

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

The Dental Practice

3 Longview Drive, Huyton, Liverpool, L36 6DY

Date of Inspection: 16 April 2013

Date of Publication: May
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 | Miss Lubna Husain |
| Overview of the service | The Dental Practice at Longview Drive is situated in Huyton, Knowsley. The practice offers both NHS and Denplan Care dental treatment for adults as well as NHS treatment for those aged under 18. |
| 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 |
| More information about the provider | 4 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 8 |
| Cleanliness and infection control | 9 |
| Supporting workers | 11 |
| Assessing and monitoring the quality of service provision | 13 |
| <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 16 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who used the service. They told us they had been very satisfied with the treatment they had received. Each person we spoke with told us they were given options about their treatment when they visited the dentist. People told us the dentist explained different treatment options that were available and what the treatment entailed.

People told us the service had been professional, reliable and friendly and that they felt the dentists and dental nurses were skilled. They told us that as 'patients' they had always been made welcome and were reassured by all of the staff at the surgery. People told us they had signed documentation to give their consent to treatment and that staff checked peoples' medical histories and medication on a regular basis.

People told us they found the surgery to be clean and hygienic and that staff had high standards of cleanliness and infection control. When we looked around the practice we saw evidence that the premises were kept clean. We also saw evidence of effective infection control systems in place and good practice being followed.

When we looked at training records we saw evidence that the dentists, dental nurses and trainee dental nurses had been professionally trained to the level their positions required. We also saw that they had completed training in other appropriate courses.

We saw evidence that there was a quality assurance system in place that informed the future performance of the service.

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

People who used the service were given appropriate information and support regarding their treatment. We spoke with people during our visit. They all told us they were given options about treatment when they visited the dentist. Everybody said the dentist explained different treatment options that were available and what these entailed.

Each of the people we spoke with said the staff were friendly and approachable. People told us they felt they had been given sufficient information about the costs of the treatment they required. We saw that information was displayed in public areas for people regarding fees.

We saw that dental staff would complete a consent form which included fees to be charged and people were asked to sign this form. Every person who used the service was given a practice information leaflet when registering. This included general information about the practice, what to do in the case of a dental emergency and how to complain. One person told us, "It's very friendly, they always put you at ease."

Information was available for people to read in the waiting areas about different types of treatment and oral and general health education. There was also a practice information manual that gave more detailed information to patients such as the complaints procedure, fees, infection control policy, health and safety, fire and data protection.

The service was accessible for people who used wheelchairs. The treatment rooms were on the ground floor which were easily accessible.

We spoke with staff during our visit. Each described the treatment choices they would offer to patients and how this was recorded. This matched with what people receiving treatment had told us. Staff told us what happened when people visited the surgery for the first time. They told us people completed a registration form, which included information about any medical conditions, and any medication they were taking. We observed one person completing the forms with the help of the staff. After this they were given a periodontal assessment, a 'check up', by the dentist.

We saw that information about medical histories and details of the assessment were recorded on paper records and computer, and any dental treatment required was then recorded on a treatment plan.

We saw there was a complaints/suggestion box available in the reception area. If staff received a complaint verbally they would discuss it with the person and if necessary refer them to the information in the patient information leaflet or folder.

If a person who used the service wished to have a private discussion with the dentist or dental nurse then this was facilitated in the surgery rooms or on occasion, the practice manager's office. This was confirmed by staff. The practice used language line if they needed an interpreter service for patients.

The practice had given gave out patient questionnaires and undertook a patient satisfaction survey. The majority received a grading of "Good" or "Very good". Comments on the questionnaires included "Staff are lovely, thank you" and "Love coming, it's like my second home".

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered to ensure people's safety and welfare was looked after. We looked at individual treatment records and saw information regarding medical history, allergies and dental examinations was recorded. There was documented evidence of completion and dental treatment plans were signed.

The records we looked at showed evidence of people who used the service being involved in their own treatment plan. This included consent for treatment being gained. The dentist also discussed health issues such as diet, drink and smoking cessation with people who used the service if necessary. One person told us, "I feel comfortable here." Another person said, "I always tell people about this dentist, I am very happy".

There were arrangements in place to deal with emergencies. The practice had an emergency drugs kit available. The emergency drugs list was checked on a regular basis to ensure the medication was in date and fit to use. All staff had received training in the use of the defibrillator. The training records we saw confirmed this. There was a designated first aider on duty.

The practice had a named Radiological lead and Radiological protection officer. We saw evidence that regular audits of radiographs were carried out and that Radiological protection rules are on display.

We spoke with people who used the service on the day of our visit. They all told us they were happy with the treatment they had received at the practice.

All people we spoke with told us they thought the time they spent in the waiting room was acceptable. However some of the patient questionnaire responses had highlighted that waiting times were sometimes quite long.

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

There were effective systems in place to reduce the risk and spread of infection. We saw all areas of the dentist practice were clean and the dentist surgery contained personal protective equipment and hand washing facilities. The staff told us there was always equipment available for them to use and also that spot checks were undertaken to ensure the practice was kept clean.

People who used the service told us everything always looked clean and they were satisfied with the standards of cleanliness. We saw evidence that cleaning audits were completed on a regular basis.

We saw evidence that the practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination and therefore minimise the risk of infection. Evidence was seen of the practice having undertaken an audit and demonstrating compliance with HTM01-05 standards.

There were effective systems in place to reduce the risk and spread of infection. The dental practice did not have a central sterilisation room. However this was undertaken in one of the surgeries that was used infrequently. We saw that the practice had plans in place to have a dedicated central sterilisation room in the rear of the building. We observed correct practices for the decontamination and sterilisation process were undertaken in accordance with HTM01-05 requirements.

We also saw that the practice had trained all staff in disinfection and decontamination that included practical training on hand hygiene relating to British Dental Association (BDA) guidelines and in accordance with HTM01-05 requirements. Staff confirmed they had received this training.

We saw evidence of equipment being checked, including regular printouts recording the temperatures of autoclaves used to sterilise equipment. We saw a sample of servicing records which showed the equipment and machines used in the dental practice were maintained and checked to make sure that they were safe to use. We also saw records of legionella and purification checks.

Dentists and dental nursing staff had received training in decontamination as part of their continuing professional development (CPD). Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. Up to date infection prevention and control policies and procedures were in place.

There were arrangements in place for the management and disposal of clinical waste and sharps instruments

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

Staff received appropriate professional development. We observed the interaction between staff and people who were either receiving treatment or visiting the surgery. We spoke with people who used the service and one person told us, "The staff are really great, so friendly."

Staff said that if they had any concerns or wanted to raise any training queries, they would raise these with the dentist or practice manager as and when they needed to. Staff told us they felt supported by the dentists at the practice. One staff member told us, "It's a friendly place to work, a good atmosphere, we manage to put nervous patients at ease."

We looked at staff files and saw criminal record bureau (CRB) checks, now the Disclosure and Barring Service (DBS), had been undertaken prior to appointment. We saw evidence that appraisals were taking place. Staff had signed to acknowledge receipt of policies and procedures operated by the dental practice.

Staff told us had an induction when joining the practice. This included all aspects of health and safety and the organisation. New dental nursing staff also shadowed another member of staff for a period of time, dependent on their previous experience or skills.

We also saw evidence that all staff had undertaken training in medical emergencies management, cardio-pulmonary resuscitation and automated external defibrillator (AED). Staff confirmed they had received this training.

We saw evidence of staff meetings that included items for discussion such as clinical governance, HTM01-05, complaints and adverse incidents. These were attended by all staff that were available. We saw actions from these meetings that supported good practice. Staff told us they had regular meetings.

Records demonstrated staff undertook continuing professional development in line with regulations set by the General Dental Council. We saw evidence that nurses were assessed on their appraisal in line with CPD and that there was a training matrix indicating when staff should undertake training.. This was confirmed by staff.

Staff told us they felt well supported and confirmed they had received all the training they needed to do their job well. They also said they received regular support from the team.

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.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. We spoke with people who used the service who all told us they had been very pleased with the quality of the treatment and support they had received from the practice. They told us they had found all staff at the practice to be very helpful and supportive. The practice had a "Patient Satisfaction Survey" which was completed, reviewed and acted upon where necessary. The majority of survey forms were graded "very good" or "good".

Whilst none of those spoken with had needed to complain, they all said they would be able to talk to the dentist if they were unhappy about any aspect of their treatment. We saw a suggestions/complaints box in the waiting area. We were told that this was checked regularly and action taken in response as determined by the team. The practice had a complaints policy and took account of complaints and comments to improve the service.

The practice had clinical governance processes in place to monitor the quality of the service. They also had an audit cycle that included audits of patient questionnaires, record keeping, HTM01-05, radiographs and hand hygiene. We saw evidence of regular audits in areas such as checking the quality of x-ray's, record keeping and infection prevention and control. There was also evidence of patient record audits and that the information governance audit tool had been used to support best practice.. They also undertook audits on information on patients who failed to attend or cancelled. The people who used the service we spoke with on the day of our visit told us they felt the practice was well managed.

We saw records to confirm that regular staff meetings were taking place. Staff were also able to contribute to the agenda and in the meeting.

There was a comprehensive Health and Safety review undertaken by the practice manager. This included risk assessments and safe working procedures, accident reporting, training and all other aspects of general health and safety.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.
