

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

Alba Dental Care

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Alba Dental Care
Registered Manager	Ms. Charmaine Fernando
Overview of the service	Alba Dental Care are based in Braintree and provide dental treatment through the NHS to adults and children in the Braintree area. They also undertake some private dental treatment including cosmetic services.
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 30 January 2014, 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

During our inspection we spoke with two people who were waiting for treatment. They were happy with the treatment they received and told us that the dentists always explained about the treatment they were having. One of the people we spoke with told us that the service, "Always explain things to me," another said, "It's great, I have never had a problem, they are always prompt and on time."

We looked at the records of four people who had attended the service on the day of our inspection. These showed that written consent had been obtained and a treatment plan given to the person concerned. The record also showed that the person's medical history had been reviewed and updated each time they visited the service.

Quality assurance processes were in place to ensure that people were satisfied with the treatment they received and that the service were aware of areas that may need to improve and a range of management audits provided an internal check that systems were in place and being followed.

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

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

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

During our inspection we spoke with two people who were waiting for their treatment to start. They were both very happy with the treatment they received and told us that the dentists always explained about the treatment they were having. They confirmed that they had signed the treatment plan and consent form and had been given a copy of this when their treatment commenced.

We discussed with the registered manager how the service ensured that people had the capacity to provide consent and what they would do if they felt that someone lacked capacity. They were familiar with the term 'best interests' and understood the process that would be followed if someone needing treatment from them lacked capacity. This showed us that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We looked at the treatment records of four people who used the service that were held electronically and in paper form. Treatment history was recorded on the electronic system but the paper records included other records including the treatment plans and consent form signed by the person concerned. This confirmed that the required consent had been obtained.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure people's safety and welfare.

During our inspection we spoke with two people who were waiting for their treatment. They told us they were very happy with the treatment they received from this service. One of the people we spoke with told us that the service, "Always explain things to me," another said, "It's great, I have never had a problem, they are always prompt and on time."

We looked at the records for four people who had received treatment. These were held electronically and in paper form. They showed us that the service had provided people with details of the treatment they needed and the costs involved and that people had signed to show their acceptance of this and consent for the treatment to commence. The records showed that people's medical records were recorded at the beginning of their treatment and updated on each visit. This meant that the service were aware of any medical needs and could plan treatment accordingly. An example of this given by the manager was where a person was on medication that thins the blood, they would make sure that the person had a blood test a few days before their treatment so that they could check their blood level was within an accepted range before treatment began.

Measures were in place within the service and emergency facilities available. Staff were all trained on an annual basis in basic life support skills and cardio pulmonary resuscitation. We saw that the emergency medication was safely stored and a regular check made to ensure that the medication was in date.

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 looked at the facilities available which included three treatment rooms, a separate decontamination room, staff facilities, a waiting area and reception. They were all very clean and well maintained.

We discussed the decontamination procedures with the registered manager who explained to us the procedure for the decontamination of instruments. Decontamination was required to minimise any risk of cross-infection between equipment, people using the service and staff. The procedures in place were in line with Department of Health requirements for dental practices.

We discussed the procedures followed with the manager and one of the dental nurses. They explained that all equipment used was checked regularly and in line with requirements. Records of this were maintained in the decontamination room and shown to us. We were therefore assured that staff followed protocols to ensure that all instruments used for their treatment had been cleaned and sterilised appropriately. Instruments that had been cleaned and sterilised were stored in sealed bags and dated ready for future use and if not used within a set period, usually a month, were re-sterilised.

We looked at the infection control audit in place. This identified any areas where action was needed and the measures taken. The provider might wish to note that this audit was only completed on an annual basis which may not identify issues of cross infection soon enough for the necessary action to be effective.

Contracts were in place for the removal of clinical waste. There were 'sharps' boxes in the surgeries and in the decontamination room for needles and separate clinical waste bins in each room as well as appropriate hand washing facilities. Staff wore protective clothing in the decontamination room and gloves, aprons and masks when in the surgeries. This ensured that the risk of cross infection was reduced. The staff records contained details of all staff's immunisation and regular training on infection control was in place.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

During our inspection we spoke with two people who used the service. They told us that they received a reliable service from this provider and that their appointments were normally on time. A recent NHs survey of the service has shown that 100% of people who used the service were satisfied with the time they had to wait for an appointment. This showed that sufficient staff were in place to enable patients to book appointments within a reasonable period and to receive a punctual service when they attended that appointment.

The registered manager checked that all professional staff employed by the service were registered with the General Dental Council and maintained a record of this. They confirmed that these registrations were up to date and that all necessary staff had current Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) checks in place, or risk assessments where this was sufficient.

We looked at the training records held by the manager in respect of the staff employed by the service. These showed that a range of training was provided in addition to the professional development training undertaken by qualified staff. The provider might wish to note that although procedures were in place and staff had received training in safeguarding children, no training had been provided to ensure that staff could identify and manage a situation of potential abuse involving a vulnerable adult.

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 and 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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

During our inspection we spoke with two people who used the service. They told us that the service gave them information about the facilities, treatment and services they provided. We saw evidence of this in the waiting room with a 'patient's guide' and various leaflets to inform people who used the service.

Quality questionnaires were used to ensure that people were happy with their care and treatment they received. These were available for people to complete on the day of their treatment. The registered manager told us that they looked at the comments received within staff meetings and agreed on any actions that were needed or changes that could be made to improve the quality of their service. They told us that they always telephoned people who had received complex treatment to ensure that they were recovering well.

We discussed the quality audits that were in place. These included audits of records, safety audits, audits of x-rays quality and use, prescribing audits, environmental audits and infection control audits. We looked at these audits and noted that actions that were identified as a result of an audit were discussed at team meetings and changes agreed where necessary. The practice were part of the British Dental Association (BDA) good practice scheme. They submitted information to the BDA on a regular basis and this acted as a further measure of the service quality.

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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