

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

Wyrley Dental Practice

2 Southfield Way, Great Wyrley, Walsall, WS6
6JZ

Tel: 01922423703

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Bhaven Patel
Overview of the service	This dental practice provides all treatment necessary under the NHS to adults and children. Private treatment is also provided.
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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 23 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

We visited Great Wyrley dental practice on Thursday 23 May 2013. This visit was arranged in advance to ensure that we had time to speak with staff working at the practice. One full time and one part time dentist, two dental nurses/receptionists and a cleaner worked at this dental practice.

Great Wyrley dental practice provided all treatment necessary under the NHS. People were able to upgrade their NHS treatment to private treatment if they wished.

Following our visit we spoke with four people who had attended this dental practice for consultations or treatment for themselves and with other family members. People we spoke with were happy with the service provided at this dental practice. We were told that the staff were friendly and helpful. People we spoke with all said that they received the information they needed to make a choice about their dental treatment. One person said: "I would definitely recommend this dental practice I was always frightened of the dentist but they have put me at my ease". Another person said: "They have been brilliant the best dentist I have been to".

The dental practice was clean and there were arrangements in place to protect people against the risk of cross infection.

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

We looked around the patient waiting area and saw that NHS costs and a list of private fees were on display. Practice information sheets were available on the reception desk. These gave relevant information about this dental practice and the services that they provided. Information leaflets regarding various dental diseases and treatments were available for people to take away.

We were told about the primary care trust translation, interpretation and sign language service. This would be used to ensure that information was made available to people in a format that they understood.

We asked staff how people were supported to understand the treatment they received. We saw the computer software system in use. This showed a step-by-step guide to various treatments. We looked at the dental models available. These also gave people a visual reference. People told us that the dentist fully explained what was involved in any treatment. We saw information leaflets; these were given to people to further explain treatments. The dentist told us that they gave people website addresses to get further information to help people make treatment decisions. We saw patient notes that recorded the treatment options and the discussions held. We saw paper copies of signed treatment plans, these also recorded details of any costs involved. This meant that treatment options had been discussed and people had signed to give their consent to the treatment agreed.

We talked about confidentiality. We were told that staff had all read the confidentiality policy. Rooms were available for staff to have confidential discussions with people if necessary. We discussed the measures in place to ensure that all patient information was appropriately stored. This meant that patient records and information was kept confidentially and securely.

The surgery was all on ground level with level access throughout. This meant that people who had mobility difficulties would be able to access the surgery and treatment rooms. Disabled toilet facilities were also available in the surgery. This meant that this dental

practice had met their responsibilities under the Equality Act 2010.

We saw that the opening hours of the dental practice were displayed and this information also included arrangements for care when the surgery was closed. This meant that people had access to assistance when the dental practice was closed.

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

Dr Patel, the dentist who owns this dental practice, showed us some computerised patient records. We were told about the usual checks that took place at a routine examination. This included checking the patient's medical history and checks on their teeth, gums and soft tissues. We saw that any advice about how to care for your teeth and discussions about treatment options had been recorded, including fees for both NHS and private upgrades. We were shown the charts used to record gum health. These were updated at every visit and were used to show that changes made to dental hygiene had been effective.

We were told about the systems in place to ensure that people's records were up to date regarding any medication that they took. This was important as some dental medications may interact with other medications and cause harm.

We asked the dentist how they supported nervous patients. We were told about the various methods used which included giving extra time at appointments to explain the treatment, showing models and pictures and people being able to make an appointment for a chat about their treatment. The dental nurses that we spoke with confirmed this. They both felt that the staff at this dental practice were good at making people feel at ease. The dental nurse told us: "We talk to people as if we were their friend. We always tell them exactly what we are doing". One person who used the service told us: "They know I am nervous, they talk to me and explain things and even held my hand when I got really nervous". Another person said: "I live in x but prefer to travel to this practice as they are always friendly and put me at ease". Certificates and stickers were given to anxious children. One parent said: "They have been really good and my child is no longer scared of coming to see the dentist".

We asked about the arrangements for emergency appointments during the dental practice's normal opening hours. Staff told us that people were always offered an appointment the same day. This meant that systems were in place to ensure that people with dental pain were seen quickly. Two people that we spoke with told us that they had been seen quickly when they had tooth pain. One person said, "I broke my tooth and they got me in straight away".

We discussed the systems in place to ensure that emergency medical situations were handled appropriately. We were shown the emergency medication which was stored in a dedicated box. A list of medication with the expiry date for each was recorded. We checked some of the medication and saw that it was within its expiry date. We were told that there were arrangements in place to replace the medication before it had reached its expiry date when required. We saw that staff were monitoring the temperature of the area where the medication was stored. This helped to ensure medication was stored within the required temperature range.

We asked to look at records which demonstrated that the oxygen and defibrillator (AED) was checked on a regular basis. A defibrillator is a machine used to give the heart an electric shock in cases of cardiac arrest. We saw records that demonstrated that this equipment was checked on a regular basis.

We were shown training certificates which demonstrated that all staff had undertaken annual training for emergency situations. This training included the demonstration and practice of cardio pulmonary resuscitation (CPR). Staff told us that they received updates of this training every year and records we looked at confirmed this. This meant that systems were in place to ensure that staff had the necessary training and equipment to be used in an emergency.

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 discussed infection control, looked at cleaning records and looked around the dental practice. We spoke with two people over the telephone who told us that the dental practice was always clean.

We asked about infection control and decontamination training. We were told that in-house and external training was provided. We saw training certificates, which showed that staff undertook training regarding infection control.

We watched a member of staff undertaking the decontamination process. This showed us how dirty equipment was sterilised to ensure it was safe to reuse. Decontamination of used equipment was completed in a dedicated decontamination room. We saw that personal protective equipment (PPE) such as gloves, aprons and eye protection was available for use to reduce the risk of cross infection. Hand hygiene instructions were on display by each hand wash sink. This helped to remind staff of the correct procedure to follow to ensure effective hand hygiene.

We saw that staff manually washed and rinsed the instruments, before using equipment to sterilise them. Following sterilisation, instruments were stored in pouches and dated according to national guidelines. We looked at the equipment in pouches and saw they were within the date to be used.

We saw records detailing the maintenance and cleaning tasks carried out on equipment used in the decontamination of dental equipment. This helped to ensure that sterilisation equipment was in good working order. This checklist also recorded the tasks to be completed in each dental treatment room. We were told that staff cleaned the dental treatment room between each patient but this was not recorded. The provider may wish to note that evidence was not available to demonstrate that staff were following effective cleaning regimes in between each patient. The staff member we spoke with was aware of her responsibilities for maintaining infection control standards. We saw that infection control checklists were on display in the decontamination room.

The dental nurse that we spoke with told us that staff had two uniforms. Uniforms were changed on a daily basis meaning staff had one to wash and one to wear. We saw that

staff were smartly dressed in clean, short-sleeved uniforms so they could wash their hands thoroughly to reduce the risk of contamination from clothing.

We discussed the cleaning of dental water lines and were told about the systems used to ensure that they were free from bacteria. We saw that instructions for staff were on display in the decontamination room. This helped to reduce the risk of cross infection.

We were told that a cleaner was employed. We saw the colour coded mops and buckets and the instructions that recorded where these could be used. We saw a cleaning schedule that detailed the tasks and the frequency they were to be completed. We looked around and saw that the dental treatment rooms, reception and waiting areas were all clean and clutter free.

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 asked to see staff information. Records demonstrated that qualified staff at this practice were registered with the General Dental Council (GDC). The GDC regulates dental professionals in the United Kingdom. Dental professionals must be registered with the GDC to work in the UK. We saw that each dental nurse had a training folder which provided information regarding core subjects for continuous professional development (CPD) to enable them to remain registered with the GDC. We saw certificates showing training undertaken. We were told that staff were responsible for ensuring that their CPD was up to date. CPD is any activity that contributes to the professional development of dental professionals such as attendance at training courses. Dr Patel also reminded staff and gave them information about training courses available. This helped members of the dental team to keep their skills and knowledge up to date throughout their careers.

The training records we saw demonstrated that staff had undertaken mandatory training such as infection control, emergency medical situations and first aid. The staff we spoke with told us that training was available and appropriate for their role. Staff told us that they attended external training when needed.

We looked at the appraisal records for two staff members. We saw records to demonstrate that a self-appraisal form was completed and this was discussed during the main appraisal meeting. This helped to ensure that staff were able to raise any issues and discuss any training needs that they had. We saw copies of meeting notes held with this staff member and records were kept of all the discussions that had been held. We saw that the members of staff involved in the discussion had signed all the records.

We were told that staff meetings were held although as it was a small practice there was good communication between all staff. We saw that the typed minutes of these meetings were made available for staff to read.

Dr Patel told us that he attended dental peer meetings to discuss clinical practice and any developments in practice. Dr Patel told us that these meetings had been invaluable to support him to develop Great Wyrley dental practice. We saw notes of the meetings that had taken place which included discussions about standards of practice and developments in practice. This meant that there were systems in place to develop and share good

practice.

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 discussed the quality assurance systems in place. We saw that there was a suggestions box in the waiting room. We were told that patient satisfaction questionnaires were given out to a random sample of patients and the results were correlated every two to three months. We looked at the surveys that had been completed for February and March 2013 and the analysis of the findings. We saw that people were generally satisfied with the dental practice but some people said that waiting times for an appointment could be an issue. We saw that an action plan had been developed and the practice was opened for an additional afternoon and there was consideration to employ an additional dentist. This meant that people's views and comments were acted upon and when needed improvements were made.

Staff told us that people rarely had to wait. However if there was a delay people were informed and could rebook if they were unable to wait.

We discussed the systems in place to audit working practices. We looked at some of the audits completed, which included infection control, checks for oral cancer and x-ray audit. These helped to ensure that staff worked in accordance with the policies of the dental practice.

We saw a certificate provided by Staffordshire County Council. This stated that a satisfactory practice inspection had been undertaken in June 2011. We were told that this was a clinical based audit.

We saw the service reports and maintenance contracts for equipment used in the decontamination processes and for x-rays. We looked at test records to demonstrate that decontamination equipment was working effectively. This helped to ensure that equipment required for daily use was in good working order.

We looked at the last legionella risk assessment which was completed in October 2012. We were told that there were no issues for action. We saw that water temperatures were being monitored but the actual temperature of the water was not being recorded. It was therefore difficult to demonstrate that temperatures were within the required temperature

limits. The log sheets available in the legionella risk assessment required the actual temperature to be recorded.

Appropriate contracts were in place for the disposal of clinical and domestic waste. We looked at waste consignment notes and quarterly returns. This meant that the dental practice had systems in place for the safe removal of clinical and domestic waste.

We looked at the last self-audit of infection control standards. We were told that these were completed when requested to do so by the primary care trust. This was usually on an annual basis.

We saw that the provider had commissioned an independent fire safety risk assessment. Dr Patel forwarded us the action plan in response to this assessment. We found that the action plan satisfactorily addressed the issues identified.

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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