

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

## Denora Kidderminster

100 Stourport Road, Kidderminster, DY11 7BQ

Tel: 01562510200

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Denora Health Care Limited
Registered Manager	Mrs. Sheikha Pandey
Overview of the service	This dental practice offers NHS dental care and treatment for adults and children. The practice also sees people on a private basis.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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As part of our visit, we spoke with five people who were registered with the practice and who had received treatment. We also spoke with the practice manager, clinical director, a dentist and two dental nurses about working at the practice.

People that used the practice told us they were very happy with the quality of the information and treatment they received. One person we spoke with said: "I have found a great dentist and I am sticking with them". Another person we spoke with said: "I am always made to feel very welcome".

Our visit was discussed and arranged with the practice a couple of days in advance. This was to ensure that we had time to see and speak with staff working at the practice, as well as people registered with the practice.

People felt they were given enough information about their treatment options and the relevant fees. People felt able to ask any questions where they wanted to.

We found people that people received care and treatment in a clean and hygienic environment. People we spoke with had no concerns about the cleanliness of the practice.

We found staff were supported to deliver care and treatment safely and to an appropriate standard.

We looked at records that showed that the provider was regularly monitoring the quality of its service.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with five people who had recently used the service. We asked them if they had been given enough information about the treatments they had received. One person said: "Yes, all of the time. They always tell me what's involved and how much it will cost". Another person told us: "I had broken my tooth, so the dentist explained the various options available".

We found a range of information was available to people in the treatment rooms and reception area. This included information about oral care, smoking cessation and up to date information regarding NHS charges. We spoke with a dentist and got them to explain to us how they made sure patients had the necessary information to make an informed choice. They told us they used x-rays or pictures where possible that had been taken that showed where the concerns were. They explained that they discussed a variety of options for treatment, explained any pro's and cons and any differences in the amount of treatments required. They told us they explained various cost options such as NHS or private payments. They also told us how they suggested alternatives, such as which materials could be used that may affect the cost of the treatment. This meant that there was a clear system in place to help people make informed decisions about their treatment.

All of the people we spoke with confirmed that their privacy was respected and their dignity upheld. All of the people we spoke with told us that doors to the treatment rooms remained closed whilst consultations and treatment took place. One person we spoke with told us everyone at the practice was discreet. This meant the provider respected people's privacy and dignity.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with five people about the quality of treatment they received. People we spoke with were satisfied with the treatment they received. One person told us: "They are fantastic". Another person said: "The treatment you receive is second to none".

People we spoke with told us they had enough information about their treatment options and what to expect. People told us they felt they could get treatment when required and the appointment system was flexible enough to meet their individual needs. One person we spoke with told us: "I prefer an early morning appointment and I get the time I want".

From conversations we held with people and our observations during our inspection we saw that people had been seen promptly after their arrival at the practice. One person said: "I never wait long to go in". Another said: "I haven't been late yet". We spoke with one person who had to be seen urgently because they required emergency treatment. They told us they were seen the same day they contacted the practice. The clinical director showed us the appointment booking system for the practice. This system had time slots throughout the day that were kept clear to allow for patients that required emergency treatment.

During our visit we reviewed the dental records of nine people treated by the practice. Ongoing records of treatment provided to people were held, supporting continuity of care and information on any specific risks or preferences for people. People we spoke with told us they were asked if there had been any changes in their medical history or medication before any treatment had commenced.

We found that all staff involved in the delivery of treatment obtained detailed medical and dental histories. We saw records that showed the practice discussed any changes in medical histories or medication at each examination. All nine dental records we saw contained medical history checks, consent to treatment and options regarding treatment. This meant that any necessary changes to people's treatment plans could be done and this made sure they were not exposed to additional risk or harm.

We saw that the registered provider had procedures in place so they could respond to medical emergencies. We saw that an emergency drugs kit and defibrillator were available. Staff told us they had undertaken training for dealing with emergencies and knew how to use the equipment. This meant that staff would be able to respond to people's medical needs in an emergency.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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People that we spoke with gave us positive feedback about the levels of hygiene and cleanliness. People we spoke with told us that dentists and nurses always wore disposable gloves and offered them protective eye equipment during the course of their treatment. One person told us they witnessed the dental nurse taking the instruments out of sealed bags before they used them. Another person said: "Everywhere is spotless".

The Code of Practice for Health and Social Care requires registered providers to have adequate systems in place to prevent and control infection. All areas of the practice we saw during our visit were hygienic and suitable for the provision of dental treatments. We saw that dental staff wore personal protective equipment and each treatment room and the decontamination room contained personal protective equipment for staff to use.

Each of the treatment rooms and the decontamination room had posters on the wall that provided hand washing instructions for staff to follow. We saw that hand gel dispensers were located around the practice and were in working order. Hygienic hand washing facilities were provided in each treatment room. Each treatment room and the decontamination room had a dedicated clean and dirty area. These rooms also displayed a floor plan that clearly identified these areas.

The practice had a dedicated decontamination room where all used instruments were cleaned and sterilised. We saw that the room was clean and well organised. There were defined clean and dirty areas and appropriate equipment was available. The dental nurse talked us through the process for making sure that instruments were cleaned and sterilised between each use. We checked the instruments that had been sterilised and found them to be within date for safe use.

The practice had two sterilising units which had been regularly serviced. The dental nurse carried out weekly tests that made sure the equipment performed to the required standard. We saw sterilised instruments were stored in clean drawers and limited numbers were transferred to treatments rooms in sealed boxes. This meant that the equipment remained in date and fit for use.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People we spoke with who used the practice told us that the staff were helpful. Comments included, "The staff are great, really pleased with my dentist". Another person said: "The staff are wonderful and friendly". A third person told us: "My current dentist is excellent".

Staff received appropriate training and development. A copy of each staff member's training record was available that showed dental staff were maintaining their professional development. We saw certificates that showed staff had attended training in various topics such as infection control, emergency resuscitation, health and safety, and safeguarding vulnerable adults and children.

We looked at staff records that showed staff received supervisions and appraisals. Staff we spoke with told us that they were able to raise any training needs during these appraisals and supervisions and felt supported by the practice manager. They also told us they were encouraged by the provider to develop their own learning and were signposted to various dental literature and learning. The practice manager and staff also told us they all attended a dental exhibition once a year to network with other professionals and to see what new equipment or dental procedures were being marketed. This meant the registered provider was able to identify areas where staff needed additional support or training in order to meet people's needs.

We saw that the registered provider carried out regular checks of staff member's professional registration. This meant that the provider was able to ensure that its staff remained suitable to provide care and treatment to people who used the service.

## 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

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### Our judgement

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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.

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### Reasons for our judgement

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We asked the practice manager and clinical director about the process for auditing the quality of the service provided. Evidence was available to show that checks were regularly made by the practice manager and staff on records, emergency procedures, infection control and other areas of the practice. For example, the dental nurses completed a radiography audit. This audit recorded the digital image quality of x-rays on a daily basis. Where scores were shown to be less than current guidelines, the clinical director raised this with the individual dentist. This led to improved standards in the quality of recorded images and improved the treatment being provided. This meant that the registered provider had a system that enabled them to assess and monitor the quality of the service that they had provided.

We saw evidence of a patient survey that had been completed last year. People who used the service were asked for their views. The survey sought feedback around costs, treatments, choices and whether people were listened to and consulted. Responses we saw were all positive. Comments included: "Would recommend this practice", "My dentist puts me at ease" and "You feel at home".

We saw further evidence that the registered provider had acted upon recommendations and findings of audits and checks that had been made. For example we saw the results of a recent audit that had been carried out by a public authority. This audit was completed in September 2012 and had identified actions for improvements. We saw that the provider had acted upon those recommendations and we saw evidence that supported these actions had been addressed. This meant that the provider was learning from audits and implemented the appropriate changes that improved the service people received.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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