and emergency drugs including the expiry dates. Basic first aid kits were also available.

All of the staff employed at the practice had received training in medical emergencies. All of the staff at the practice were to receive training on the use of AED equipment on the day of our visit.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The provider showed us around the practice. Waiting areas and the two treatment rooms were visibly clean, tidy and free from clutter.

Dirty to clean flow arrangements for the decontamination and sterilisation of dental instruments undertaken within each treatment room were identified along with separate hand washing facilities.

The lead nurse told us that following ongoing self-assessment of their essential quality requirements (EQR) in relation to the Department of Health guidance on decontamination in primary dental care practices Health Technical Memorandum 01-05 (HTM 01-05). They were satisfied that the practice was meeting these requirements.

They also showed us a range of information, to demonstrate monitoring and recording of compliance with HTM 01-05. This included audits of the daily hand hygiene cleaning of dental instruments, daily checks on the cleaning of each of the treatment rooms, autoclave cycles, ultrasonic cleaners, flushing of dental water lines and annual decontamination.

Policies and procedures for infection control were in place. The lead nurse was the nominated infection control lead and they along with all of the other staff had received training in decontamination and infection practices in 2013.

Personal protective equipment was available for all staff to use for example, eye protectors, plastic gloves and aprons. Sharps bins labelled correctly were in use, waste including clinical waste was segregated.

We saw that a Legionella risk assessment had been carried out in April 2013 which rated the risk as low.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Effective recruitment and selection processes were not in place.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

During our visit, we looked at the personnel files of two dental nurses and two dentists. We saw that staff who worked at the practice had relevant registration, qualifications and experience to deliver the services provided.

We also saw all clinical staff were registered with their appropriate professional bodies.

We saw that one of the dentists and the two dental nurses had up to date Criminal Record Bureau checks in place. One of the dentists required their CRB check to be updated. We were told by the provider this would be done immediately.

We saw that the files held up to date evidence of training and continuing professional development (CPD) which was carried out by all staff. Within the dental nurses files we saw they held their contracts of employment, copies of policies and records of appraisals that had taken place.

However, we saw that the files did not hold any details relating to the recruitment of staff.

We were told by the provider that all the staff were interviewed by him and another manager but we were unable to find evidence of this within the files we looked at. We were also told that all applicants for posts must complete an application form. We were unable to find these within the files we looked at.

We were also unable to find any references that had been obtained for staff working at the practice. We were told by the provider that personal recommendations were provided from within the local community from teachers or other professional people for staff who had applied to work at the practice. However, the files did not show evidence of this.

We also saw that only one file held a record of the induction process they had completed. We looked at the practice recruitment policy and saw that for clinical staff, two satisfactory

clinical references must be given. This information was not held in any of the personnel files we looked at.

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

People were made aware of the complaints system. This was provided in a format that met their needs.

We looked at the practice 'Complaints Handling Policy'. The policy stated the person who received the complaint would personally deal with any matter and resolve it if they could. If a complaint could not be resolved at this level, the policy stated that the matter should be put in writing to the provider.

The complaints policy clearly outlined the process that would be followed in the event of a complaint being received. This included the process for receiving, acknowledging, investigating and responding to complaints with timescales.

The lead nurse told us there had been no complaints made to the practice during the previous 12 months.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Records relating to people's care and treatment were not kept securely.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we visited the practice we saw that records of peoples care and treatment were stored in the reception area. They were held on large, open bookshelves behind the reception desk. Therefore, they were not held securely. We discussed our concerns with the provider who stated the issue would be dealt with as soon as possible.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Requirements relating to workers
Treatment of disease, disorder or injury	How the regulation was not being met: Effective recruitment and selection processes were not in place.
Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Records
Treatment of disease, disorder or injury	How the regulation was not being met: Records relating to people's care and treatment were not kept securely.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

This section is primarily information for the provider

report on our judgements.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
