

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

The Chiswick Street Dental Practice

3 Chiswick Street, Carlisle, CA1 1HQ

Tel: 01228409140

Date of Inspection: 23 January 2013

Date of Publication: February 2013

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	Mr Paul Michael Dixon t/a The Chiswick Street Dental Practice
Overview of the service	The Chiswick Street Dental Practice is a small practice consisting of one dentist, two hygienists, two dental nurses and a receptionist. The practice opened in August 2011 on a part time basis before increasing to full time hours in 2012. Situated near the centre of Carlisle within a grade 2 listed building the practice offers services and treatment to people who fund their own dental care.
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:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 23 January 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 people who used the service. They told us that they were satisfied with the care and treatment they received. One person said that "From the minute you walk in they are really friendly." and added "I've booked an appointment so I'm coming back!"

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People experienced care, treatment and support that met their needs and were cared for in a clean, hygienic environment. Staff were supported to deliver care and treatment safely and to an appropriate 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.

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

We asked staff at the practice to explain how people were asked for their consent. The staff told us that everyone had their treatment options explained to them before they were treated. We witnessed a conversation about treatment options between a person using the service and the dentist. One person told us that "The dentist explained step by step what he was doing and what he found."

There was information available about treatments and a corresponding price list. We looked at dental records for four people and saw that they included details about what treatment people had consented to.

We looked at the policies and procedures that the practice had in place. We saw that they were approved by the General Dental Council and contained guidance on what to do if people did not have the capacity to make their own decisions, for example if they were in the latter stages of dementia. This meant that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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

During our inspection we saw polite and courteous staff who spoke to people in a welcoming and friendly way. We spoke with people using the service. One person told us why they had chosen to come to the Chiswick Street Dental Practice "I looked on the internet for reviews and spoke to people I know, they were all positive."

We asked staff about health promotion. Staff told us that they gave advice on how to brush your teeth and provided sample toothpaste and brushes. Dental hygiene products were available to buy in the reception area. Staff also gave advice regarding healthy diet.

We saw evidence that people's medical history was obtained prior to treatment. This ensured that the staff were able to plan treatment in a way that was intended to ensure people's safety and welfare.

The practice had appropriate equipment to support people in the event of a medical emergency. The service had an emergency drugs kit and oxygen was available. The appropriate emergency drugs were available and had been checked to ensure that drugs were in date, a spot check we carried out confirmed this. The emergency kit and first aid kit was stored in an accessible space in the building. All the staff had received annual training in cardio pulmonary resuscitation (CPR) and medical emergencies.

Out of hours treatment was available at the practice. The dentist explained that he was available at all times of the day or night. The practice policy was that any person with dental pain was seen within 24 hours.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We noted that staff always washed their hands before looking after or treating patients. They always wore protective equipment such as face masks, eye goggles, gloves and people receiving treatment were always asked to wear protective eye wear and bibs.

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

We found that the practice had effective systems in place to reduce the risk and spread of infection. The practice facilities were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in the treatment rooms. The appropriate hand washing procedure was displayed over the basins as required and the correct soaps, moisturisers and paper towels were available.

We saw sharps boxes for the safe disposal of needles, used in injections, in the surgery rooms that were appropriate and not overfilled. Staff wore personal protective equipment when working in the surgery or carrying out decontamination procedures. We saw evidence that protective equipment, including eye goggles, face masks and gloves were available for staff to use when caring for and treating patients. The cleaning procedures for equipment between patients was discussed with us and identified that patients were protected from the possibility of cross infection.

There was a separate decontamination room (local decontamination unit). The practice used manual and automated washing, inspection, lubrication and sterilisation to ensure effective decontamination. During our inspection we were shown the decontamination process undertaken by the nurse. We observed that correct practices for the decontamination and sterilisation processes were undertaken in accordance with HTM01-05 requirements. We also saw satisfactory arrangements for the cleaning and lubrication of hand-pieces (drills). Sterile instruments were bagged and the expiry date was recorded on each bag.

We saw that all waste was stored safely and contracts were seen for its safe disposal.

The dentist and dental staff had received updated training in decontamination as part of

their professional development. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. All staff had the responsibility for infection control.

All staff had responsibility for cleaning of communal areas and the treatment rooms. The provider explained to us that all fixed equipment and protective equipment was cleaned between each patient to reduce the chance of cross infection occurring.

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

Feedback from people using the service did not relate to this outcome. We found that staff received appropriate professional development. The practice had a total of six staff who met regularly for peer supervision at staff meetings. We saw staff meeting minutes that confirmed this. Staff met with the dentist, who owned and managed the practice, annually for an appraisal.

Each staff member, with the exception of the receptionist, had their own individual continual professional development (CPD) plans. Training was either by in-house training sessions or face to face. There was a training record for each member of staff. Staff were able to confirm to us that they had undertaken all necessary mandatory training. Staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register. This ensured that the people in their care were being supported by a well trained and competent staff team.

Staff told us that they felt well supported and were proud of the service they provided. One staff member told us that "We've worked together for over twenty years." another said "He is a fantastic dentist you can't go past him."

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We found that the practice had an effective system in place to enable them to regularly assess and monitor the quality of service that patients received. The practice had a quality assurance policy in place which included the monitoring of care, consent, complaints and training. Staff had signed to say that they had read and understood the policy.

Staff told us that they consulted with people using the service on an ongoing basis to gain their views about the care they received. The practice had plans in place to use customer satisfaction questionnaires to obtain further comments about the service they provided.

We saw that the staff at the practice performed checks to ensure that the environment was kept clean and hygienic. There were audits in place to ensure that the building was kept in good repair and met with health safety and fire regulations. A disability audit had been carried out that had identified areas for improvement around access for people with wheelchairs. We saw that changes had been put in place following this audit which included a lift.

Checks were also in place to ensure that the washers and disinfectors were being maintained and that instruments being used were correctly dated.

The practice had risk assessments for all aspects of the service including the equipment being used, waste disposal and infection control. We noted that the assessments were detailed, up to date and fit for purpose.

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.
