

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

Gayton Road Dental Care

Gayton Road Health Centre, Gayton Road, King's
Lynn, PE30 4EA

Date of Inspection: 13 March 2013

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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
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Gayton Road Dental Care Ltd
Overview of the service	Gayton Road Dental Care provides NHS and private dental support, care and treatment to both 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 13 March 2013, talked with people who use the service and talked with staff.

What people told us and what we found

The practice is currently in the process of submitting an application for a manager to be registered, this is why a registered manager does not appear in this report.

We spoke with four people using the service who told us they were involved in discussions about their treatment and the options available. People told us that the risks and benefits of the treatment were explained to them before consent was obtained, and they were given a copy of their treatment plan.

We reviewed six people's records which showed the treatment plan was documented in writing to people, which included the recall period and costs. One person told us, "They explain everything; it's a five star service." Another person told us, "The dentist goes out of their way to offer the best treatment."

We reviewed the processes in place for managing the prevention and control of infection and saw evidence of effective systems to reduce the risk and spread of infection within the service.

We reviewed six staff files from a range of healthcare professionals including two dentists and two dental nurses. We saw that the recruitment and selection processes in place at Gayton Road Dental Care ensured appropriate checks were undertaken before staff began work.

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

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with four people using the service who told us they were involved in discussions about their treatment and the options available. They told us that all options under NHS and private care were offered and they were given time to think about what they wanted before consenting to treatment. People also told us that the risks and benefits of the treatment were explained to them before consent was obtained, and they were given a copy of their treatment plan. We reviewed six people's care records which demonstrated how consent was gained with a copy of the person's signed treatment plan.

We spoke with two of the dentists who were able to demonstrate the consent process for both adults and children, which reflected what was seen in the practice Patient Consent Policy. They told us that each part of the treatment and general check ups were explained at each stage, and that if further treatment was needed all options were given to the person to make an informed decision.

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. One person told us, "They explain everything; it's a five star service." Another person told us, "The dentist goes out of their way to offer the best treatment."

We reviewed six people's records which showed the treatment plan was documented in writing to people, which included the recall period and costs. The records included general oral health advice that had been to people and a record of a verbal medical history taken. We saw that all patients were asked to complete a written confidential medical history form every six months or before any treatment was provided. This ensured that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw from staff training records that all staff were trained and supported to handle any medical emergency situation. We saw emergency medication accessible to clinical staff and all stock was clearly labelled with expiry information. Oxygen was also available when required and we saw evidence that the oxygen and emergency medication were checked on a daily basis. This meant the service had appropriate systems and processes in place to manage emergency equipment and 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.

Reasons for our judgement

During our visit to Gayton Road Dental Practice, we reviewed the processes in place for managing the prevention and control of infection. We saw evidence of effective systems to reduce the risk and spread of infection within the service.

We spoke to a dental nurse who was able to explain the process for cleaning equipment in between people seen, and all surfaces and flooring were easily cleaned to prevent the spread of infection. Each treatment room had separate hand washing facilities and dirty sink areas before instruments were then taken to the decontamination and sterilisation room. There were also systems in place to manage amalgam (mercury used for dental fillings) safely and to prevent the risk of contamination.

The decontamination and sterilisation room also had separate clean and dirty sink areas, with a clear process for staff to follow. We saw print-outs from the autoclave that were carried out on a daily basis to check that it was working properly. We also saw that sterilised instruments were correctly bagged, sealed and dated to prevent cross infection.

Personal protective equipment for both staff and people using the service was readily available in all treatment rooms. This included gloves, goggles, masks, aprons and visors as required. Staff were able to explain the management of clinical waste and sharps and the practice had a contract in place with external agencies for the safe management and disposal for all clinical waste.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

We reviewed six staff files from a range of healthcare professionals including two of the dentists and two dental nurses. We found that required documents such as occupational health checks, enhanced Criminal Records Bureau (CRB) checks, General Dental Council (GDC) registration and appropriate references were in place for the members of dental staff. The practice policy was for all staff to have a CRB check and references in place before starting their role. The provider may find it useful to note that at the time of our visit, the provider could not demonstrate references had been received for two staff members and to confirm a CRB check had been carried out for one staff member. The provider spoke with the members of staff at the time of the visit, who confirmed references had been sought and a CRB check had been carried out, however this was not evident in the staff files. These two members of staff had job roles which meant that they supported the dentists and hygienist to deliver care to people who used the service.

The provider had taken steps to ensure people working at the service had relevant skills and experience, copies of professional registration and qualifications were kept within the staff files. We also saw evidence of continuous professional registration and indemnity checks within the staff files.

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.

During our visit, we saw that there was a comprehensive complaints policy available to people, which described a robust procedure. There was clear information displayed within the practice to advise people how they could raise any concerns or make a complaint as necessary. We were told that no complaints had been received since August 2012, although the provider was unable to locate any complaint records to confirm that this was the case.

The practice also had a comments box available in the waiting room, which was checked on a regular basis for any informal complaints and concerns. At the time of the visit, the comments box had not been checked since 2012, therefore the practice could not demonstrate if any informal complaints or concerns had been received or take any relevant action. The provider gave assurance that these would be checked and discussed at the next staff meeting.

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.

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