Care Quality Commission

Inspection Report

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

Mudasser Latif t/a The Briars Dental Practice

The Briars Dental Practice, 2 Trinity Road, Dudley , DY1 1JB

Tel: 01384252057

Date of Inspection: 04 September 2013

Date of Publication: October 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mudasser Latif
Overview of the service	The practice provides NHS and private dental care to people of all ages.
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'.

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 4 September 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 and talked with staff.

What people told us and what we found

This practice is located on the ground and first floor level. There were facilities provided on the ground floor to assist people who have restricted mobility. The service does not offer disable car parking bays and there are steps leading to the building. The premises consisted of a reception/waiting area, three treatment rooms, a decontamination room and a toilet. During this inspection we spoke with one dentist, two dental nurses, the office administrator, five people who used the service and a care staff.

We found that people were informed of their treatment options and their consent for treatment was obtained. One person who used the service said, "A X ray showed that I had tooth decay and my dentist explained what needed to be done and the benefits."

Dental records provided relevant information to ensure people received the appropriate treatment.

We found that appropriate systems and practices were in place for the decontamination of dental instruments to reduce the risk of cross infection.

The staff recruitment practices ensured that all staff were suitable to work at the practice. One person who had recently used the service said, "All the staff are marvellous and very professional."

The practice had an effective quality assurance monitoring system in place to ensure people were not at risk of inappropriate care or treatment.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any treatment they were asked for their consent and the provider acted in accordance with their wishes. The dentist said that consent for treatment was always obtained and this was confirmed by five people who had recently used the service. The dental records we looked at also confirmed this. This should ensure people were aware of their course of treatment.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We spoke with two dental nurses who explained that where a person lacked capacity to consent to treatment, this would be obtained from their carer, a consenting adult or their guardian. The dentist said that the necessary treatment would be provided in the person's best interest to ensure they were not in pain or discomfort. Where necessary the person would be referred to another healthcare service who may be able to assist them.

The dentist said that all staff had received safeguarding training that included information about the Mental Capacity Act (MCA). We spoke with two dental nurses who confirmed that they had received this training. Access to MCA training should give staff a better understanding of mental health and what to do when a person lacks capacity. The dental nurses we spoke with demonstrated a good understanding of what to do where a person lacked capacity to give consent. One dental nurse said, "Although the person may lack capacity to understand their treatment options, the dentist would still try and explain this to them. We would also involve the person's carer." This meant that people who used the service could be confident that they would be provided with relevant support when needed.

The staff we spoke with said that consent for the treatment of children was obtained from the parent or guardian. However, the necessary treatment would be discussed with the child and their consent obtained. The dentist told us that, "I would draw pictures and use dental models to explain what the problem is and what needed to be done to resolve this." One dental nurse said, "I would show the child the equipment that would be used to treat them and enable them to touch it, feel the vibration and hear the noise it makes." Where a

child is reluctant to receive treatment or is distressed an alternative appointment would be made.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual dental plan. The dentist said that people were provided with information about their treatment options and this was confirmed by the people we spoke with. One person said, "My dentist explained to me what needed to be done and told me about the available treatment options. I was informed of how long the treatment would take and how successful this treatment would be. I was also made aware of the cost." The dentist said the cost of treatment was available in the waiting room and this was confirmed by the people we spoke with. We found that the practice had a contract with the NHS to provide a domiciliary service. We spoke with a care staff from a residential home where this service was provided. They said, "The dentist is very professionals and explains everything to the person. The dentist also talks to people in a manner they can understand."

The dentist said that a full oral examination was always carried at each visit and the dental records we looked at confirmed this. This examination should enable the dentist to identify signs of tooth decay and disease and ensure that the appropriate treatment is offered. One person who used the service told us, "I visited the dentist for a check-up. The dentist had concerns and an X ray was taken, I needed a small filling and this was done straight away."

We found that people's follow up visits were determined by their risk of developing tooth decay or mouth disease due to their oral care management or health condition. The dental records we looked at showed that oral hygiene was discussed with people to promote good oral health. One person who used the service said, "My dentist always tells me about the importance of flossing my teeth every day." This meant that people could be confident that their oral health would be regularly monitored and that they would be provided with relevant information to promote good oral health.

The dentist said that people's medical history was reviewed at each visit and the dental records we looked at confirmed this. We spoke with five people who confirmed that they had completed a medical history form. One person said, "I have a health condition and my dentist is fully aware of this and the implications this may have on my dental treatment." The provider may find it useful to note, that where medical history forms have not been

fully completed, clarification should be obtained from the person. This should ensure that the treatment the person receives is not compromised by the lack of relevant information about their health and prescribed medicines.

The practice had a supply of emergency medicines in storage. We found that medicines were within the expiry date to ensure they were suitable for use. Medicines were stored in a secure area, so they could not be accessed by unauthorised persons. We found that the room where medicines were stored was very warm. There was no thermometer in place to ensure that temperatures did not exceed 25 degree centigrade as recommended by the pharmaceutical manufacturers. The dentist said that a thermometer would be put in place and temperatures would be monitored on a daily basis.

Information about the services available at the practice and oral health was accessible within the waiting room. The people we spoke with confirmed that they had access to relevant dental healthcare information. Access to this information should promote good oral health.

Cleanliness and infection control ✓ Met this standard

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 cared for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. The practice had a nominated infection prevention and control lead (IPC). An (IPC) lead is responsible for processes in place to reduce the risk of cross infection and the cleanliness of the practice. One out of two dental nurses we spoke with were aware of who the IPC lead was and their role. One dental nurse said, "We are all responsible to ensure the cleanliness of the practice."

The practice had a decontamination room where instruments used for dental treatment were cleaned. One dental nurse demonstrated the process of cleaning instruments to ensure they were safe for use. We found that systems and practices in place were satisfactory and should reduce the risk of cross infection. The dental nurses confirmed that they had access to personal protective equipment (PPE) and we saw these in use, such as disposable gloves, aprons and protective goggles. One person who used the service said, "My dentist always wears protective gloves and I see them dispose of them if they leave the room and then put fresh ones on when they return." Access to PPE should reduce the risk of cross infection. We observed that the cleanliness and hygiene of the practice was satisfactory.

Discussions with dentist and dental nurses confirmed that regular cleaning audits were carried out and we saw evidence of this. One person who used the service said, "The cleanliness of the practice is excellent." We saw policies in place for appropriate hand washing techniques, blood borne virus transmission, management of clinical waste, amongst others. We spoke with two dental nurses who confirmed they had access to these policies. Access to these policies should promote safe working practices and reduce the risk of cross infection.

The dentist said that all staff had received infection control training and the staff we spoke with confirmed that they had received this training. Access to this training should ensure staff have the skills and competence to maintain good hygiene standards and reduce the risk to people.

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

The dentist said that all staff had a Criminal Record Bureau (CRB) check and the records we looked at confirmed this. A CRB check should ensure that staff were suitable to work with children and vulnerable adults.

The dentist said that all staff were registered with the General Dental Council (GDC) and the records we looked at confirmed this. We spoke with two dental nurses who said they were registered with the GDC. The GDC is responsible to protect the public by regulating dental professionals.

Further discussions with the dentist confirmed that staff did receive appraisals. This is a process to guide, support and assist staff who provide services to carry out their duties and assigned tasks, so as to achieve the planned outcome. Discussions with staff and information contained in staff files confirmed the undertaking of appraisals.

We found that not all staff files contained two written references. The dentist explained that these staff members had worked for the practice for a number of years. The dentist confirmed that current staff recruitment practices would include a request for references. Access to references should enable the provider to find out a person's suitability to work at the practice. One person who used the service told us, "All the staff are smashing." Another person said, "My dentist is brilliant and the nurses are lovely."

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

We saw a comments book and a suggestion box located in the waiting room and the people we spoke with were aware of these. This gave people the opportunity to share their experiences about the care and treatment they had received and where improvements could be made. We found that comments made by people were positive about the service they had received. One person told us, "I told the dentist it was difficult for older people to climb the stairs to the first floor for treatment. It is pleasing to know that they have now got a treatment room on the ground floor." This meant that people could be confident that their views would be listened to and acted on.

People were able to access the NHS Choices website to make comments about the service. We found that the comments on this website were positive. The dentist said that this website was frequently reviewed and where necessary comments would be responded to. Three out of six people we spoke with said they were aware of this website but had never used it.

Discussions with the dentist confirmed that quality assurance questionnaires were given to people on a regular basis. We looked at two completed questionnaires and saw that the comments were complimentary about the service they had received. These questionnaires asked people for their views about the service they had received, cleanliness of the practice, issues with booking appointments, staff's professional conduct amongst others. The people we spoke with confirmed that had been given these surveys to complete.

The practice's complaint procedure was displayed in the waiting room and this told people how and who to share their concerns with. Four out of six people we spoke with were unaware of the complaints procedure. One person said, "I've seen the complaints procedure displayed in the waiting room." All the people we spoke with said they had never had cause to make a complaint but if they did they would speak to the dentist. The dentist said they had not received any concerns but systems were in place to record complaints and monitor them if they received any.

We saw an audit tool in place to promote good hygiene standards to reduce the risk of

cross infection. Two dental nurses confirmed that cleaning audit charts were completed on a daily basis and we saw this. This meant that people could be confident that systems were in place to ensure they were not place at risk.

The dentist said that staff meetings were carried out monthly. This was confirmed by the staff we spoke with and we saw minutes of these meetings. Access to regular staff meetings should ensure that staff were kept up to date with relevant information that may have an impact on the service provided to people.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk