Inspection Report

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

Stratford Dental Centre

Trinity House, Aintree Road, Stratford Upon Avon, CV37 9FL

Tel: 01789292398

Date of Inspections: 11 October 2013
10 October 2013

Date of Publication: November 2013

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
Safeguarding people who use services from abuse	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr Manju Kumar Ltd
Registered Manager	Dr. Manju Kumar
Overview of the service	Stratford Dental Practice is a private dental practice based in Stratford-on-Avon.
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'.

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 10 October 2013 and 11 October 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

We spoke with the provider, four staff and six patients. Patients told us they had been happy with the service provided. Some comments were, '' They are very empathetic '' and ''The dentist explains what they are going to do and why it's needed.'' Patients told us they found the staff approachable and would approach them with any concerns. We found that patient satisfaction was good.

We saw procedures in place to protect people from the risk of abuse. Discussions with staff showed that they had awareness of what to do, who to approach and the guidance available should safeguarding concerns be identified.

There were sufficient staff to accommodate patients' needs. There was evidence of joint working with dental specialists to ensure patients' specialist dental healthcare needs had been met. We have asked that the provider may like to note our findings in relation to the resuscitation equipment and storage of resuscitation drugs at the practice.

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.

Patient's privacy, dignity and independence were respected. Patient'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 six patients who told us they felt respected and had been involved in their care. We asked patients about their experiences, some comments included, '' I am involved in treatment decisions; the dentist explains my care and what to expect following my treatment. I am encouraged to ask questions and have been informed of any risks associated with the treatment.''

Throughout the inspection we observed that the dental staff interacted with patients in a polite, respectful and friendly manner. We observed that a patient's privacy and dignity had been respected as all consultations and treatments carried out on the day of the visit took place in a single treatment room.

We saw that Stratford Dental Centre had taken account of patients physical access needs. The treatment and consultation facilities were located on the first floor of the building which we saw could be approached by either using the stairs or by the use of a lift. A disabled toilet facility was available to ensure the patient's independence. There were also designated disabled parking spaces located by the main entrance to the building which allowed ease of access for patients who required the use of a wheelchair. This showed that the provider had taken account of patient physical access needs.

Patients told us that they could get emergency and same day appointments. One patient said, 'I can always get appointments when I want them.'' This availability of appointments was also confirmed by two other patients we spoke with. This meant that patients were able to access dental appointments when they required them and were supported in doing so.

We looked at patient choice and involvement. The six patients we spoke with confirmed that their choices had been respected and treatment options given. Patients told us they had been given treatment plans which had identified their treatment options and

associated costs of treatment.

We looked at the measures in place to accommodate patients' equality, diversity and information needs. A wide range of health information was available. We were told that language interpretation facilities were available to assist patients. The discussions we had with patients and one dentist confirmed that verbal information about treatments had been given prior to and throughout the patient's dental consultation. Patients told us the dentist had explained what they would do before commencing treatment and that they had been kept informed of what was happening as the treatment session progressed. Patients told us they felt confident when discussing any issues or potential treatments with the dentist. These measures showed that patient's equality and diversity needs had been supported to enable them to make informed decisions about their care and treatment needs.

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.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with six patients from the dental centre about the care and treatment they had received from the dentists and staff. Two patients told us that when their dentist had moved to join this dental centre they had moved dentists so that they remained under the care of their chosen dentist. Overall we noted from our discussions with patients that they identified high level of satisfaction with the treatment and care they had received from the staff at Stratford Dental Centre.

We saw that patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed two patients' electronic records and two patients' referral documentation with the provider. Personalised treatment plans were seen to be in place for each patient. The dentist and the patients we spoke with confirmed that they had treatment plans which had been agreed and discussed. We saw that patient's on-going health needs had been attended to. This was confirmed by some referral letters and correspondence between the dentist and specialist dentist in two patients' dental records.

We saw that patient records identified potential risks. Patient risks had been captured through patients' completed medical questionnaires, previous medical histories and documentation of known allergies. This information had been captured on the patient's electronic record and the associated dates of review identified. Our discussions with three patients confirmed that these checks had taken place at each consultation when the dentist who had asked them whether there had been any changes in their medical history or medication. Discussions with the provider confirmed that they had undertaken full oral screening of each patient at each consultation. Once oral screening had been completed we saw that the screening outcome had been documented in the two patients' records we reviewed.

The manager and one of the patients we spoke with also told us about a domiciliary service provided through Stratford Dental Centre. This is where the dentist goes to the patient's home to provide dental care and treatment. This meant that those patients who were unable to attend the practice had also been supported to have their dental needs met.

Arrangements were in place to deal with foreseeable emergencies. A business continuity plan was available which advised staff what to do should identified events occur, for example, loss of electricity and a pandemic influenza outbreak. We saw that the 'NHS Warwickshire – Preparation for Pandemic Flu' guidance was available for staff to access.

We saw that staff had received basic life support training for both adults and children. Evidence of this was seen in the three staff training records we reviewed which confirmed that these staff had updated these basic life support skills in 2012. Four staff told us that they had attended yearly basic life support training and said that in the event of a patient collapse initial basic life support measures would be implemented and an ambulance called.

Guidance was available for the provider and staff which took account of published research. Some of this took the form of medical emergency guidance and included flowcharts about 'Action in an emergency' and adult basic life support. The provider may like to note that the Resuscitation Council (UK) child basic life support guidance flowchart was not available to staff. This was raised with the manager. We also saw guidance which related to the management of anaphylactic reactions in adults and children.

Guidance from the North West Medicines Information Centre was available which related to the 'Management of patients who take warfarin whilst undergoing dental treatment'. This guidance was dated March 2004. All of these measures have demonstrated that the provider had the guidance and procedures in place to deal with emergencies which could affect the provision of services and in turn mitigate the risks arising from such emergencies to patients.

The provider is the designated radiation protection supervisor for the practice. We saw that they had completed update training in radiography and radiation protection. This had formed part of their dental core objectives training which they had completed on the 27 June 2013. We saw local rules dated September 2012 in place for the x-ray units and that these were supported by contingency plans should the x-ray units fail. The manager confirmed that risk assessments had been completed for the rooms which the x-ray equipment were located in. This was the evidence showing that safeguards had been put in place for the use and management of the x-ray machine and that the necessary training had been taken by the provider prior to operating the x-ray machine.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients 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

Patients we spoke with said they felt safe care had been provided at the dental centre and that they would feel confident should they need to raise a concern. The manager said that no safeguarding events had been identified in the last 12 months.

We saw there were forums in place where any safeguarding events could be discussed by staff at the medical centre. The manager said that any safeguarding events would be discussed at staff meetings so that any concerns could be raised. We saw copies of a staff meeting agenda dated 26 September 2013 and a staff meeting template agenda which both identified 'safeguarding issues' as part of the staff meeting agenda. This showed that learning and support mechanisms were in place for patients and staff should a safeguarding event be identified at the medical centre.

The provider is the identified safeguarding lead for the dental centre. We were told that the provider had completed their safeguarding and mental capacity training. The provider said their mental capacity training had been completed as part of their core professional development. We also saw that the remaining staff had signed to say that they had read the mental capacity act guidance in 2012.

The manager confirmed that some of the staff had completed basic child protection and vulnerable adult awareness training. We were told that they were waiting for more update training to become available through practice plan and once available those staff who required update training in child protection and vulnerable adults would attend the courses identified. Attendance at child protection and vulnerable adult training in 2012 and 2013 was also confirmed by two staff who demonstrated an awareness of the types of abuse, what to do, who to approach and the local guidance available should safeguarding concerns be identified.

We spoke with the provider about how adults and children at risk were identified. The provider said that they had an electronic post it system in place which automatically informed the dentist whether the child was on the child protection register. We were told that the warning notes were colour coded either red or purple.

We saw that the dental centre had some safeguarding guidance in place. This guidance included local child protection and vulnerable adults' policies and procedures. The Warwickshire inter-agency procedures for 'Child Protection – Warwickshire Safeguarding Children's Board' flow chart was also displayed. Contact telephone numbers for the safeguarding team were seen to be available for staff. The provider may like to note that we did not see a gift policy in place or the Warwickshire vulnerable adults' multi-agency policies and procedures or contact details at the dental centre.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Patients' were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We have only looked at this regulation in respect of the storage and maintenance of resuscitation equipment including resuscitation drugs. This is because we found the following on the day of the Care Quality Commission inspection.

The dental centre has two resuscitation kits and a first aid kit. One kit is for use at the dental centre, whilst the other kit is a portable resuscitation kit which is taken out to those patients who receive dental care and treatment at home.

The provider may like to note the following findings in relation to the maintenance of the resuscitation equipment held at the practice.

We saw that the suction unit tubing was uncovered.

Patient single use airways were not stored in separate packages; therefore we were unable to ascertain when they had been sterilised or how old they were.

The oxygen tubing attached to the two portable oxygen cylinders was dragging on the floor. The oxygen tubing attached to bags used to assist resuscitation was also uncovered.

The resuscitation drugs were stored in containers which were not lockable and were therefore not secure. We observed that the drug fridge at the dental centre was not lockable. We were told that the room the resuscitation drugs and drug fridge were in were not locked, despite the door being seen to be lockable. The provider may like to note that a risk assessment relating to the storage and management of resuscitation drugs and drugs stored in the drugs fridge had not been completed to identify potential risks.

We raised these findings with the manager. We asked that the equipment and the management of the resuscitation drugs be reviewed immediately. We saw that the manager arranged for the resuscitation equipment which had been identified to be replaced during the inspection.

We looked to see what monitoring was in place in relation to the resuscitation equipment and resuscitation drugs. We saw that a mixture of weekly and monthly checks had been

undertaken on the resuscitation equipment by the dental nurse. This meant that there were systems in place to ensure that expiry dates of equipment and drugs had been monitored and replacements made as necessary.

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 was enough qualified, skilled and experienced staff to meet patients' needs.

Reasons for our judgement

The patients we spoke with told us they had no concerns about the staff at the practice. The following comments two patients made about the staff were, "X (the dentist) is so good!" and "The staff have the necessary skills. They care about you. They make you feel like you matter".

The patients we spoke with confirmed there were sufficient staff available and identified that staffing levels had not impacted on appointment availability. Patients spoke positively about the staff and their experiences in obtaining appointments, once they had made contact with the dental centre. We were told that they could arrange appointments face to face or by ringing the practice. Patients told us that they had been able to obtain same day and emergency appointments. We asked patients how long they would have to wait to be seen once they had arrived at the medical centre. Patients told us they had been seen either on time or before if they had arrived earlier than their appointment time.

The manager told us that staffing at the dental centre comprised of dentists, dental nurses, and receptionist and administration staff. We were told that additional support had also been provided by an oral surgeon who worked from the dental centre on occasion so that patients would not have to attend the hospital for treatment.

We asked the manager how they had ensured that there were sufficient numbers of suitably qualified, skilled and experienced staff employed at the practice each day. We were told that all staff, including dentists had been managed through a rota system. We saw a copy of the current staff rota. The manager said that staff were restricted to a maximum of two weeks annual leave at any one time so that there were always dental centre staff available. We were told that when dentists take annual leave or were off sick they had covered for each other. This meant that there were suitably skilled and experienced persons to ensure the service was provided. We asked one member of staff whether there was sufficient staffing for workload. They said they had no concerns about staffing levels.

We saw documentation confirming that the dentist and dental nurses were registered on their respective dental registers. We saw some staff training records which confirmed that staff skills had been maintained and developed through staff attendance at service specific

trainings. Two staff told us that staff meetings had taken place.

We looked to see what guidance was in place for staff to access on unexpected changing circumstances and expected changing circumstances. The manager confirmed that there were policies and procedures in place for staff guidance, for example, staff training, staff sickness, and planned absences. The provider may like to note that there was limited written guidance seen showing what would be done should there be an expected or unexpected shortfall of staff. We saw some guidance within the dental centre's business continuity policy which identified that patients appointments would be cancelled should their dentist be absent.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We were told that the dental centre has an identified staff member who has responsibility for records management and storage.

We asked staff about how they ensured patient confidentiality. One of the measures included staff being asked to sign a confidentiality agreement on starting work at the dental centre. We saw a copy of a signed staff confidentiality agreement in one staff member's personal file. We were also told of some of the other measures which included; computer screen is angled so that patients cannot see other patients' personal details and patient information is not discussed with other patients.

We saw that the dental centre had guidance in place for staff to refer to, for example, 'Keeping your records' (October 2013). This policy talks about personal data, security of information, disclosure of information and patient access to their dental records. The practice also has a 'Data security policy' (October 2013) which talks about confidentiality, physical security measures and patients electronic dental records. A business continuity plan was also in place.

During the inspection we observed that patients' records had been kept securely and could be located quickly. We saw that patient records had been kept in paper and electronic format. We saw that access to patient electronic records could only be achieved by entering the appropriate password. We saw guidance in place stating that patients' electronic records were backed up automatically and stored off site in an appropriate facility. Patients' paper records were stored in lockable cabinets. We reviewed two patients' dental records with the provider and found records to be comprehensive; care personalised and risks identified.

We saw that the provider had instigated a three-monthly 'Referral System Audit' to monitor referrals made by the dental centre. The last audit had taken place on the 3 July 2013. The results from this audit identified that dentists should start using the referral note to help log the referral information and that this would be discussed at the next staff meeting. We did not see the next staff meeting minutes to confirm that this action had been discussed.

We also looked at some other records held by the dental centre. These records included the current staff rota and training records belonging to two dental nurses and the provider.

We looked to see that the appropriate guidance was in place for the x-ray equipment in use at the dental centre and found that each had some local rules which were dated September 2012. We were told that the relevant risk assessments had been completed of the rooms in which the x-ray equipment was based. We saw that risks had been assessed and measures put in place where needed to protect staff and patients using the service.

We were shown the process through which the decontamination equipment under went daily checks. We saw documentation confirming these daily checks had taken place. The manager told us that the autoclave machines had been serviced this week, whilst, the washer disinfector machine had its service in March 2013. These measures showed that maintenance of equipment in use at the dental centre had taken place.

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

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