

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

Park Road Dental Care

Park House, 2 Park Road, Coventry, CV1 2LE

Tel: 02476220196

Date of Inspection: 05 June 2013

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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

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

Details about this location

Registered Provider	Park Road Dental Care
Registered Manager	Mrs. Jennifer Clewlow Chalker
Overview of the service	The practice offers a range of dental treatments to both NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Staffing	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 5 June 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 staff, 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

There were six dentists working at the practice, supported by five dental nurses and two trainee dental nurses. There was also a practice manager and a receptionist.

We spoke with seven people who used the service. People told us they were happy with the service they received. One person told us "We moved to the practice when our dentist joined them. Its very nice, clean and modern. The dentist is very professional."

We were told new patients received a consultation and initial assessment before treatment began. We examined four patient records. We saw a health assessment and medical history had been completed for each patient.

We asked people about the staff at the practice. One person told us "My dentist is very caring, she just cares for the patients."

Dental staff were aware of the best practice guidelines set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice was following procedures recommended in the guidance.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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 were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with seven people who used the service. People told us they were happy with the service they received. One person told us "We've been really pleased with the service." Another person told us "They are excellent."

We looked at the information available in the waiting room. This included a practice information leaflet, information on the dental treatments available, fees, practice policies and procedures including the complaints procedure and a comments book. The practice provided some information to patients in large print formats. This meant people were given up to date information about services, and were able to comment on the service provided. The provider may find it useful to note that the complaints procedure was not available in an 'easy read' format for people who used the service. This would make it more accessible to people.

We looked at the information provided to patients regarding appointment times and 'out of hours' emergency cover. The patient information leaflet gave information about when the practice was open and provided contact telephone numbers for use in an emergency. Telephone numbers and opening hours were also displayed outside of the practice. People we spoke with told us they could always get an appointment when they needed one. This meant that people could access treatment when they needed to.

People were given choices about their treatment. People we spoke with told us treatment options were always discussed with them. We looked at five patient records during our visit and viewed patient treatment plans. Treatment plans were documented and provided to patients before treatment began following a consultation with the dentist.

People's privacy was respected. We saw the practice had several areas available for people if they needed to speak in confidence with the dentist or the dental nurses.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we looked at the procedures followed by staff for the assessment and treatment of patients. We also looked at how medicine was managed and the procedures in place to keep people who used the service safe.

We asked about the process for accepting a new patient to the practice. We were told new patients received a consultation and initial assessment before treatment began. A treatment plan was drawn up and presented to the patient which they could read and sign before treatment commenced. This showed people who used the service were consulted with appropriately about treatment options.

The staff we spoke with were able to explain the procedure for obtaining informed consent from people who had difficulty in expressing their wishes or who were unable to communicate them. This meant the practice took into account the support requirements of each patient.

We examined four patient records. We saw a health assessment and medical history had been completed for each patient that was updated during subsequent visits. We saw there was a system in place for recording significant medical conditions on the patient's record, which was accessible to the dentist in the treatment room. This system was designed to alert the dentist to any medical conditions that may affect a patient's treatment.

We looked at the procedures in place to deal with a medical emergency. We saw the emergency resuscitation kit was accessible for use quickly. The practice also had oxygen and a defibrillator. There were systems in place to check emergency medication and equipment was in date and ready for use. Staff had received training in emergency resuscitation and knew what to do if a person collapsed. We saw that the practice securely stored prescription pads and monitored their use. This meant the practice had good systems in place to monitor the use of medication and respond to 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 asked people who used the service about the cleanliness in the surgery. People told us the surgery was always clean. One person told us "It's very nicely kept."

We looked around the surgery including a treatment room and the waiting room. We saw the environment was very clean and tidy. We asked the manager about the systems in place to ensure that the cleanliness and hygiene of the surgery were maintained. We were told that the dental nurses were responsible for cleaning the treatment rooms in between patients. The practice also employed a cleaner for general practice cleaning.

People we spoke with told us the dentist and dental nurses always wore gloves and masks when providing treatment. We saw there was an adequate supply of gloves, aprons and hand wash for use in all the treatment rooms and areas where dental staff worked. We saw dental staff wore short sleeved uniforms. This assisted them to wash their hands thoroughly helping to reduce any potential spread of infection.

There was a separate room for decontaminating equipment. The cleaning of equipment was performed by the dental nurses. We watched a member of staff working in the decontamination room and the process undertaken to clean instruments. Instruments were scrubbed and then checked for debris with a magnifying glass. A steriliser was used to clean them. We saw the member of staff wore a face mask, apron and gloves. The member of staff changed gloves and aprons when moving from the contaminated area of the room to the decontaminated area. Clean instruments were stored in sealed packaging and dated according to national guidelines. We saw records were kept of the sterilisation cycle to check and evidence the process. Checks were undertaken of the bagged equipment to ensure they were within date and safe to use.

We examined one treatment room. We asked how treatment room equipment was kept clean and monitored for tears. The practice manager explained the chairs and equipment were cleaned after each patient. We were confident the dental equipment was being regularly checked and maintained to ensure the equipment was fit for purpose.

Dental staff were aware of the best practice guidelines set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice was following procedures recommended in the guidance.

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 staff to meet people's needs. There were six dentists working at the practice, supported by five dental nurses and two trainee dental nurses. There was also a practice manager and a receptionist.

We asked people about the staff at the practice. One person told us "My dentist is very caring, she just cares for the patients." Another person said "The dentist is excellent."

We reviewed staff personnel files for two members of staff during our visit. We saw dental staff were qualified and registered with the General Dental Council. Registration with the General Dental Council was regularly reviewed by the practice manager. We also saw evidence that dental staff had received a disclosure and barring check (police check). This meant dental staff were safe to work with people.

We spoke with four members of staff during our visit. Staff told us they received supervision and yearly appraisals as part of their employment. We saw there were regular staff meetings to discuss procedural changes and keep staff up to date. Staff records confirmed regular supervision and appraisal meetings were taking place. The dentist's also had their practice reviewed using a peer review system. This meant staff were appropriately managed.

Records we viewed confirmed staff had attended appropriate training to maintain their continuous professional development which included cardiac pulmonary resuscitation (CPR) and infection control. One staff member told us "It's a good place to work. I can attend courses to keep my registration and training up to date." This meant staff were appropriately trained and were keeping their knowledge and skills up to date.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The practice had procedures in place to monitor and improve the quality of the service provided. Evidence was available to show regular audits were taking place. We saw audits were performed on patient records and patient waiting times. We were able to view results of patient and staff satisfaction surveys. The practice had a procedure in place for obtaining the views and opinions of people who used the service. A comment book and comment box was situated in the waiting area. We saw that where issues had been identified actions had been taken to improve the service.

Evidence was available to show that checks on equipment were regularly made. This included checks on sterilisation equipment. This was to ensure the practice operated safely and efficiently.

We asked about complaints and how these were managed. We reviewed compliment and complaint information and examined a complaint. The complaint had been investigated and responded to in an appropriate and timely way in accordance with the practice's complaint procedure.

We viewed a number of policies that the practice had in place which included safeguarding vulnerable adults, whistle-blowing and infection control. We saw that policies were being reviewed and updated. Documented policies were available to all staff and formed part of their training to ensure a consistency of approach when delivering services.

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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