

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

Norwich Street Dental Surgery

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Tel: 01362692602

Date of Inspection: 07 May 2013

Date of Publication: June 2013

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
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Norwich Street Dental Surgery
Registered Manager	Ms. Samantha Jackson
Overview of the service	Norwich Street Dental Surgery is a small dental practice for private patients. It provides dental 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 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 7 May 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to two people while they waited to see the dentist. Each person spoke positively about the practice, describing the staff as "Lovely" and as offering very good "...customer care."

People told us that they felt safe in the surgery and were confident that they could raise any concerns with the staff. They told us that they were always given detailed explanations of their treatment plans and that they were able to discuss the plans with the dentist. This showed that people expressed their views and were involved in making decisions about their care and treatment.

We saw staff treating people politely and with respect. One person told us, "I'm very happy with the dentist and the team." The staff behaved in a professional manner and had the appropriate knowledge, skills and qualifications to support people.

People were offered treatment in a clean and hygienic environment. There was a separate decontamination room for the cleaning and sterilisation of dental instruments and waste material was stored and disposed of in a safe manner.

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

People who use the service were given appropriate information and support regarding their care or treatment.

The practice manager explained to us that all prospective patients were given information about the practice when they telephoned or called in to the surgery. We saw the practice information leaflet which provided a summary of information about fees for services, complaints procedures and practice opening times. We also saw separate information sheets giving more detailed information about these subjects. Information about insurance plans, dental treatments and other services was displayed in the waiting area.

We witnessed staff members speaking politely and courteously with people in the practice and on the telephone. We noted that discussions about treatment were undertaken in private by the dentist, showing us that people's privacy and dignity were respected.

We saw examples of treatment records, including plans. All plans showed the treatment that was needed. People we spoke with told us that they always received clear explanations of proposed treatments and of the fees they would be charged. They also told us that they were given the opportunity to discuss the dentist's advice and to get involved in decisions. This showed that people expressed their views and were involved in making decisions about their care and treatment.

We were shown the results of a patient survey which the practice had undertaken in 2011-2012. The responses had been positive, with around 90% of people rating the practice as "very good" (the highest rating possible). We saw no negative comments or concerns that would have required a response from the practice.

People we spoke with told us that staff always greeted them politely and with respect. They told us that appointments were made to suit their preferences. They spoke positively about the standard of treatment they received. One person told us, "I'm very happy with

the dentist and the team." This person had remained with the practice even though they no longer lived in the area. Another person said that the staff were, "Lovely." This person had recently rejoined the practice because of the quality of its service and was considering encouraging other family members to transfer to it. On the day of our inspection the practice received a complimentary letter thanking the staff for their treatment and care.

The practice was located on the first floor of a terraced property in the town centre and was accessed via a flight of stairs. It had not been possible to alter the property to make it accessible for people who use wheelchairs. The staff therefore referred people who use wheelchairs to other dental practices in the town.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw a copy of the medical history form used in the practice. The practice manager told us that every new person attending the surgery completed a history form to provide the dentist with information about their health and medications. People were also asked to update their medical histories when they arrived for their routine checkups.

The practice manager told us that new patient assessments included a full assessment of oral hygiene including gum health and that x-rays were routinely taken as part of this assessment. We saw treatment records for three people. These showed that they had received full assessments of their dental health. The treatment plans were based on these assessments and treatments were carried out as indicated on the plans.

We spoke with the dentist who told us that following an assessment they would offer individualised advice. This included, for example, advice about the correct way to brush the teeth or use dental floss. The practice manager told us that if the practice did not offer the required treatment, for example orthodontics (treatment to straighten the teeth) they would advise people about other practices that did offer it. The practice kept a "referral folder" containing information to help people decide on where to obtain this treatment.

People we spoke with told us that they were always involved in decisions about their own treatment plans. One person told us that their plan was constantly kept under review as it progressed.

The service held emergency oxygen and medications in a central and easily accessible location. We checked the emergency medications. They were stored appropriately. However the provider may wish to note that we found medication which had exceeded its expiry date. We brought this to the attention of the practice manager who was able to show us evidence that replacement medication had been ordered.

We saw that the practice kept first aid kits in the treatment room and at reception. All staff

members had received resuscitation and first aid training in July 2012. This showed that the practice had taken steps to deal with foreseeable emergencies.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People were offered treatment in a clean and hygienic environment. We saw that the treatment room was well-equipped and laid out in a way that minimised the risk of cross infection.

We were shown the decontamination room, which was separate from the treatment room. This room included an autoclave (a machine for sterilising instruments). We observed the dental nurse carrying out the decontamination and sterilisation of dental instruments. The decontamination process in the practice used a removable bowl for rinsing instruments and a fixed, dedicated, sink for washing the instruments before sterilisation. The provider may find it useful to note that the manager told us of the practice plan for working towards best practice standards but that this plan was not available in a formal written format.

We were shown how dirty instruments were safely transported from the treatment room to the decontamination room in sealed containers. We saw that the practice operated a "one-way" system in the decontamination room and that this system was clearly signposted. This helped to ensure consistent practice and to reduce the risk of cross-infection.

The practice manager told us about the systems in place for the safe storage and disposal of clinical waste. We saw that posters demonstrating hand washing procedures were displayed in appropriate places. We also saw the practice's cleaning policies and records of checks on equipment such as the autoclave and noted that they also helped to minimise the risk of infection.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The practice was staffed on a daily basis by a dentist, a dental nurse and a practice manager. We saw up to date details for the dentist and the dental nurse which showed that they were registered with the General Dental Council (GDC).

We were shown records of staff training. We saw that staff received training on, for example, resuscitation, first aid and infection control. We also saw records of staff appraisal meetings, undertaken by the provider. This showed us that the practice took steps to ensure that its staff had the right knowledge, skills and qualifications to support people.

People we spoke with said that the staff were always professional and helpful. They told us that they felt safe in the surgery and that they trusted the staff to provide high quality care. One person told us, "I'm very happy with the whole team."

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.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

The practice had a detailed complaints policy, based on guidelines from the British Dental Association (BDA). This included guidance on how to take a complaint to an external organisation such as the General Dental Council (GDC) should this be necessary. Information about making a complaint was on display in the waiting area. People were also able to obtain a copy of the complaints information sheet.

Staff members told us that they would attempt to resolve any complaints informally as soon as they became aware of them. If this was not possible then they would pass the complaint to the practice manager. We were shown the complaints log and the standard forms which would be used to record formal complaints. In the two years prior to our inspection no formal written complaints had been made.

Neither of the people we spoke with had concerns about their treatment or care and they had never made a complaint about the practice. However they told us that they were confident about raising any concerns they may have.

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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