

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

Park Road Dental Surgery

25 Park Road, Wellingborough, NN8 4PW

Tel: 01933225366

Date of Inspection: 22 February 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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr Oluyemisi Olatokunbo Osisanya t/a Park Road Dental Surgery
Overview of the service	Park Road Dental Surgery provides NHS and private treatment to adults and children. The practice employs one dentist, a dental nurse, who is also the practice manager, and a receptionist.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Cleanliness and infection control	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 22 February 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who spoke highly of the service they received. We observed two people receiving treatment and saw that the dentist gave explanations before and during treatment. We saw that the dentists discussed any relevant changes in the person's health during their consultation.

We saw that people were able to give feedback on the service through annual satisfaction surveys. We looked at a selection of 20 of these from 2012 and saw that the results were generally positive.

We found that the surgery looked clean and well maintained and people were protected from the risk of infection because appropriate guidance had been followed.

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

Reasons for our judgement

The surgery is based on the first floor with stairs to access the reception, waiting area and treatment rooms. The reception was separate to the waiting area so conversations in reception could not be overheard, helping to protect peoples' confidentiality. We observed the receptionist greeting people when they arrived and talking to people on the telephone. We saw that the receptionist spoke with patients politely and responded to their questions appropriately.

We spoke with three people who spoke highly of the service they received. We observed two people receiving treatment and saw that the dentist gave explanations before and during treatment.

We saw that people were able to give feedback on the service through annual satisfaction surveys. We looked at a selection of 20 of these from 2012 and saw that the results were generally positive. One person had commented that they were "made to feel welcome" and that they were "pleased with the overall performance" of the surgery. We saw that there were comment cards available in the waiting area for people to feed back comments about the practice.

The dentist told us that several of the patients who visit the practice speak limited English. The dentist explained that he had learnt some key words in appropriate Asian languages so he can give basic instructions to the patients and identify if they are in pain. The dentist explained that for any treatment people were accompanied by a friend or relative who could ensure that the patient understood their treatment and aftercare. We discussed with the dentist that written information about the practice such as the complaints procedure and information about dental health and treatments is currently only available in the practice in English so may not be accessible to some patients.

Due to the location of the surgery on the first floor it is not accessible to some people with restricted mobility. The receptionist told us that she advises any new patients of the access restrictions and gives people information about other dental practices in the area that have

accessible facilities if they are unable to manage the stairs.

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

We spoke with three people who spoke highly of the service they received and told us that the dentists always gave explanations before any treatment. Two people told us that they had been visiting the practice for many years.

We observed two people receiving treatment and saw that the dentist gave detailed explanations before and during treatment. We saw that they also gave advice about oral health and hygiene.

We saw that records gave details of the treatment given and when the person needed to come for their next appointment. The provider may find it useful to note that although we saw that the dentists discussed any relevant changes in the person's health during their consultation, records contained only limited details of people's medical histories. We saw that medical histories were not always dated or comprehensive which meant that the dentist may not have up to date information about the person's current medical conditions, medication and allergies. We discussed this with the dentist and practice manager who told us that they were introducing an electronic records system in April 2013 which would include medical histories for all patients and in built alerts to ensure these were updated.

The service had appropriate procedures for dealing with emergency medical situations. We saw appropriate emergency equipment and drugs, which were checked regularly and easily accessible if required. We saw that all staff had received training in cardiopulmonary resuscitation (CPR).

The practice manager explained that details of an out of hours contact number was on the surgery answer phone so people knew how to access emergency dental treatment if needed.

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 saw that the decontamination of dental instruments was carried out within the treatment room. We spoke with a dental nurse about the procedures she followed. She explained how used and clean equipment was kept separated. She told us how she sterilised the instruments and told us that she cleaned the surfaces in treatment room between patients. We saw that the surgery looked clean and well maintained.

We saw that the equipment used for the decontamination of dental instruments was cleaned and serviced in line with manufacturer's recommendations.

We saw that dentist and dental nurse used protective equipment such as gloves and eye protection and that patients were also offered eye protection during examinations.

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 staff who had received appropriate checks before they began work.

Reasons for our judgement

We talked to the practice manager and dentist about the checks they carry out before they employ new staff members. They explained that they check people's employment history, references from previous employers, qualifications and professional registration. The explained that they also carry out a check with the disclosure and barring service (DBS). The DBS checks were formerly called criminal records bureaux CRB checks. We saw staff files which verified these checks had taken place. Pre recruitment checks are important to provide some assurance about the suitability of staff to work with children and adults who may be vulnerable due to illness, injury, disability or other factors.

The practice manager explained that new staff had to work for a trial period and before being employed.

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

People who use the service were asked for their views about their care and treatment and their views were acted on. We saw that the provider had carried out a recent satisfaction survey and had collated the results to identify any common themes. We saw that the surveys showed a good level of satisfaction with the dental treatment people received.

The dentist explained a number of improvements that had been made to the surgery and other improvements they had planned for later in the year.

We saw that hygiene and infection control audits were carried out and that safety checks, such as those on electrical items and the water system had been undertaken.

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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