

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

Fillybrook House Dental Practice

8 The Fillybrooks, Stone, ST15 0DJ

Tel: 01785812412

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Fillybrook House Limited
Registered Manager	Mrs. Firdous Hirji
Overview of the service	This practice provides a dental service for people who pay privately for their treatment.
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 11 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people who used this practice. The inspection was arranged in advance. This was to ensure that staff working at the practice had time to speak with us, and our visit would cause the least disruption for people who had dental appointments.

We looked at the paper records for three people who used the practice to see how their care and treatment was provided and managed. We talked with staff who were able to discuss people's care and treatment needs.

We saw that people who used the service were involved in planning their treatment through consultation with the dentist. People were informed of the treatment plan and had agreed to it.

We spoke with five people who were at the practice at the time of this inspection. They all told us of their satisfaction with the care and treatment that they received. One person said: "We have used this practice for many years now and have always found it to be very satisfactory. The dentist and the practice manager are always friendly and polite. Nothing seems too much trouble for them".

We saw that the practice maintained high standards of hygiene and infection control practices.

We saw that staff continually updated and refreshed their knowledge to ensure they had the necessary skills to undertake their role.

We found that there were systems in place for monitoring and checking the service being delivered, this ensured a quality and safe service was provided.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

The essential standards of quality and safety state the registered person must have suitable arrangements in place for obtaining the consent of a person using the service in relation to the care and treatment provided.

We spoke with five people at the practice. They told us that they had been involved in making decisions about their care and treatment before they gave consent to the proposed treatment plan. We saw that a treatment plan was completed, a copy of which was given to the person so that they had a record of the options. We saw that when they had decided on the course of treatment they had signed to say they agreed and consented to it.

We saw that visit notes were completed at each consultation with the dentist. We saw a record where the consent had been gained from the person for the treatment and for the administration of local anaesthetics. This meant that people were given information about the individual needs and consented to the treatments.

Information leaflets were readily available in the waiting room, which informed people of the type and cost of treatments. During our inspection we saw that a passer-by called into the practice to gain information on the service and what was offered. We saw that the practice manager was helpful and supplied the relevant information to support the person with making their decisions.

We observed that people were addressed in a respectful and friendly way by the dentist and the practice manager. People told us that this friendly, helpful approach allayed any anxieties that they may have. One person told us: "I have always been treated with the utmost respect, plenty of time is allowed for my appointment, there is never any rush. I feel this is an excellent service".

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 told us and we saw that the practice was fully suitable for people who may have mobility problems. A ramp was provided for ease of access for the people who used wheelchairs, and the dentist's surgery was situated on the ground floor. This meant that the practice was responsive and effective in meeting the needs of people.

We looked at the paper records for five people who used this practice. We saw that each person had an individual treatment plan that was based on an assessment of their needs. Each treatment plan was discussed fully with the person and they then signed the document to indicate their consent and agreement. We saw that people's medical history was reviewed at each visit and the records were updated. We saw other information that was kept about a person. This included information regarding allergies, specialist equipment or care and support needs.

The dentist and the practice nurse explained that the service operated on a part time basis but this did not exclude anyone from obtaining an appointment when one was required. They said that they were able to facilitate appointments outside of the usual working week if they were needed. For example evening and weekend appointments. People told us that the reduced opening hours did not have an impact on arranging appointments with the dentist when it was needed. One person said: "They are very accommodating and will open the surgery for us in the case of an emergency". This meant that the service was responsive to the individual needs of people who used the service.

We saw that there was a system in place for checking the medicines and equipment in the emergency resuscitation kit. We saw that this equipment was in date and ready for use. A sample of the emergency medicines showed that they were in date at the time of our visit. The emergency equipment was stored safely and could be quickly accessed when needed. The practice manager told us that they had received emergency resuscitation training and training records we looked at confirmed that. This meant that people could receive the correct treatment in an emergency.

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

The Code of Practice on the prevention and control of infections for health and adult social care requires providers to have adequate systems in place to prevent and control infection. Dental practices have a responsibility to adopt safe systems of working with respect to cross-infection and decontamination.

The practice manager explained and showed us how they made sure all equipment and instruments were cleaned. Systems were in place to clean, sterilise and store the instruments that were needed at the practice. Instruments were placed into dated pouches consistent with the national guidelines. We saw that personal protective equipment, disposable gloves and aprons, were readily available to use. Hand washing facilities were provided in the dentist's surgery, the decontamination and sterilisation rooms. This meant that equipment and robust procedures were in place to reduce the risk of contamination and infections.

We observed that all areas with this practice appeared clean and hygienic. The practice manager told us about the cleaning schedules and we saw documentary evidence of the list of the tasks that had been completed at specific times each day. This meant that there were effective cleaning processes in place to maintain a safe and hygienic environment.

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 treatment safely and to an appropriate standard.

Reasons for our judgement

This service consists of the dentist and the practice manager. No other staff were employed. The dentist explained that in the future other staff may be employed but currently this was not necessary.

We saw that the dentist and the practice manager had current General Dental Council (GDC) registrations. The GDC is responsible to protect the public by regulating dental professionals. To maintain registration with the GDC, dental professionals were required to undertake a specific number of hours training over a five year period. We saw that both people had completed a wide range of continuing professional development (CPD) training. Each had their own training file and record, which identified subjects that had been completed and how many hours of study had been carried out. The training included the management of medical emergencies and basic life support within the practice environment. This meant that the dentist and the practice manager were trained to meet the needs of the people who used the service.

People at the practice at the time of the inspection offered positive comments about the competencies and knowledge of both the dentist and practice manager.

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 received.

Reasons for our judgement

We saw many audits and checks relating to the quality and safety of the service were completed annually. For example, cleanliness and infection control, the environment, consent to treatment, and training. Any concerns or areas for improvement that were identified from the audits were included in a detailed development plan. Action would then be taken to reduce the concerns and make the necessary improvements. All records, documents and audits we requested to see were readily available, in good order and up to date. This meant that the service had systems in place to identify and manage risks and to provide a safe service.

We saw a suggestion box was available in the waiting room, should people wish to comment on the service. Satisfaction surveys were distributed to people who used the service at regular intervals throughout the year. Additionally people were offered the survey to complete when they visited the practice. We saw that two people completed a survey following their appointment and commented: "We have encountered numerous problems in the past but since we have been coming here we have been provided with excellent treatment, advice and new dentures which fit perfectly. There is easy wheelchair access to the surgery and the treatment room. Plenty of time is allowed, there is never any rush. Appointments are made at times to suit us as a couple. We have no concerns whatsoever".

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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