

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

Southchurch Family Dental Centre

114 Southchurch Drive, Clifton, Nottingham,
NG11 8AD

Date of Inspection: 15 November 2013

Date of Publication:
December 2013

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	Petrie Tucker and Partners Limited
Registered Manager	Mrs. Louise Bond
Overview of the service	This dental practice provides treatments on the NHS and on a private basis to adults and children.
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 15 November 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.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people using this service. Our inspection was discussed and arranged two days in advance. This was to ensure that we had time to see and speak with the staff working at the practice, as well as people registered with the service.

We spoke with five people who attended the dental practice on the day of our inspection about their experiences of the service provided. With their permission we observed two of these people when they received treatment from the dentist. This enabled us to hear what information people were given about their dental health or any proposed treatment. We were also able to see how infection control procedures were carried out.

Everyone spoke well of their dental experiences one person said, "I hate the dentist I don't go. I have had to come and have been okay. They have all been very nice and very polite. They have been put at ease, I will come again."

People told us all the staff who worked at the practice were polite and respectful. They said the premises were always clean and hygienic.

We observed members of staff interacting with people in a courteous, polite and efficient manner. We saw the staff were trained to provide people with appropriate care and dental treatment.

The provider had systems in place to gain feedback from people using the service. We saw that regular checks were undertaken to assess and monitor the service provided.

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, dignity and independence were respected.

Reasons for our judgement

We saw information was available to people which included health information leaflets as well as specific dental health promotion leaflets. The staff told us that people using the service were encouraged to read these and could also take them away if needed.

The provider was able to support people with varying needs. The staff were able to speak a number of languages and there was a loop system available for people who were hard of hearing. Hearing loop systems help people with hearing loss to hear sounds more clearly by reducing the effect of background noise. The practice also had access to a telephone translation service to help people to understand the treatment choices and options being offered to them. This meant there was appropriate information and guidance for people using the service.

People told us the payment options were explained to them, as people could be part of the NHS or pay privately for some or all of their treatments. One person said, "They have made it very clear I understand what I have to pay." We also heard the dentist explain the treatment options available to one person during their appointment. They ensured the person using the service was clear on the total costing prior to leaving. This meant people were aware of payment options and what this provided.

People said they had been given a written treatment plan to consider how they should proceed. People told us they were given advice about each treatment but were not pressurised into making a specific choice. One person said, "This is my first visit and I have been suitably impressed. Everything was explained he was lovely. I won't be so nervous next time." This meant people were put at ease and supported to make an informed decision.

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 safety and welfare.

Reasons for our judgement

Through a process called 'pathway tracking' we looked at two people's care records. We also spoke with these people and with the staff about how they provided support. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

We saw that the care, treatment or support offered was discussed with each person in a polite and unhurried manner. We checked these people's care records after their treatment and saw the information recorded matched the information and treatment that was offered whilst with the dentist. This meant people received the information and treatment they needed in a clear and consistent manner.

We observed two dentists who checked teeth, gums and soft tissue areas around the neck, but they did not explain why they were doing this. Some people told us they did not know that these checks could identify early signs of disease which would allow early treatment and a better chance of full recovery. The provider may wish to consider ways of ensuring people using the service are aware of this. This would ensure people were fully informed.

Some people using the service were very nervous but told us they had been put at ease. One person said, "I came under duress but he was lovely, he doesn't hurt you. He was really nice I was in no pain at all. Another person said, "There is no one more frightened than me I was petrified but he was lovely. It was done and over with and I wasn't at all bothered." This meant people using the service were supported in a calm and understanding manner.

We saw care records were written in a clear, concise and detailed way both electronically and in paper format. They included information about treatment plans, advice that was given by the dentist on diet and lifestyle that may affect oral health and consent to treatment. Health needs and medications were updated at each visit, as well as any changes to their mouth charts. A person we spoke with said, "I am asked to update my medical history at every visit, I find this reassuring." This meant people received care and support that met their individual needs.

There were arrangements in place to deal with foreseeable emergencies. All staff had up to date training to enable them to deal with medical emergencies. We saw that the practice kept appropriate drugs to be used in the event of an emergency. This meant people using the service would be supported appropriately should the need arise.

The staff we spoke with told us they followed the NICE guidelines (The National Institute for Health and Clinical Excellence) for dental recall, which helps clinicians determine appropriate intervals between appointments. Staff told us people generally visited the practice between three and 12 months and were recommended intervals according to the treatment or concerns with their oral care. People told us they generally had check-ups every six months and were satisfied this met their needs.

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

We saw that in the dental surgeries we visited the surfaces and floored areas were easy clean to help reduce infection. We saw there were adequate storage facilities to enable equipment to be securely stored and to minimise the risks of any cross infection in each of the treatment rooms.

We saw staff wearing uniforms and other appropriate personal protective equipment (PPE) and they confirmed that the supplies of PPE were plentiful. We observed two dentists wearing gloves and a mask when examining people. The dental nurses assisting the dentists also wore both a mask and protective gloves. This meant people using the service were protected against infection.

People using the service were satisfied with the cleanliness of the practice. One person said, "The surgery appears clean as does the waiting area." Another person said, "It's very clean, I like the cleanliness of the place."

We saw a member clean the surgery in between people receiving an appointment. We saw that they discarded their used instruments into a sealed box and removed their PPE before wiping down all surfaces within the surgery with a recommended cleaning agent. They showed us how the used equipment was transferred to the decontamination area in the sealed box. We observed that seats for people who attended with patients were wiped down. This meant the necessary actions were taken to keep the surgery clean and minimise cross infection.

In the decontamination room, a member of staff demonstrated the procedure for scrubbing, rinsing and inspecting the used instruments under a light magnifier before they were sterilised. The cleaned equipment was bagged and dated for use again. We saw that the member of staff had access to personal protective equipment throughout the procedure. This meant suitable systems were in place to ensure equipment was safe to use.

We saw records which demonstrated that equipment was checked each day to ensure it worked correctly and systems were also in place to report any machinery malfunction.

We found that hazardous substances, such as amalgam mercury was stored safely and the security of liquids and oxygen were regularly checked. Systems were also in place for the secure storage of clinical waste and the safe collection and disposal of the waste. This meant hazardous substances were stored and disposed of correctly.

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

We spoke with the staff about their training and one person told us, "The training is good, we are kept up to date. I have recently done health and safety updates. They always know when you did your last one, and at meetings they will bring training requirements up." This meant staff had the knowledge they needed to support people safely.

The staff confirmed the training was valuable and they felt safe working with people. They told us the training was based around the needs of people using the service to ensure individual needs could be supported. This meant the staff felt well supported and were suitably trained to do their job.

We spoke with a new member of staff who said, "Everyone has been supportive I have a clear understanding of how I am working through my induction and there is always someone here to help me. It's a nice atmosphere, I can ask any questions and everyone is reassuring." This meant new staff were suitably supported.

They told us they received supervision and team meetings were now held on a monthly basis. They confirmed these sessions were a useful way of learning and keeping up to date with practice issues. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. This meant that staff's performance and development needs were regularly assessed and monitored.

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 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

We saw there were systems in place to record checks on the maintenance of equipment and to ensure policies and procedures were in place and reviewed. This ensured that the equipment in use was well maintained. A number of audits were seen. These included audits on infection control, record keeping and X-ray quality. These were up-to-date and provided assurance that the provider was continually reviewing current practice to improve the service offered to people.

Records showed that feedback from people was sought as they were able to complete a patient feedback form. These were sent out to people on a regular basis and the information from these was evaluated by head office. A report was then sent to the practice offering information about people views. This meant there were systems in place to gain feedback. If concerns were raised the provider would write to the individual and deal with the concerns in an appropriate manner. The provider did not offer an evaluation of the outcome to people using the service to demonstrate what improvement they had made following information received from the patient satisfaction surveys. The provider may wish to consider ways of offering this information to confirm any changes that were made to improve their service.

People using the service told us they had not had any cause to complain. They told us that if they did they would raise these directly with the dentist. We saw the practice complaints policy was displayed in the reception area, but it was difficult to locate because it was not at eye level. The procedure for making a complaint or raising a concern was being added into a new patient information leaflet. This meant people would have clearer information and be fully aware of how to raise a concern or complaint if they wanted to.

There were not any customer comments cards in the reception area for people to complete and a suggestions box was not available. The provider may wish to consider ways of ensuring people using the service are offered alternative ways to put forward their comments, thoughts and ideas. This would demonstrate people using the service were offered alternative methods to express their views about their care, support and treatment.

When looked at the complaints log and the staff confirmed that issues of concern or interest were discussed with a view to improve the quality of care and/or the care experience for people using the practice. This showed learning from incidents took place and appropriate changes would be discussed and implemented.

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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