

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

Rayner Dental Practice - Wibsey

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3AD

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

Respecting and involving people who use services	✓ 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	Rayner Dental Practice
Registered Manager	Mrs. Alison Ann Rayner
Overview of the service	Rayner Dental Practice is an established dental practice based in a converted house in Wibsey, near Bradford
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 24 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We were only able to talk to one person when we visited the dental practice, they told us they were satisfied with the care and treatment they had received and would recommend the practice to other people. However we were provided with a copy of the patient survey results for 2013. This showed us that 13 people were asked their views of the practice. People were asked if their treatment was explained and all stated they were satisfied with the explanation they had received. All also stated the cleanliness was acceptable.

We found the practice had been recently refurbished and was very clean and well ordered. We saw staff were very helpful when people arrived for their appointments and when they left they we saw they thanked the staff.

We found the provider had regularly assessed and monitored the service they provided and people had received the treatment of their choice, in a clean and hygienic surgery.

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

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

Our judgement

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.

Reasons for our judgement

The provider carried out an annual survey to ask people their views about the treatment they had received. We saw when people were asked if their treatment had been explained all stated the explanation of their treatment had been acceptable. We talked to one person who told us they have been fully informed about the treatment they had received.

The dentist explained to us how people were encouraged to be involved in their care and treatment. The dentist said people where possible were offered different treatment options and supported to make their own decisions. Throughout the inspection we saw all staff spoke with people in a respectful and friendly manner.

The practice was taking part in a government trial to promote better dentistry; we saw the practice provided people with various information which enabled them to care for their teeth. This demonstrated to us that people who used the service were given appropriate information and support regarding their care or treatment.

We looked at five people's treatment records, these showed the treatment people had received and that people were asked if they understood the costs and their treatment.

When we asked staff how they protected peoples dignity, they were able to provide us with examples, such as how they assisted people when they provided dental care.

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.

Reasons for our judgement

We talked to one person who used the practice who told us they would recommend the practice to others.

We looked at five people's treatment records. We saw the practice was taking part in a trial by the government. This was looking at different ways for the government to pay the dentist for their work and at new ways of how they planned to keep people's mouths healthy. The dentist explained the trial focused on preventative care and provided people with the information they needed to prevent tooth decay. As part of the trial people's records were kept on a specific computer database, so the practice could provide them with statistics. From the records we saw that people's medical histories were taken when they commenced treatment and then reviewed at the start of each course of treatment. The dentists were carrying out routine checks of people's soft tissue and recorded what treatments they had provided.

The two dentists we spoke with told us they discussed preventative actions and health advice during check ups to help reduce risks for people, such as tooth decay and oral cancer. The two dental nurses also told us that people's treatment options were explained to them before any treatment was carried out.

The staff we spoke with showed a good awareness of the needs of the people who used the service. They told us procedures were in place to deal with emergencies, for example should anyone become ill during treatment. We saw staff had received training in resuscitation and basic life support. The staff told us they checked the emergency equipment monthly to ensure it was correct and ready for use. This demonstrated to us there were arrangements in place to deal with foreseeable medical emergencies and resuscitation.

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 practice had recently been refurbished and the facilities were clean, modern and well maintained. There was dedicated hand washing facilities in the surgery rooms. During our inspection we saw that clinical areas were clean and tidy. All the staff we spoke with understood the importance of infection prevention and control. This included decontamination, and they could clearly describe their own roles and responsibilities within this area. The practice completed daily checklists for the cleaning of the treatment rooms at the beginning and end of the day.

We saw the practice had a separate decontamination room where they cleaned and sterilised the equipment. The room was arranged to prevent any cross infection between the dirty and clean equipment. The dentist showed us how the premises had been updated to ensure they met all the current government guidelines for the control of infections in dental practices.

Policies and procedures for infection control were in place and had been reviewed annually. Personal protective equipment was available for all staff to use for example, eye protectors, plastic gloves and aprons. Sharps bins in use were labelled correctly and waste including clinical waste was segregated.

We saw a sample of service records which showed the equipment and machines used in the dental practice to clean and sterilise the equipment were maintained and checked to make sure they were safe to use.

The provider explained they were the named infection control and decontamination lead, this ensured one person held overall responsibility for this. We saw evidence that infection control was discussed during practice meetings. The dental nurses told us they ensured they kept up to date with infection control practices and procedures. 13 people were asked whether the practice was clean in the annual survey for 2013, all had stated it was acceptable.

This showed us there were effective systems in place to reduce the risk and spread of infection.

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

The dental nurses carried out receptionist duties, we saw when asked about the reception staff in the 2013 patient survey, all had responded they were satisfied with the service they had received from the staff.

All the dental and dentists have to update their training each year to enable them to register with the General Dental Council (CDC). We saw looked at three dental nurses' records and saw there was evidence of proof of professional registration and qualifications with the General Dental Council (GDC) and professional indemnity where relevant.

We saw as part of this process the dental nurses were responsible for keeping a record of all of their training. When they had completed sufficient training each year, the provider/dentist would confirm their training and details of this had been submitted to the GDC. From three staff records we saw certificates to confirm staff had completed training on infection control, safeguarding, and various types of dental treatments. Two dental nurses also confirmed they had sufficient training which enabled them to ensure people were provided with safe care and treatment.

We saw there was evidence some staff had received annual appraisals, where staff had planned their training and development. The provider told us most staff had informal appraisals but they hoped to have them on a more formal basis once they had employed a manager for the practice.

Staff said team meetings were held where they discussed their work, the practice and any relevant updates. We looked at some minutes of these meetings which confirmed these areas had been discussed.

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

People, who used the service, were asked for their views about their care and treatment and their views were acted on. We saw the provider had reviewed the completed questionnaires which sought peoples views of the service and any issues raised had been identified and were acted upon. The questionnaires asked people about the dentist, whether they had their treatment explained and the cleanliness of the surgery.

We saw the practice had regular practice meetings, where staff had discussed training and any issues identified whilst carrying out their work. This provided staff with the opportunity to raise their views about the practice.

We talked to two staff who were all aware of their roles within the surgery and who told us they would speak to if they had any concerns. The provider explained they were in the process of recruiting a practice manager whose role would be to monitor the quality of the service.

We saw people's first appointment was with the dentist and at this appointment the dentist would plan with people a course of treatment. Where appropriate they would refer them for further treatment. We saw from the responses from the surveys the dentist discussed the various options with people, so they could make an informed decision about their treatment. This meant that decisions about care and treatment were made by the appropriate staff at the appropriate level.

The provider explained they had not had any complaints in 2012 but there was a policy and procedure in place for staff to follow should any concerns be raised.

We asked the provider to tell us about how they monitored and assessed the quality of the service provided. They provided us with list of audits, which included audit of emergency drugs, treatment plans, maintenance contracts, training, legionella and radiography. This showed us the provider actively monitored the quality of the service the practice provided.

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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