

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

Codsall Dental Practice

1 Bakers Way, Codsall, Wolverhampton, WV8
1HB

Tel: 01902844270

Date of Inspection: 17 December 2013

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2014

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
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Dr. Angela Huddart
Overview of the service	Codsall Dental Practice offers private dental care and treatment for adults and children.
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 unannounced 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 17 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We inspected Codsall Dental Practice as part of our scheduled inspection plan. We told the provider we were visiting prior to the inspection to ensure they would be available.

We spoke with one dentist and two dental nurses. We spoke with two people that used the service whilst they were in the practice. We contacted four people that used the service by telephone and spoke with them about their experiences. We received positive feedback from all we spoke with.

We saw that people's consent to treatment was recorded on the computer system and in the paper records. The provider told us they considered people's individual needs. We saw that a person's medical history was recorded and subsequently reviewed and discussed at each visit. People we spoke with confirmed this.

We looked at the prevention and control of infections in the practice and saw that there were high standards in place including the decontamination of equipment. We looked at the recruitment of staff in the practice and the recording of personal information. We saw that all employees had all the relevant information on their staff file. We looked at the practice's complaints procedure and saw that they had not received any complaints during the current year.

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.

All the people we spoke with told us that they had been involved in making decisions about their future treatment before they gave consent for it to be carried out.

When asked, people told us that the dentist did explain the choices of treatment available. People told us they had been given a copy of their treatment plan to confirm their treatment and future care. They told us they had been given enough time to consider the treatment. People told us they were on a Denplan prepayment scheme, so fees did not need to be discussed.

One person told us: "The dentist is very professional, I trust their decision about the treatment. I am just delighted to get the work completed and be confident it will be a good experience". Another person told us: "If I was worried or unsure I know I can ask for more information". This meant that people were fully informed and understood their treatment before giving consent.

We spoke with the dentist about making sure people were able to give consent and what they did when someone was unable to do so. They gave us examples of when they would ask for a next of kin or carer to be present during the consultation stage.

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

The essential standards of quality and safety state the registered person should take proper steps to ensure that each person that uses the service is protected against the risk of receiving care or treatment which is inappropriate.

We spoke with six people who attended the practice. Everyone we spoke with told us they would recommend the practice to others and felt safe during their visits. They told us they were always made welcome by the staff.

One person told us: "I have every confidence in the dentist. I've been a patient there for years. The staff are very reassuring and friendly. I can't fault them". Another person told us: "I have been with the practice for a few years and never once had a problem. I needed emergency treatment a while ago and I got an appointment straight away, in fact it was that day. I recommend them to others all the time".

We spoke with a dental nurse about supporting people with disabilities. They told us that the computerised booking system raised an alert for some people. We saw that people with mobility issues or health issues such as asthma were recognised on the system. The system also alerted the staff to a person if they had any allergies. We were told that when necessary people were given a longer appointment to accommodate their needs. This meant that a flexible service was provided to meet people's individual needs.

We saw that reminders were sent to people by email or text. People told us they were able to choose the contact they preferred. They told us they booked their appointment when it suited them. One person told us: "Very occasionally I have to wait to go in to my appointment but it's only a few minutes. The waiting room is always nice and quiet and relaxing".

The dentist told us that they arranged the recall time depending on a person's individual need. We saw that recall times were recorded in the records and varied depending on the person. We were told that a person's check-ups included an examination of their teeth, gums, soft tissue and their jaw. This meant that the provider checked for related health conditions during a dental check-up and we saw this was recorded.

When asked people told us they had seen their treatment plan and they had been asked to complete a medical history questionnaire. They told us they were asked to check and sign the form to confirm any changes in their health since the last appointment. The practice had their own hygienist who provided people with specific information about oral hygiene. We saw that it had been recorded when a person's oral hygiene was discussed including lifestyle effects of their diet, drinking patterns and smoking.

We saw records that confirmed that the staff at the practice had received medical emergency training. Emergency medication was stored in a clinical room in an unlocked cupboard; this was away from the main public area of the practice, the room was not lockable. The provider may wish to note that medication should be stored in a secure facility. The dentist told us that the medication would be moved until a lockable facility was available in this area.

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 essential standards of quality and safety state the registered person must comply with the Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The provider is required to have adequate systems in place to prevent and control infection.

During our visit we found that the practice provided a clean and suitable treatment environment with systems in place to prevent and control infection. We saw that personal protective equipment was available for staff to use. Hand washing facilities were provided in the treatment rooms and hand gel dispensers were located around the practice.

We saw that the practice had policies and procedures about cleanliness, decontamination and infection control. We found that their schedules ensured that the practice's infection control was adequately managed. A dental nurse demonstrated the instrument cleaning regime to us in their dedicated decontamination room. This room was a dedicated space for all the cleaning, checking and sterilisation of instruments.

We saw that there were arrangements for the autoclave (sterilising) machines to be checked regularly to ensure they were working efficiently. When asked people told us they saw the dentist and dental nurses wearing disposable gloves and they were offered glasses to protect their eyes during treatment.

People we spoke with told us the practice was always very tidy and the areas were immaculate when they visited. One person told us: "It's a very pleasant building, and because it's new it looks very smart". Another person told us: "The building is always spotless".

A dental nurse showed us the procedures that they had in place for checking and monitoring the safe disposal of clinical waste, needles or sharp objects. They also showed us that the testing of water ensured that the required standards were maintained. This was found to be all in order.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The essential standards of quality and safety state that the registered person should ensure that people who use the service are safe and their health needs are met by staff that are qualified to deliver an appropriate service.

We were shown the computerised records for all the staff recruited at the practice. We saw a copy of two staff member's General Dental Council (GDC) registration numbers and their Criminal Record Bureau (CRB) check. This meant that all of the dental staff were appropriately registered to provide people with dental care.

We saw the staff files contained copies of the person's application form, their certificates and information that was relevant to their employment. Each person had two references available, one from their previous employment. This meant that the provider was seeking information about a person's conduct and checking they were of previous good character. We saw that new staff had completed a full induction programme which included training in infection control, resuscitation and practices within the surgery.

Dental staff that are registered with the GDC are required to undertake a certain number of hours of professional development over a five year period to maintain their registration. Records confirmed that the dental nurses and the dentist had completed a range of training and development including responding to medical emergencies.

People we spoke with told us the dental staff were welcoming and friendly. One person told us: "They put me at ease straight away. I think they're all great". Another person told us: "They're absolutely superb, very professional".

The staff we spoke with told us they felt they were given opportunities for on-going training and development. They told us: "As it's a small practice we all help each other to keep everything running efficiently". This meant that the staff were able to update their skills and knowledge.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The essential standards of quality and safety state that the provider must have a system in place to deal with comments and complaints including providing people who use the service with information about that system.

There was a complaints procedure in place for identifying, receiving, handling and responding appropriately to complaints and comments made by people using the service. There was a comment's box available in the surgery for people to leave their suggestions. Staff told us that they regularly checked the box so they could respond to any comments as soon as possible. This meant that the provider took account of complaints and comments to improve the service.

The practice had not received any complaints during the current year and the dentist told us that any issues were dealt with immediately. People we spoke with told us they had not raised any issues with the practice. One person told us: "I can't imagine ever having to complain, they're marvellous".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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