

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

Distinctive Dentistry Limited

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Date of Inspection: 13 June 2013

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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
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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Distinctive Dentistry Limited
Registered Manager	Dr. Geoffrey Sterland
Overview of the service	Distinctive Dentistry Dental Practice provides private dental services to people of all ages.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 June 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 and talked with staff.

What people told us and what we found

We arranged this inspection visit to Distinctive Dentistry in advance. This helped to ensure that time was made available for us to speak with staff. At the visit we spoke with the providers, (who were both dentists at the practice), and other staff working at the surgery.

During this visit we spoke with two people who used the service and observed a dental consultation. After our visit we telephoned and spoke with nine people who had attended the surgery for consultations or treatment. Everyone we spoke with told us that they were happy with the treatment they received. People told us that staff were always respectful towards them and made them feel welcome. Comments people made included: "Absolutely first class, all the dentists are very good", "You get a beautiful service" and "They put you totally at ease".

We found that the practice was well presented, clean and hygienic. People told us that the dental surgery was always clean.

Our conversations with staff and information available told us that staff were suitably qualified for their role. People told us that staff were very helpful and friendly.

There were systems in place that ensured people using the service were asked their views about the service. People we spoke with confirmed that the treatment they received was of good quality. This meant that the provider could use the information they received to improve.

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 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

We looked around the dental surgery and saw that information for patients was available in the reception and waiting areas. Practice information packs called 'Your Care Pack' were given to patients when they joined the surgery. These told people about the dental practice and the services provided. We saw that educational information leaflets were available regarding various dental diseases and treatments for people to take away.

The dental practice provided a service for private patients. The information packs provided people with clear information on the cost of treatments. People were provided with options on how they could pay for their treatment. One of the options would be for people to become 'members of the practice'. This involved the person paying a monthly fee. The terms and conditions for this were clearly described for people. People we spoke with told us that the cost of treatments was made very clear to them. Two people we spoke with mentioned that they used payment plans. One person said, "I have a private plan".

People told us that they were able to access the dental surgery easily. One person told us, "Absolutely fine accessing the surgery". A second person said, "I sometimes find it difficult using the stairs. The staff are very helpful, if I am having problems, I am able to use the room on the ground floor". We saw that Distinctive Dentistry had ensured that the design of the practice would ensure that the premises was accessible to the diverse group of patients who used their services. We saw that the practice had a hearing loop in place to support people who had difficulty with hearing. Signs were clearly displayed so that people knew this was available. We saw that the practice provided access to the premises via a portable ramp for people who used a wheelchair. Treatment rooms were available on the ground and first floor of the premises and the external and internal doors to the surgery provided wheelchair access.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service told us that they always gave verbal and written consent to any treatment before they received the treatment. People told us they were able to give their views about their treatment. People told us that they received sufficient information from the dentists and dental nurses to help them make informed decisions about their care.

We were told and saw information that confirmed that some of the dental nurses had completed further training to be qualified as dental nurse educators and dental therapists. The practice had employed one of the dental nurses as a care coordinator. The care coordinator supported people to understand the treatment options available to them. This meant that people could be confident that their treatment choices were fully explained to them and in a way that they understood. People we spoke with told us that the dental nurses also discussed their treatments with them. One person told us, "Oh they really spell it out in a big way. They explain exactly what treatments have been suggested. One of the girls (dental nurses) told me what the treatments involved and pointed out any problems. I was very informed and knew exactly what I was signing for".

People told us that they had been given a written treatment plan to enable them to consider the options. We saw patient notes that recorded the treatment options and the discussions held with them. We saw paper copies of signed treatment plans. This meant that treatment options had been discussed and people had signed to give their consent to the treatment agreed.

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

One of the dentists showed us examples of their patient dental records and explained the different systems in place. One of the systems used for example was different coloured records which identified children's records from adult records. We saw records that showed us that routine examinations included checks on teeth, gums and soft tissue areas around the neck. Important information such as allergies, medical information and whether a person was nervous or anxious was written on the records. We saw that any discussions held with patients were recorded on their notes. This included notes detailing the patient's involvement and choice in any treatment options discussed.

We were told and saw information that confirmed that some of the dental nurses had completed further training in oral health. This meant that they were qualified to teach patients, which included children about good dental health and oral hygiene. The surgery also employed a dental therapist who specialised in treating children and anxious patients. The dental therapist was also qualified to undertake treatments under the supervision of the dentists. People who told us that they had previously been anxious about visiting the dentist told us that they felt supported by all the staff working at the surgery. One person told us, "I am always scared. They keep me calm by talking to me. They make me laugh, they are a happy bunch".

We spoke with people who had been with the practice for many years with various dental problems. People told us they were very satisfied with the care and treatment they had received at the dental practice. One person told us, "The care is absolutely superb". Everyone confirmed that their medical history was checked regularly. We saw and observed that the medical history form was signed and discussed at each appointment. This meant that up to date information about people's health and lifestyle and whether there had been any changes was recorded. One person told us that they had a medical condition, which was being treated. This person said, "They always ask me how I am. I feel comfortable talking to the staff. One of the things they always ask me about is if there are any changes in my treatment. I take my prescription with me so that they can see the medicines I am taking".

We were shown the emergency medication and equipment. We saw that the systems in

place were robust, well thought out and based on best practice guidelines. We saw that weekly checks were made to ensure that the equipment and medication was available in good working order. We were shown training certificates which demonstrated that all staff had undertaken annual training for emergency situations which included cardio pulmonary resuscitation (CPR) and automated external defibrillator (AED). A defibrillator is a machine used to give the heart an electric shock in cases of cardiac arrest. We saw the systems in place to ensure that emergency medical situations were handled appropriately. We saw that a contract was in place with the local hospital for the safe delivery and disposal of emergency medication. This meant that systems were in place to ensure people's safety and welfare in an emergency situation.

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

At the time of our visit we were shown around the dental practice. We saw that all areas of the dental practice were very clean and tidy. We saw that staff were smartly dressed in clean, short sleeved uniforms so they could wash their hands thoroughly. We saw staff wearing protective clothing and clean uniforms.

We saw that cleaning checklists were available for dental nurses to ensure that treatment rooms were clean and ready for use before surgery and at the end of the day. Staff completed the checklists to record that the cleaning had been carried out. The providers told us that a cleaner was employed to complete the general cleaning and a contract had been agreed with an external company to carry out a more thorough cleaning.

One of the dental nurses showed us the decontamination process. They showed us the dedicated decontamination room and the sterilisation equipment available. The layout of the room presented a clean and dirty area. We saw how dirty equipment was cleaned and sterilised to ensure it was safe to reuse. We saw that the dental nurse wore personal protective equipment (PPE) such as gloves, aprons and eye protection where appropriate. This helped to reduce the risk of cross infection. Following sterilisation, instruments were stored in pouches and dated according to national guidelines. We looked at the equipment in pouches and saw they were within the date to be used. The dental nurse showed that she was very knowledgeable about the procedures she had to carry out and why. We spoke with two staff who told us they had received training about infection control and were told they had on-going training and updates.

People we spoke with told us that the staff were always immaculate and the practice was always very clean and tidy. One person told us, "The practice is very professional and that includes the cleanliness of the building and the rooms. I see the staff wearing gloves and masks and they give me a bib and glasses to wear". Other comments we received told us, "Oh yes its immaculate, toilets everything", "It's beautiful, well laid out, always clean. It doesn't look like a dental surgery" and "Spotless actually".

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

All of the eleven people we spoke with were complimentary about all the staff who worked at the practice. One person told us, "I am always made to feel very welcome. It is always bright and cheerful. Everyone is friendly". A second person said, "Everyone is always professional and friendly". Another person told us, "It's like a family, we all have a laugh".

We saw records relating to the professional qualifications for some of the dental nurses, dentists and hygienists and their registration certificates. Some staff had completed additional qualifications in oral health and radiology. This meant people who used the service could be confident that they would be supported by fully trained and qualified staff. They told us that the providers and the practice coordinator arranged some training. The dentists and dental nurses showed that they took responsibility for their own professional development to maintain their registration with the General Dental Council.

We saw records of on-going training that staff had undertaken. Some of the training undertaken by staff were moving and handling, child protection, fire awareness and basic life support. The staff spoken with told us that they were very happy working at the practice and that they received the training and support they needed. They told us the providers were very supportive and they could talk to them at any time. The staff we spoke with told us that they were a team that worked well together. This meant staff knowledge and skills were being updated on a regular basis so that they remained competent in their roles.

We were told and saw information that confirmed that all staff had annual appraisals. Records showed staff had appraisals detailing what they wanted to achieve and how they were going to do this over varying periods of time. We were told that informal discussions had taken place between appraisals. These were not recorded. We discussed the introduction of formal supervisions with the providers. They assured us that they would re-introduce formal supervision sessions.

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 an effective system to regularly assess and monitor the quality of service that people receive. 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.

Reasons for our judgement

Our discussions with the staff demonstrated that the views of people about the quality of the service they received was important. There was a suggestion box on display in the reception area for people to use if they wished and surveys were carried out. Information on how to make a complaint was displayed in the waiting area. Records showed that complaints were managed promptly and appropriately and to the complainant's satisfaction. The information from these were analysed and discussed at staff meetings. This meant that people's comments and lessons learned from complaints were used to improve the service where appropriate.

The people we spoke with were asked what could be done to improve the service and they could not think of anything. Their comments included, "It's an excellent service I don't need them to change anything". "I am more than satisfied, they always listen to me". "It is absolutely lovely" and "I don't think they could improve any more. It is perfection, all the staff, the building, everything".

The practice had certificates displayed to show that they had taken part in and been accredited by quality assurance programmes. These included 'Investors in People' and the British Dental Association (BDA) 'Good Practice Scheme'. This helped the surgery to ensure that they kept up to date with nationally agreed standards of good practice.

Staff told us and the records we saw confirmed that there were monthly practice meetings. We were told that daily meetings were also held before the practice opens for the day. These meetings were called 'Huddles'. These were described as small ten minute meetings which were held for the staff on duty on the day. The written agenda for these meetings focused on things that were planned or may arise during the working day. This meant that staff were aware of any specific issues or preparations needed to meet people's treatment needs or ensure their safety for that day. One of the items on the 'Huddle' agenda was 'Policy of the day'. One of the staff would be allocated to find the policy, read it and share the contents with the staff at the 'Huddle' meeting the following day. Staff told us that they found that this was a positive way to become familiar with the

policies and procedures for the practice. We saw that staff had access to a range of policies and procedures that were regularly updated. This ensured staff were kept up to date with the latest developments and best practice issues.

We saw that safety certificates were available for the equipment used for people's care, such as the x-ray machine and autoclaves. We saw that there was a procedure in place for regularly checking that equipment was in safe and full working order. A process was in place for recording incidents and we were told that no serious incidents had occurred at the practice to date. A risk assessment of the practice had been completed. This was seen to cover the areas of risks such as fire and safe access to the premises and around the premises. The providers told us that they received patient safety warnings and anything relevant would be shared with staff during team meetings and appropriate action would be taken. This meant that the provider had systems in place to ensure that people received safe care and treatment.

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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