

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

Church Street Dental Care

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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
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr Simon Robert Austin
Overview of the service	Church Street Dental Care is based in Littleborough, Rochdale and provides a range of dental treatments for private fee paying people of all ages.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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 6 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During the visit, we spoke with one person who uses the services. They told us they were asked for both written and verbal consent prior to receiving any treatment on every occasion.

The person we spoke with told us they were very happy with the services provided and had been at the practice for over 20 years. They were happy with the services received. They also told us the dental practice was clean and tidy and looked beautiful.

The person we spoke with told us the staff were very good and explained what they were doing. They had no concerns about the services they received and would speak to the Principal Dentist if they had any concerns.

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

The dental practice provided services only for private fee paying people of all ages. We spoke with a registered dental nurse who told us approximately one thousand people were registered with the service to receive routine dental treatments through a dental insurance programme. There were an additional 300 people who paid for treatment as they received it.

We saw there was an appropriate policy in place for the staff to follow to ensure that appropriate consent was undertaken. The registered dental nurse told us that at each scheduled examination, people who used the service were asked to complete and sign consent to treatment forms and acknowledgement of fees and charges forms for the treatment.

People who used the service also completed a medical history questionnaire which was checked verbally at each visit and updated on the practice computer at least annually.

The Principal Dentist told us that the treatment options and services available were explained to people prior to receiving treatment, so they could make an informed decision. The Principal Dentist confirmed that the majority of people who undertook treatment had the ability to consent and they sought written consent from people who used the service prior to commencing treatments. Consent to provide treatment to children was obtained from their parents or legal representatives.

During the visit, we looked at 10 peoples' consent forms, which showed that staff involved people who used the service and treatments were offered in accordance with peoples' individual needs and preferences. The records we looked at showed that written consent had been obtained for services prior to commencing treatment. The provider should note that there were some areas on the consent form that were not always completed.

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

Staff told us that all of the procedures for care and treatment were carried out in line with up to date published research and good practice guidelines where applicable such as The National Institute for Health and Clinical Excellence (NICE).

Staff working at the service had the relevant qualifications and experience to deliver the service provided. The Principal Dentist was fully registered with the General Dental Council (GDC) and a member of the Medical Defence Union (MDU). The practice employed a number of registered dental nurses to assist during treatment.

We reviewed three peoples' medical records which contained information such as patient details, medical history, referral and appointments letters as well as their dental X-Rays. The records for the routine dental treatments were kept electronically and the consent forms were paper based.

The staff we spoke with showed a good awareness of the needs of the people who used the service. They told us procedures were in place to deal with emergencies, for example, there was a first aid box for patients who may feel unwell and require these during their treatment. We were told that the clinical staff received training in resuscitation, first aid and basic life support.

There was a policy in place that recognised equality and diversity issues and contained guidance for staff.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

The practice consisted of two treatment rooms, an equipment decontamination room as well as two waiting rooms and a reception area. We saw there were patient information leaflets that explained the care, treatment and choices available for patients that use the services.

During our inspection, the areas we saw in the dental practice were well maintained. The environment where treatments were carried out were clean and appropriate. We saw that policies and procedures for infection prevention and control were in place. During the inspection we spoke with staff who told us they attended training in infection control on a regular basis. We saw the appropriate application of required infection prevention and control procedures and techniques in place in the areas we observed.

There was a daily and weekly surgery environmental checklist in place which included checks for cleanliness of the environment and equipment and waste disposal processes. We looked at recently completed checklists, which showed that regular audits were taking place and actions were being taken to address any issues found.

The staff we spoke with understood the importance of infection prevention and control, including decontamination, and could clearly describe their own roles and responsibilities within this area. A registered dental nurse was the identified person with specific responsibility for infection prevention and control. We found this role was not fully outlined in a job description but saw the registered dental nurse was aware of their duties.

Preparations were undertaken prior to using the treatment rooms. This included checking all the water lines in the dentists chair and performing appropriate cleaning cycles that included flushing through with cleaning solutions. We were informed the treatment rooms were cleaned by the registered dental nurses between each patient using appropriate equipment to agreed standards.

Staff using the room had systems in place to ensure that clean and used (dirty) dental instruments and equipment were kept separate in sealed containers. During our discussions with the Principal Dentist and a registered dental nurse, we found they were aware of implementing government guidance on decontamination within dental practices.

The registered dental nurse showed us, and explained to us, the process for managing used instruments within the treatment room to ensure clear and separate areas for clean and dirty instruments. There was a dedicated decontamination room which had clear pathways where contaminated (dirty) instruments followed to become clean. We were told the dental nurses used an ultrasonic bath to wash the instruments before they were visually checked and placed in the autoclaves to be sterilised to the approved level of sterilisation. Clean instruments were stored in sealed packaging and date stamped according to national guidelines. The staff we spoke with had the required levels of competence and training in relation to these areas.

Validation of the technical dental equipment such as autoclaves and x-ray machines was in place and recorded on a daily basis. We also saw evidence of external servicing.

There were risk assessments in place for Legionella as well as monthly checks. We saw an assessment was conducted by an external company in November 2010. There were appropriate waste disposal arrangements in place for the domestic and clinical waste.

The practice had a policy in place to prevent exposure to blood-borne viruses. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the treatment rooms. The staff files we looked at showed that checks for immunisations such as Hepatitis B had been carried out.

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

The overall responsibility for the service was with the Principal Dentist who was also the Registered Manager. There were also two dental hygienists in place.

There was a Practice Manager who oversaw the general day to day running of the service and was supported by six registered dental nurses, one of whom was the identified person with specific responsibility for infection prevention and control, and two were also responsible for the reception area when required.

During the visit, we looked at a selection of staff training files, which showed that the dental staff had the relevant qualifications and experience to deliver the services provided.

The Principal Dentist told us that they were adequately resourced to meet the needs of the people who use the service and had sufficient staff to cover for any absence.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. Information on how to raise complaints was displayed in the providers' waiting room area.

The complaints policy stated that if a complaint was received, it would be acknowledged within two working days and investigated and responded to within 10 working days. The Principal Dentist told us they had received no formal complaints during the past 12 months.

There was a template complaints form in place which allowed the practice to follow all the required steps to address the complaint. This included sections for recording details of complaints, carrying out investigations and remedial actions. The Practice Manager was the named person who would oversee any complaints received.

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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