

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

Cunnington & Associates Dental Surgery

30 Ashbourne Road, Derby, Derbyshire, DE22
3AD

Tel: 01332362211

Date of Inspection: 10 April 2013

Date of Publication: May
2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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	Dr C A G Cunnington
Overview of the service	Cunnington and Associates Dental surgery is situated on the outskirts of Derby city. It is registered as a primary dental care service to provide surgical procedures, treatment for disease, disorder or injury and diagnostic and screening procedures. It provides NHS and private dental treatment and assessments 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cleanliness and infection control	6
Supporting workers	7
Assessing and monitoring the quality of service provision	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people using the service during the visit. Both praised the dentists and said they were very satisfied with the service they received. One person told us "I have complete confidence in the dentist" and another described their treatment as excellent.

People using the service told us they thought the practice was clean, with one person describing it as pristine. They also confirmed that staff wore personal protective equipment (PPE), such as gloves, aprons and masks when treating them and we saw there were plentiful supplies of these.

We did not find that any of the information of concern reported to us in March 2013 was verified.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We received information in March 2013 that suggested there had been errors made in two people's treatment. However, the information did not provide sufficient detail to be able to verify this. We discussed this with two of the dentists and the manager and they stated they were unaware of any errors. There had been no complaints received by the practice in relation to errors.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We spoke with two people using the service during the visit. Both praised the dentists and said they were very satisfied with the service they received. One person told us "I have complete confidence in the dentist" and another described their treatment as excellent.

We looked at two people's care and support records. These showed that medical histories were updated on each visit and that agreement to the treatment and charges were signed for.

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

We received information in March 2013 that suggested decontamination and infection control procedures were not carried out correctly. However, we saw that the provider carried out a regular infection control audit and that the dental nurses on duty were trained in decontamination processes and were able to demonstrate the correct procedure for decontaminating and cleaning instruments. This showed that there were effective systems in place to reduce the risk and spread of infection.

The practice meets the essential standard requirements set out in the Department of Health publication 'Health Technical Memorandum' (HTM) 01-05 guidance. Audits were carried out on equipment and instruments on a daily, weekly or monthly basis as required in the HTM 01-05 guidance. We were shown documented evidence that these audits were taking place. We saw that the autoclave was audited regularly and serviced by an external company.

People using the service told us they thought the practice was clean, with one person describing it as pristine. They also confirmed that staff wore personal protective equipment (PPE), such as gloves, aprons and masks when treating them and we saw there were plentiful supplies of these.

We saw that the premises were clean and tidy but the provider should note that the decontamination room had areas that were scratched and showing bare plaster, there was no extractor fan where the autoclave was situated and the carpet was worn in one of the surgeries.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We received information in March 2013 that suggested there was insufficient training and support for staff. Staff we spoke with did not confirm this and told us they thought the support they received was good. One person told us "Everyone is willing to help. I really love working here".

Staff received appropriate professional development. They were able to undertake qualification courses and we saw one staff record that the training provided by the service was verified by external professionals. We also saw records that showed first aid training had been undertaken in the last twelve months.

People we spoke with told us all staff at the practice were good and one described them as lovely and another said the dental nurses were always polite and smiling.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We did not discuss this outcome with people using the service.

Our previous visit in August 2012 found that the service did not have a comprehensive system for assessing and monitoring the quality of the service. The improvement plan sent to us following this inspection showed how the provider was addressing these issues.

The plan showed us that the service intended to record checks of the decontamination area, introduce a patient satisfaction survey and encourage people to complete a comments form. It also told us that foot operated pedal bins had been installed in all areas and daily visual checks were recorded.

Information we received in January 2013 showed us that the service had introduced a formal patient feedback survey. They had asked for opinions on surgery opening times and the survey found that people were satisfied with current arrangements and no changes were required. The service had also been proactive in trying to obtain feedback and we saw one compliment received that stated the waiting area was always clean and tidy and staff were attentive and professional and another that stated they always received an excellent service.

Improvements to the auditing system for the decontamination room had improved. These were now recorded and we saw that the audit undertaken in January 2013 was satisfactory.

The introduction of these new procedures meant that the service was able to assess and monitor the quality of the service provided and take remedial action when required.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
