

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

Talking Teeth Dental Practice - Culcheth

493 Warrington Road, Cucheth, Warrington, WA3
5QU

Tel: 01925766398

Date of Inspection: 14 June 2013

Date of Publication: July 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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Qaisar Jaffri
Overview of the service	<p>Talking Teeth is located in the centre of Culceth, a village on the outskirts of Warrington. It provides dental treatment on a Monday and Friday to private patients only. It is closed for the rest of the week except for Tuesday when a hygienist works at the practice.</p> <p>Further information about the services offered can be obtained by contacting the practice.</p>
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
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
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 14 June 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

The four patients we spoke with were all very positive about the service they were receiving. Comments included; "First class service", "Can't fault them, friendly staff" and "Brilliant."

Staff members told us they felt they had appropriate facilities; equipment and resources to always meet their patient's needs. They were happy working within the service and felt they all worked well as a team and were supported through discussion and training. They told us this enabled them to provide a safe and appropriate service to the people using the dental practice.

We looked around the dental practice and found that everywhere appeared clean. There were effective systems in place to reduce the risk and spread of infection. Practices and procedures were in place for assessing and monitoring the quality of the service on a regular basis. This included regular audits being carried out with regards to infection control and hygiene, emergency drugs supply, checks on equipment and cleanliness and infection control.

People who used the service were asked for their views about their care and treatment. We looked at a random sample of eight completed questionnaires and they showed us that patients were happy with the services provided; we did not see any negative comments. Comments included, "Professional staff, gentle dentist", "Kind and thoughtful manner", "Caring attitude of staff and dentist, always has time for a chat", "Friendly staff" and "Friendly."

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.

Patients have their privacy and dignity respected and their views taken into account.

Reasons for our judgement

We spoke with four people who used the service. They said that they had no complaints and they were happy with the service provided. They told us they were given appropriate information and support regarding their treatment. We saw the practice information leaflet which contained essential information about the practice, including the complaints procedure, a copy of which was clearly displayed in the waiting room.

We saw evidence of completion and signing of treatment consent forms along with evidence of treatment plans and clear information on the cost of treatment given to people prior to the commencement of treatment.

The practice had one treatment room where consultations took place. This offered privacy to patients.

We saw protective equipment which staff always used for their patients to help keep them safe and comfortable including the use of aprons and glasses.

The reception area was open plan. The computer screen on the reception desk was arranged so that it could not be read by patients at the counter. This ensured confidential patient information could not be seen.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs.

Reasons for our judgement

The four patients we spoke with were all very positive about the service they were receiving. Comments included; "First class service", "Can't fault them, friendly staff" and "Brilliant."

We looked at the dental notes for two patients and saw that their relevant medical history was recorded and checked at every visit by staff and the patient. Regular advice around health promotion was provided during visits to the dentist. This helped to show what assessment, care and attention was provided to patients to help cater for their needs and requests. The computerised systems helped provide a consistent and safe approach to the recording and safe keeping of patient's confidential records.

We talked to members of staff on duty and they told us they had received all necessary training to help them with their job roles. We saw evidence of basic life support training provided for staff. Emergency equipment was readily available and included emergency drugs, a first aid box and oxygen. Staff showed us audit checks that they regularly carried out to check on the safe storage of all emergency equipment and facilities.

Staff members told us they felt they had appropriate facilities; equipment and resources to always meet their patient's needs. They were happy working within the service and felt they all worked well as a team and were supported through discussion and training. They told us this enabled them to provide a safe and appropriate service to the people using the dental practice. One of the staff members we spoke with said, "It's a good team."

The practice used diagnostic x-ray equipment in each of its treatment rooms and we saw that local rules for its use were available. This helped to show safe practices and management in the use of equipment necessary for patient care and treatment.

During our visit we saw that the relationships between patients using the service and staff members were warm, friendly and respectful.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had up to date policies and procedures in place for the protection of vulnerable people. All relevant information including emergency contacts were kept in a surgery log file. The area manager demonstrated a good knowledge of the local safeguarding authority's reporting procedures and was confident in the appropriate management of such issues if required.

The staff members we spoke with confirmed that they had received training in safeguarding and were able to describe how they would ensure the welfare of vulnerable people was protected through the whistle blowing and safeguarding procedures. They told us they were happy with their training and that they felt confident they could raise any issues and discuss them openly with the area manager or provider. We saw from staff training records that all staff had received competency based training around the protection of vulnerable adults and children from abuse and that the training was up to date.

We asked about the practices complaints procedures and the four patients we spoke to said that if they had any concerns they would speak to the staff.

We saw Criminal Records Bureau (CRB) checks had been obtained for the staff members working at the practice. These checks are important to ensure that people who are unsuitable to work with children or vulnerable adults were not employed in the dental practice.

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

Our judgement

The provider was meeting this standard.

The provider has systems in place to ensure the clinic is clean and people are protected from risks of infection.

Reasons for our judgement

We looked around the dental practice and found that everywhere appeared clean. The work top surfaces were free from clutter and items were stored in appropriate places.

There were effective systems in place to reduce the risk and spread of infection. The treatment room viewed was clean and well maintained with appropriate floor and surface coverings. There were dedicated hands washing facilities. We saw that the practice had daily, weekly and quarterly cleaning schedules that were well maintained and demonstrated how all of the surgery was being kept clean. This was a thorough and well thought out system of infection control.

We saw evidence of appropriate protective equipment in place; these were accessible in the treatment and decontamination areas. We also saw sharps containers that were appropriately located and not overfilled.

We asked staff to explain how they prepared the room between patients; they said that the chair was cleaned and all items used were disposed of or decontaminated. There was a daily housekeeping checklist in place to ensure this was done properly. There was also a checklist in place to ensure all of the other areas within the practice were kept clean and free from infection.

The infection control lead showed us the decontamination room and explained the processes involved to clean and sterilise the instruments that would be used by the dentist during any patient treatments. The systems in place were thorough and ensured that clean and dirty instruments did not contaminate each other. The practice also had systems in place for cleaning, checking and maintaining the equipment used to do this. We saw that the appropriate personal protective equipment was available and in use in all areas. Waste contracts were in place for the collection and disposal of clinical and domestic waste.

Staff members received training in infection control procedures; this was confirmed by them during the visit. There was a designated infection control lead who worked across all three of the practices owned by the provider.

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 using the service and others.

Reasons for our judgement

Practices and procedures were in place for assessing and monitoring the quality of the service on a regular basis. This included regular audits being carried out with regards to infection control and hygiene, emergency drugs supply, checks on equipment and cleanliness and infection control.

The provider told us that if a person who used the service had any issues about their care or treatment then they would address these immediately.

We saw that a complaints procedure was in place and a complaints policy was on show in the reception area.

To help patients to comment on the service provided there were feedback forms within the reception area that could be used if people wished to do so.

A recent patient survey carried out by the service gave overall positive comments about patients experiences. People who used the service were asked for their views about their care and treatment. We looked at a random sample of eight completed questionnaires and they showed us that patients were happy with the services provided; we did not see any negative comments. Comments included, "Professional staff, gentle dentist", "Kind and thoughtful manner", "Caring attitude of staff and dentist, always has time for a chat", "Friendly staff" and "Friendly."

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.
