

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

Thorne Road

65 Thorne Road, Doncaster, DN1 2EX

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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	P B Robinson (Doncaster) Limited
Registered Manager	Mrs. Susan Hincks
Overview of the service	P B Robinson (Doncaster) Ltd Dental Service, provides a service predominantly for NHS patients, although it does provide some private treatment. It is located on Thorne Road in Doncaster, South Yorkshire. It has three dentists at the practice, dental nurses and two receptionists.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2013, 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

We spoke with two people who used the service. They spoke positively about the care and treatment they had received. They told us the treatments were clearly explained and the staff were very good.

Evidence showed people were protected from the risk of infection because appropriate guidance had been followed. People we spoke with told us the practice was always clean although the décor was tired and required some redecoration.

We saw that appropriate checks were undertaken before staff began work.

The practice had an effective well organised system to regularly assess and monitor the quality of service that people received. The practice had a complaints policy and took account of complaints and comments to improve the service. People we spoke with told us they were regularly asked to give feedback in the form of questionnaires. We also saw the results of the questionnaires carried out over the last year, which were mostly positive.

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 who used the service were given appropriate information and support regarding their care and treatment.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care and treatment. There was a range of information relating to oral health available in the waiting area of the dental practice. This included information in a visual format.

People who used the service understood the care and treatment choices available to them. People we spoke with told us the dentist discussed their treatment with them, gave them choices and explained any alternative treatments that were available. Staff we spoke with said they did have some people who lacked capacity, they said they attended with a family member. This was documented in their notes; however the staff had not always considered the mental capacity act and best interest decisions. It would be useful for the provider to note that best interest decision tools were not used. These could be used to determine if treatment was in the best interests of people who lacked capacity.

People expressed their views and were involved in making decisions about their care. The practice regularly obtained the views of people who used the service. We were shown some completed questionnaires. The completed questionnaires we saw gave mostly very positive feedback.

We found people's diversity; values and human rights were respected. Staff told us they treated people with respect. This was confirmed by the people we spoke with who used the service.

The design of the practice did not meet the needs of people with disabilities. Dental examination rooms were available on the ground floor of the premises; however the toilets were not suitable for people with disabilities or people who used a wheelchair. The manager told us they would refer people to their practice in Rossington and the dentist would go to that practice to see them. The Rossington practice had disabled access and toilet facilities.

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

Reasons for our judgement

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. The two people we spoke with commented positively about the care and treatment they had received.

We saw the practice kept paper records with signed treatment plans and medical history forms, which were also in paper format. The records we checked contained limited information but included information about treatments carried out by the dentist.

The people we spoke with described how they attended regular check ups and received treatment when necessary. They raised no concerns about the way their treatment had been provided.

Staff we spoke with were knowledgeable on how to meet people's needs. There were arrangements in place to deal with foreseeable emergencies. The practice had an emergency drugs kit and oxygen available should they be needed. Records showed these were checked on a regular basis.

We saw staff had received training in basic life support skills and cardiopulmonary resuscitation. The staff we spoke with although had not had to deal with any emergencies, were able to explain their role in dealing with such emergencies.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection. here were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

The practice was compliant with the essential requirements regarding decontamination in primary care dental practices. Evidence was seen of the practice having undertaken audits and demonstrating compliance with standards. The practice had a nominated lead for infection prevention and control.

There were effective systems in place to reduce the risk and spread of infection. The dental practice had one room for decontamination and sterilisation. The room was organised to prevent cross infection. One member of staff demonstrated to us the correct practices for the decontamination and sterilisation process.

The practice facilities were clean and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in the surgery rooms. We saw that the appropriate hand washing procedures were displayed over the sinks. Staff we spoke with were aware of the correct hand washing procedures. We saw protective clothing, such as glasses, face masks and disposable gloves were available for dental staff.

The dentist and dental nursing staff had received training in decontamination. Staff we spoke with were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were infection prevention and control policies and procedures in place that were very detailed and up to date.

Cleaning rotas were in place and checks regarding cleanliness of practice facilities were completed. There were arrangements in place for the management of clinical waste and sharps. People we spoke with told us that the practice was clean when they visited.

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.

Appropriate checks were undertaken before staff began work.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at three staff files. These contained all the required information. We saw that staff had a criminal record check; this is now a Disclosure and Barring Service check (DBS). We also found references had been obtained from previous employers.

The files also contained a record of interview and a contract of employment. Staff we spoke with told us they were registered with the General Dental Council (GDC) and attended regular training to ensure their skills were kept 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.

People who used the service were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on. We saw the practice carried out patient satisfaction surveys in areas such as quality of care and cleanliness.

We looked at results from a patient satisfaction survey carried out over the previous year. The comments from people who used the service were very positive. However the survey carried out in January 2013 covered environment and cleanliness. The comments were not positive, many people commented that the décor was tired and required redecorating and the standard of cleanliness could be improved. The manager had acted on this information. They had carried out an environmental audit and drawn up an action plan. Some areas had already been redecorated and the standard of cleanliness had improved.

The manager did not display summaries of the surveys for people to see, which meant people did not know if their views were listened to. It would be useful for the provider to note that summaries for surveys were not available to people who used the service.

The practice had systems in place to monitor the quality of the service. We saw regular audits in areas such as infection control, consent, record keeping and the environment. The documentation was well organised and all staff were aware of their responsibilities and how often audits should be carried out.

Staff were also aware of what to do if an issue was identified as part of the audit. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

The practice had a complaints policy and took account of complaints and comments to improve the service. There was clear information available in the waiting room on how to make a complaint. The manager was able to explain to us how a complaint would be investigated, how the outcomes would be recorded and said the complainant would always receive a response.

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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