

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

Pinnacle Orthodontics

13 Park Road, Coventry, CV1 2LE

Tel: 02476221289

Date of Inspection: 02 May 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	✗	Action needed

Details about this location

Registered Provider	Kings Heath Dental Practice
Registered Manager	Mr. Dinesh Balkrishna
Overview of the service	The practice offers a range of orthodontic treatments to people of all ages. The practice provides services to both NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 2 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with commissioners of services.

What people told us and what we found

We spoke with nine people who used the service, or their relatives. One person told us "They were brilliant." another person told us "The teeth look beautiful."

One person described the dentist as being, "Kind, caring and considerate."

During our visit we looked at the procedures followed by staff for the assessment and treatment of patients. We also looked at how medicine was managed and the procedures in place to keep people who used the service safe.

We saw a health assessment and medical history had been completed for each patient, that was updated during subsequent visits. We saw there was a system in place to alert the dentist to any medical conditions that may affect a patient's treatment, however these were not always updated onto the record keeping system.

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive. We saw the practice had undertaken a recent audit in October 2012 on patient record keeping. The manager was unable to show us how the practice had acted on the findings of the audit.

Dental staff were aware of the best practice guidelines set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice was following procedures recommended in the guidance.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 02 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 practice employed a number of dentists who specialised in providing Orthodontic treatment to patients of all ages. The practice had four treatment rooms, two on the ground floor and two on the first floor.

We spoke with nine people who used the service, or their relatives. One person told us "I'm more than happy.....I couldn't fault them." Another person told us "I have no complaints, they were brilliant."

One person we spoke with told us they wanted to change their dentist to another one in the practice, but were unsure how they could request this. We spoke to the practice manager about this who confirmed people were able to change their dentist by request to the manager.

We observed staff interaction with people during our visit. We saw people were treated with consideration and respect and were given information regarding their treatment options. We asked people if they were given enough information about their treatment when they visited the dentist. One person said "My son needs more of an explanation about what the dentist is doing when he comes in, as he is autistic. The dentist needs to explain what he's going to do before he starts."

Another person we spoke with told us "The dentist we use is lovely.....and always explains what they have to do."

A third person told us "The dentist never rushes you....and always tells us what they are going to be doing."

We viewed a patient consent form which the person who used the service or their relative took away and read before agreeing to treatment. This explained the risks of the treatment, the treatment plan and a form for signature showing consent. The patient could

keep a copy for their records. This meant people were given enough information to enable them to choose the appropriate treatment before it began.

We looked at the information available in the waiting room for people who used the service. This included a practice information leaflet, information leaflets regarding dental treatments and prices, and the complaints procedure. Customer satisfaction surveys were also available for people to complete and give their views about the service. In addition, opening times of the surgery were advertised on the outside of the surgery door. This meant people were given up to date information about services, and were able to comment on the service provided.

We looked at two of the treatment rooms during our visit. Treatment room one and treatment room two were located on the ground floor, and were interconnected. We were told both treatment rooms were used at the same time, however people could request treatment in another private treatment room if they were concerned about privacy. We saw the practice also had several confidential areas available for people to hold private conversations if required.

We looked at the information provided to patients regarding 'out of hours' emergency cover. The patient information leaflet listed a telephone number for emergencies. This meant that people could access treatment when they needed to.

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

During our visit we looked at the procedures followed by staff for the assessment and treatment of patients. We also looked at how medicine was managed and the procedures in place to keep people who used the service safe.

We looked at the procedures in place to deal with a medical emergency. We saw the emergency resuscitation kit was accessible for use quickly. The practice also had oxygen and a defibrillator. There were systems in place to check emergency medication and equipment was in date and ready for use. Staff had received training in emergency resuscitation and knew what to do if a person collapsed. We saw that the practice securely stored prescription pads, and kept validation stamps for prescription pads in a separate location.

We asked about the process for accepting a new patient to the practice. We were told new patients at the practice were given an initial assessment and visited the practice several times to agree their treatment before it began. A treatment plan was drawn up and presented to the patient which they could take away, read and sign before treatment commenced. We were told children must always be accompanied by an adult when consent to a course of treatment was obtained. This showed people who used the service or their relatives had been consulted appropriately about treatment options.

We spoke to the dentist and receptionist who were able to explain the procedure for obtaining informed consent from people who had difficulty in expressing their wishes or who were unable to communicate them. This meant the practice took into account the support requirements of each patient.

We saw a health assessment and medical history had been completed for each patient, that was updated during subsequent visits. We saw there was a system in place for recording significant medical conditions on the patient's paper record and on a computerised record keeping system which was accessible to the dentist in the treatment room. This system was designed to alert the dentist to any medical conditions that may affect a patient's treatment.

We examined four patient records. We saw a patient record for one person who the

practice had recently treated. The medical history of the individual showed a range of medical conditions including asthma, hayfever and an allergy to anti-biotics. The individual's medical history forms had been completed on three separate occasions, but none of the medical conditions had been recorded as a medical alert on either the paper record or the computerised record for that individual. We spoke to the dentist regarding this. The dentist told us people were always verbally asked about their medical conditions before treatment began as a back up to the paper and computerised system. The provider might like to note that a lack of up to date information on patient records could create a risk, the patient may receive incorrect medical treatment as a consequence.

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 asked people who used the service about the cleanliness in the surgery. People told us the surgery was always clean. We looked around the surgery including a treatment room and the waiting room. We saw the environment was very clean and tidy. We asked the manager about the systems in place to ensure that the cleanliness and hygiene of the surgery were maintained. We were told that the dental nurses were responsible for cleaning the treatment rooms in between patients. We were told the practice also employed a daily cleaner for general practice cleaning. One person told us "It's always clean....there's always handwash and I see the staff using it."

People we spoke with told us the dentist and dental nurses always wore gloves and masks when providing treatment. We observed the dentist and dental nurses wearing gloves, masks, and face visors appropriately when treating patients. We saw there was an adequate supply of gloves, aprons and hand wash for use in all the treatment rooms and areas where dental staff worked. We saw dental staff wore short sleeved uniforms. This assisted them to wash their hands thoroughly helping to reduce any potential spread of infection.

There was a separate room for decontaminating equipment on the first floor, and a separate area for decontaminating equipment on the ground floor. This meant there was a decontamination area near to all the treatment rooms. The cleaning of equipment was performed by the dental nurses. We watched a member of staff working in the decontamination room and the process undertaken to clean instruments. This included the procedure for scrubbing instruments to ensure they were clean. We were shown how instruments were checked for debris with a magnifying glass and how the steriliser was used to clean them. We saw the member of staff wore a face mask, apron and gloves at all times. The member of staff regularly changed gloves and aprons when moving from the contaminated area of the room to the decontaminated area. Clean instruments were then stored in sealed packaging and dated according to national guidelines. We saw records were kept of the sterilisation cycle to check and evidence the process. Checks were undertaken of the bagged equipment to ensure they were within date and safe to use.

We examined two treatment rooms. We saw there was a tear in the fabric of a dental chair. We asked the manager how treatment room equipment was kept clean and

monitored for tears. The practice manager explained the chair was cleaned after each patient, and the tear had been noted by the practice. The manager was able to demonstrate the practice had already ordered a replacement chair. We were confident the dental equipment was being regularly checked and maintained to ensure the equipment was fit for purpose.

Dental staff were aware of the best practice guidelines set by the Department of Health. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We found the practice was following procedures recommended in the guidance.

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

There were enough staff to meet people's needs. There were a total of three dental nurses, the practice manager, and eight part time dentists all of whom worked one or two days per week.

On the day of our visit we spoke with the practice manager, the registered manager, two dental nurses and the receptionist. Staff told us they received induction, supervision and regular training as part of their employment. Records we viewed confirmed staff had attended appropriate induction and training included Cardiac Pulmonary Resuscitation (CPR), First Aid and Child Protection.

All the dental staff were qualified and registered with the General Dental Council. We saw that all staff had received a disclosure and barring check and that these were regularly reviewed by the practice. This demonstrated staff were trained appropriately, were suitable to work with people, and were keeping their skills up to date.

We saw there were regular staff meetings to discuss procedural changes to keep staff up to date. We viewed staff records which showed regular supervision and appraisals were taking place. Staff appraisals showed personal development plans and identified training requirements. This meant staff updated their knowledge and skills regularly.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system in place to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The practice did not have good procedures in place to monitor and improve the quality of the service provided. We saw the practice had procedures in place to monitor the service but improvements had not been implemented where issues had been identified.

For example; We saw the practice had undertaken a recent audit in October 2012 on patient record keeping. The audit showed 3% of patients had no medical history form filed on their patient record. It also showed 27% did not have a medical alert recorded, when the patient had a medical condition which should have been identified as a medical alert. We asked the practice manager how the findings of this audit had been and how the practice had changed their processes to address the issues identified in the audit. The manager was unable to show us how the practice had acted on the findings of the audit, or a plan to do this.

We examined four patient records. We saw a patient record for one person who the practice had recently treated. The medical history of the individual showed a range of medical conditions including asthma, hayfever and an allergy to anti-biotics. The individual's medical history had been completed on three separate occasions. None of the medical conditions had been recorded as a medical alert on either the paper record or the computerised record for that individual. This showed further evidence that the issues identified in the recent audit had not been addressed.

Evidence was available to show that checks on equipment were regularly made. This included checks on sterilisation equipment. This was to ensure the practice operated safely and efficiently.

We viewed a number of policies that the practice had in place which included Safeguarding Vulnerable Adults, Child Protection and Infection Control. We saw that policies were being reviewed and updated. Documented policies were available to all staff and formed part of their induction, to ensure a consistency of approach when delivering

services.

We asked about complaints and how these were managed. We saw that there was a complaints policy displayed in the reception area. We reviewed complaint information and saw complaints had been investigated and responded to in an appropriate and timely way.

The practice had a procedure in place for obtaining the views and opinions of people who used the service. We saw evidence of comments patients had made regarding the practice in customer satisfaction surveys. We were unable to view an audit of the patient satisfaction survey or an analysis of the comments patients had made, as this had not been conducted at the time of our visit. We were told this was planned for May 2013.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Assessing and monitoring the quality of service provision
Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have an effective system in place to regularly assess and monitor the quality of the service that people receive. Regulation 10 (1) (a) and (b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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