

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

Devonshire Park Dental Centre

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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
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Parks Dental Partnership
Registered Manager	Mrs. Gillian Farmer
Overview of the service	Devonshire Park Dental Surgery is one location of The Parks Dental Partnership. They are registered to provide dental services to people as outpatients. They provide services to NHS and privately funded patients. The practice is situated in a modern purpose built facility in the Prenton area of Birkenhead with car parking facilities on site.
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 4 June 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

Patients we spoke with told us they were very satisfied with the care and treatment they received. They told us the dentists explained treatments and gave verbal information to support what they were doing. They told us:

"It's excellent",

"They explain everything as they are doing it".

We checked six patients' dental records and found evidence of completed records in respect of dental examinations, treatment planning and advice.

We found that health assessments were undertaken and reviewed regularly. Care and treatment plans were discussed including options, risks and benefits of treatment. Staff were trained in emergency procedures. Emergency equipment was checked and accessible. We found there were sufficient numbers of suitably experienced and qualified staff in order to care safely for the patients.

We found the practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination. Evidence was seen of the practice having undertaken regular audits which demonstrated compliance with HTM01-05 standards.

The quality of the service provided to people was monitored through audits including infection control and record keeping. Regular annual patient satisfaction surveys were undertaken.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

We spoke with five patients when we visited who all commented they were very happy with the service. They told us:

"It's excellent",

"They explain everything as they are doing it".

People who used the service understood the care and treatment choices available to them. They confirmed the dentist always explained what they were doing, what they had found during examination and treatment options. Patients said they were given plenty of good understandable information and everything was clearly explained. They told us they were made to feel at ease by the dentist and staff. This was expressed as being excellent by those who were nervous of attending the dentist. They all said they were treated with dignity and respect.

There were a variety of information leaflets regarding dental hygiene and various treatments available for patients at the practice. There was a general information leaflet about the practice, services offered and how to make comments / complaints about the service. There was a current complaints policy in place with a summary information leaflet displayed in reception. However patients we spoke with told us they had not seen information regarding complaints and had not seen a practice information leaflet. This was brought to the attention of the manager at the time of inspection. All services were located on the ground floor of the building and the environment enabled access for disabled people and a disabled accessible toilet was available.

We saw evidence that staff meetings took place at which information and feedback was communicated. We were told these meetings took place monthly and included training and learning sessions.

We were told patient satisfaction surveys took place annually; we saw completed forms for

written surveys and telephone surveys conducted over the last 12 months. However these had not been collated and reported on. Completed surveys demonstrated an overall good satisfaction with the service.

We saw evidence of treatment plans and costing given to patients and evidence was seen of signed consent to treatment forms (FP17 DC forms). The FP17 DC form is a written treatment form that must be signed by the patient before seeing the dentist to consent to being seen for NHS treatment and to establish whether charges apply). Records demonstrated discussion and advice given to the patients, options discussed and the choice of treatment opted for.

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

Patients who used the service were very happy with the care and treatment provided.

They told us:

"It's fabulous",

"It's very good – I have been coming here a long time and am really pleased with the dentist and staff",

"It's a good service, they are very efficient".

They said they were put at ease by the skill and experience demonstrated by the staff.

We checked patient records and saw that relevant information regarding dental examinations was recorded. There was recorded evidence of oral health education, tooth brushing instruction, dietary advice and oral health advice being given.

We reviewed patient records and found evidence of completed records in respect of patient examination, assessments, treatment planning and advice, appropriately completed personal treatment plans and information given. We noted that patient's personal and medical history was updated regularly and recorded. We noted in children's records examination details, history and assessment was carried out with the parents. Advice given was noted regarding tooth brushing instruction and oral hygiene. We noted that the practice had up to date clinical guidelines for dental treatments in place such as NICE guidelines on recall intervals.

The service had an emergency drugs kit and oxygen available. There were records of the oxygen cylinder being checked. The emergency drugs were checked at regular intervals and records demonstrated drugs were in date. The emergency and first aid kits were stored in the office and were accessible. We saw evidence that all the staff had received training in first aid/ basic life support skills annually. Emergency protocols and procedures for both adults and children were displayed. Risk assessments had been undertaken in respect of emergency situations.

There was a named radiological protection supervisor for the practice; this was one of the dentists. There was a radiological lead nurse who had undergone specific training for the role. There was a current radiation protection policy and procedures in place. Radiation

protection local rules were seen in place in each treatment room where X-rays were taken. These contained equipment malfunction contingency plans. We saw evidence of annual radiological audits undertaken. The practice employed an external accredited company for radiological advice; the contract was seen for this. A radiation protection file was accessible, this contained risk assessments and protection measures for radiation exposure risks.

There was an accident/incident policy and procedures in place. Staff meetings were held regularly with incident review and training session included. Safety alerts were dealt with by the practice manager or dentist as appropriate.

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 and cared for in a clean, hygienic environment.

Reasons for our judgement

Patients we spoke to commented that the practice appeared very clean. They told us staff always wore protective equipment such as face masks, eye goggles, gloves and patients were always asked to wear protective eye wear and aprons. We were told: "It always looks clean".

We found there were effective systems in place to reduce the risk and spread of infection. The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination. Evidence was seen of the practice having undertaken regular audits and demonstrating compliance with HTM01-05 standards.

The practice facilities appeared clean, modern and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in each of the treatment rooms. Hand washing procedures and inoculation injury protocols were displayed in the treatment rooms.

It is essential that staff wear personal protective equipment (PPE) when working in the surgery or carrying out decontamination procedures. We saw evidence of appropriate protective equipment in place and accessible in the treatment and decontamination rooms. Patients told us they were always asked to wear protective eye wear and aprons when being examined or treated. We saw sharps boxes in each treatment room that were appropriate and not overfilled.

There were separate decontamination/sterilisation rooms. We observed and were told about the workflow from dirty through to clean area. The practice used manual washing, ultrasonic cleaning, washing disinfection and sterilisation. We observed sterile instruments were bagged and dated with sterilisation date and stored appropriately. Waste contracts were seen for clinical and domestic waste. Decontamination/sterilisation equipment installation and maintenance records were seen. Daily and weekly checks were also evident for the equipment.

Dentists and dental nursing staff had received training in infection control and decontamination as part of their continuing professional development (CPD). This was done through an online training provider. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were appropriate infection control and decontamination policy and procedures in place. We were told training and updates in infection control and decontamination occurred through staff meetings. There was also evidence of ah hoc training sessions attended by some of the dental nurses. However there was no evidence that all staff received formal annual update training in infection control. The provider may find it useful to note that not all staff had received appropriate annual training in universal infection control policies and procedures including decontamination.

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

We spoke to patients who told us that they never had to wait for long periods of time and were seen by the dentist in a timely manner. They also told us they were able to access appointments at their convenience. They told us that on occasions it was difficult to obtain urgent or emergency appointments on the same day if needed.

We found evidence that the practice had suitable numbers of qualified and experienced staff. There were sufficient numbers of dentists, support dental nurses and reception staff. Appointments were spaced to enable patients to be seen on time and there was sufficient time given to each patient for discussion and treatments. Staff were appropriately trained and experienced. We saw qualifications, professional registration and continuing professional development for the dental staff.

We were told that in the event of staff shortage, the provider had access to staff from within its own staff compliment across the two practices.

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 had suitable systems in place to monitor the quality of the service. We saw some audits that were undertaken at regular intervals. These included radiographs, record keeping, and infection control. Staff meetings took place regularly and minutes of these demonstrated feedback from accidents/incidents, complaints and surveys.

There was a complaints policy and procedures in place. We looked at some complaints that had been dealt with appropriately and logged.

There was evidence of patient satisfaction surveys having taken place, these were undertaken in written format and by verbal, over the telephone, surveys. However these had not been collated and reported on. Overall satisfaction with the service was evident from the results.

There was an accident/incident policy in place. Accidents and incidents were recorded and filed in individual records. The provider may find it useful to note that accidents, incidents and near misses were not logged, analysed and reviewed at regular intervals. This would be suitable method for learning from events and putting actions in place for improvements.

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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