

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

J Armstrong, M Jensen & Associates

100 Fleetwood Road North, Thornton Cleveleys,
FY5 4AF

Tel: 01253860950

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	J Armstrong, M Jensen and Associates
Registered Manager	Mr. Jonathan Armstrong
Overview of the service	J Armstrong, M Jensen & Associates is situated within a residential area close to local amenities in Thornton Cleveleys. Treatment is provided to NHS and private patients. The service provides four surgeries, over two floors. This means people with mobility difficulties are able to access the surgery. There is a designated decontamination room. The waiting area is comfortable and spacious.
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 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 14 February 2014, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke individually with the registered manager, four staff and three patients. We asked people to tell us about their experiences of accessing the practice. We reviewed patient records, policies and procedures and audits and risk assessment documentation. We checked how the practice managed complaints, cleanliness and the protection of people accessing the service.

One person told us, "Staff are very polite and friendly, whilst remaining professional". We observed that the dental practice followed their established procedures, which had the best interests of the patients.

The service demonstrated good practice that ensured a safe, clean environment in which to provide effective treatment to patients. People felt safe because of strong leadership and properly trained, qualified and professional staff.

The provider ensured that the service's quality monitoring was undertaken by having various audits and checks in place. People's complaints were managed appropriately.

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

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

We looked at patient records and spoke with four staff and three people using the service. People told us that staff were very caring. One person told us, "I'm always nervous about coming to the dentist, but the staff are kind and respectful. They put me at ease".

A medical history was taken prior to any examination. Records demonstrated that patients' signed consent was in place. This was then updated, where required, prior to each course of treatment.

We were told and shown records of consultations that included a full dental history, examination and treatment plan. Any risks associated with the proposed treatment plan were explained to the person prior to the actual treatment starting. Where appropriate, after care recommendations were given to the patient as confirmed by the patient records.

People spoken with told us that appointments were flexible to meet their needs. People told us their options were discussed with them, allowing them to make an informed choice about treatment received. One person said, "The dentist explained everything clearly every step of the way, so I knew what was going to happen". Another person told us, "I feel in control of my treatment. The dentist consults with me and encourages me to make decisions about how to proceed".

The service was effectively managed. Additionally, the policies and procedures in place had the best interests of the patients. One staff member told us, "We always let people know if the dentist is running behind. It helps to reassure people and forms part of our respect to them".

Staff told us they received training updates and were able to access courses. This included the management of medical emergencies and basic life support. Staff were able to describe how they would deal with any unexpected incidents, should the need arise.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with four staff who had some understanding of the principals of safeguarding their patients. Patients told us they felt safe when they were receiving treatment and when accessing the surgery. One person said, "The building is safe and very accessible. I feel very safe in coming here, the staff are very professional".

Some staff were able to describe safe practice in relation to protecting people who access the service. One staff member told us, "If I was concerned about a staff member I might speak to them first and then raise this with the principal dentist".

However, the provider might like to note that some staff were unsure about notifying external bodies about safeguarding concerns. This meant statutory requirement for notifying the local authority and the Care Quality Commission may not be followed.

When we discussed this with the provider we were informed that a new policy was being introduced. We were shown records that staff had received related training. The provider also stated that additional training was being organised. We saw evidence of the new safeguarding policy and the training being planned. Two staff had also been recently assigned as safeguarding leads. This role included identifying issues and disseminating current research and updated procedures.

There were several related policies and procedures in place. These included whistleblowing processes, the local health authority safeguarding policy and the new service policy. These were in-depth and included contact details of notifiable bodies.

Patient records contained signed consent for treatment. This was regularly updated and included explanations of potential risks of treatment. This ensured that people's rights to make an informed decision were protected.

The registered manager and staff spoken with had an understanding of issues surrounding mental capacity. However, the provider may find it useful to note the benefits of providing more training on mental capacity. Additionally, providing the Mental Capacity Act Code of

Conduct would enhance staff understanding and patient safety.

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

During our inspection, we were able to observe that the building was clean and tidy. There were ample supplies of cleaning products and personal protective equipment. We observed staff using these products appropriately. One staff member told us, "We have allocated tasks and records of how to do this and what products to use. I always have loads of products to do the job properly".

There was a thorough infection control policy in place, which was reviewed regularly. Staff we spoke with demonstrated a good understanding of effective measures to manage infection control. One person using the service told us, "The surgery is spotless and I feel safe whenever I'm having any treatment".

Training records confirmed that staff had received infection control training. Staff demonstrated how instruments that required decontamination were processed. A range of infection control audits were in place. This included decontamination, sterilisation and the general environment.

Measures were in place to ensure that dirty instruments did not contaminate clean instruments. The clean, sterilised instruments were bagged, signed and dated. Designated hand wash basins were provided in all areas. Records were in place to ensure that decontamination equipment was regularly serviced and maintained. This included regular checks undertaken by practice staff, as well as manufacturer maintenance.

However, the provider might like to note that general cleaning of the building was not recorded when completed. This meant we could not confirm if tasks had been completed. This should form part of the surgery's processes to assess and prevent the risk of health care associated infection.

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 provider was able to show us a raft of audits undertaken within the service. These included maintenance and working checks of machinery. Decontamination procedures were also audited and managed effectively. The service's gas, electric and water safety certification were all up-to-date.

Records showed a variety of environmental risk assessments, including review of these processes. Other audits comprised of record management, clinical records and treatment planning.

Patient satisfaction surveys were carried out by the service annually. Records of these demonstrated that people were happy with their treatment. The practice had a core of long-term patients. One person told us, "The whole service is professional, well-run and relaxing".

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The surgery provided a summary of how to make a complaint to people accessing the service. This was underpinned by a robust complaints policy. Procedures included reporting to the ombudsman, the General Dental Council and the Care Quality Commission. Information included the various stages of making a complaint and the surgery's duties in responding to concerns raised.

People we spoke with told us they were aware of how to make a complaint. One person said, "I have no complaints. If I did I would know how to make one and I am very confident the surgery would deal with this appropriately".

The manager and staff we spoke with were able to describe good practice in the management of complaints. The surgery's complaints log held some complaints received over the last twelve months. We reviewed the actions taken by the practice in relation to two complaints. These included action plans to address issues, when these had been completed and resulting outcomes. This meant the service had managed and recorded complaints appropriately.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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