

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

Chester Road Dental Practice

11 Chester Road, Poynton, Stockport, SK12 1EU

Date of Inspection: 10 December 2013

Date of Publication: January 2014

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

| | |
|--|---------------------|
| Care and welfare of people who use services | ✓ Met this standard |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Cleanliness and infection control | ✓ Met this standard |
| Complaints | ✓ Met this standard |
| Records | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Dr Lisa-Marie Kitchen |
| Overview of the service | <p>Chester Road Dental Practice is located close to the centre of Poynton in East Cheshire. There is limited off road parking at the surgery and street parking is available nearby. The former semi-detached house now accommodates two dental surgeries one on each floor. Dr Lisa-Marie Kitchen provides family dental services from the ground floor practice to children, under NHS provision, and adult patients under private or insured arrangements. The practice is accessible by three steps. There is no ground floor disabled W.C. Patients with restricted mobility would be assisted to find an alternative practice.</p> |
| Type of service | Dental service |
| Regulated activities | <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p> |

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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 10 December 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 reviewed information given to us by the provider.

What people told us and what we found

As part of our inspection we spoke with seven patients who were receiving treatment. All were complimentary of the service they received. They told us that they always felt involved in their care and that they gave consent to the treatment they received. Some of the patients had been with the practice for a long time others were very new to the practice. One patient told us "They're great here. I have complete confidence. They are very good at explaining things. I have no complaints at all." Another said "The dentist is wonderful. All the staff are great. They always explain what they are going to do and why. I know the costs and treatment options before the treatments begin. I have been coming here for years. My family come here too".

We looked at patient's notes, treatment plans and records of their medical and dental history and found them to contain clear and relevant information.

The practice was clean and hygienic. Suitable equipment was available and good processes were in place for cleaning, decontaminating and sterilizing instruments.

We found that staff were properly recruited, that proper staff checks were undertaken and that on-going training and professional development was well evidenced for all staff.

There were arrangements in place for all staff to be able to recognise and report safeguarding concerns for adults or children to the relevant person and authority.

A complaints procedure was available.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients told us that they were happy with the care and treatment they received. One patient told us; "I've been working away and need to see the dentist because I have tooth ache – but I've waited until I got back home because I won't go anywhere else. I trust them here."

Patients told us that they had been asked about their medical history and at each appointment. On each occasion they were asked if there had been any changes in their medical needs or treatments. This information was recorded in the individual's records. This meant that the service took account of people's medical history to ensure their safety and welfare.

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Records demonstrated that x-rays were only used when there was a clinical reason for them. Patients told us that the staff always explained why an x-ray was required.

We asked staff how they supported patients who were nervous when visiting the dentist. Staff told us that they would help anxious adults and children by talking to them and giving them plenty of time and full explanations. Patients told us the staff made them feel comfortable and relaxed.

The provider had appropriate arrangements in place to deal with medical emergencies which might arise. We saw that there were emergency medicines at the practice and all staff had received training to manage emergency situations. We spoke with staff who knew where the emergency medicines were stored and explained the actions they would take in an emergency. The practice also had a defibrillator available.

This meant that people were treated in a way that supported and promoted their welfare.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at records and spoke in detail with the dentist and her staff about adult and child safeguarding. Individual staff told us about their training and knowledge about identifying possible vulnerability and preventing abuse. All demonstrated a good understanding of the different types of abuse and described correctly the procedure to be followed if they suspected or witnessed any abuse.

We saw that the practice had up to date information about the local authority and its role in relation to safeguarding. There were posters displayed in staff area which gave contact details for the local adult and child safeguarding teams if abuse was suspected.

Training records and conversations with staff confirmed they had undertaken appropriate levels of training including protecting vulnerable children and adults. This training had been in line with the local authority's current safeguarding procedures.

Staff were aware of the whistleblowing policy and knew who to speak to if they needed to raise concerns to external organisations about care at the practice.

The provider had not made any referrals under the safeguarding of children and adults procedures.

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

On the day of the inspection we found the service to be safe, clean and well maintained.

We saw there were good supplies of gloves, wipes, liquid soap, paper towels and hand gel available. We spoke with staff who described how the treatment rooms would be prepared and cleaned in between patient appointments. This included wiping all surfaces and ensuring all items used were either disposed of or decontaminated.

The practice had a separate decontamination room on the ground floor. The staff demonstrated the processes in place for the cleaning, disinfection and sterilisation of reusable equipment and instruments. We saw that processes were in place providing directions for staff to follow and that these were displayed to assist in easy visual access to procedure. This helped to ensure that required standards of cleanliness were maintained.

We saw that the decontamination room met with the requirements for decontamination in dental practices. Staff were familiar with the practices to be used in the cleaning, decontamination and sterilisation of instruments. The records we examined confirmed that the equipment used was serviced correctly and was in good working order.

The patients we spoke with said that the premises were always very clean. One person said; "It's always clean." Patients told us that the dental staff and the dentist wore appropriate protective clothing whilst carrying out treatment and that they were also offered protective equipment.

We saw evidence in the records we looked at that staff had undertaken training in relation to infection control.

We saw that appropriate arrangements were also in place with regard to the storage and collection of clinical waste.

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

All seven patients we spoke with said that they had never needed to make a complaint.

We asked if they knew how to make a complaint and all said that they would have no problems in just telling the dentist about a problem or concern they had. One patient said, "The dentist is very approachable and I know that I could just talk a problem through with her". Another said, "If I had a problem here, and I never have, I would just go somewhere else. I can vote with my feet and I choose to come here".

A "Chester Road Patients Complaints Policy" was clearly on display in the reception / waiting area. The procedure set out how to make a complaint. We saw that a clear process was in place setting out how a complaint would be acknowledged, investigated and how the complaint would receive a response and how outcomes would be managed or lessons learned.

We looked at a file which would record complaints, and noted that no complaints had been made.

The staff we spoke with told us that they had not received any complaints or concerns. They said that many patients had been with the practice for a long time and knew they could speak to the staff if they had any worries or concerns. The patient's comments we received in the course of inspection supported this view.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at two patient records with the dentist. The dentist explained the records and the record keeping process and demonstrated that she had consistently maintained records to a high standard. We saw that patient records contained appropriate information which included medical and dental histories and relevant information for the dentist about any previous dental treatments. Records detailed the examination and the findings at examination together with the observations made and treatments as required. Treatment options and explanations about care were recorded as were the treatments themselves, the costs and any allergies or precautions needed.

Information was obtained for the records in private.

All records were paper documents and none were computerised. Paper records were kept securely in a locked cabinet in a secure part of the building which was not accessible by the public. Archiving would be carried out as agreed by the dentist and practice manager and the provider may wish to consider developing an archiving policy, particularly if computerisation is considered as the practice grows in size.

Good policies were in place which included Information governance, Information handling, staff confidentiality code of conduct, confidentiality, data protection and record keeping guidance.

The building, itself was protected and secured by a variety of physical means including protection by a suitable alarm and secure window and door locks. Therefore the records kept in the premises were protected in the same way.

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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