

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

## The James Main Dental Partnership

3 Lambrook Street, Glastonbury, BA6 8BY

Tel: 01458831883

Date of Inspection: 20 February 2014

Date of Publication: March 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Main Dental Partners Limited
Registered Manager	Mr. James Russell Main
Overview of the service	The James Main Dental Partnership provides general, cosmetic, complex and restorative dentistry for private patients.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Cooperating with other providers	8
Supporting workers	9
Complaints	11
<b>About CQC Inspections</b>	<b>12</b>
<b>How we define our judgements</b>	<b>13</b>
<b>Glossary of terms we use in this report</b>	<b>15</b>
<b>Contact us</b>	<b>17</b>

## 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 20 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

---

### What people told us and what we found

---

We spoke with three patients and looked at patient feedback regarding the quality of the service. Patients told us they were satisfied with the dental care provided. One patient told us "it's excellent! (the treatment). It's efficient and caring. They make you feel you're important. They explain and answer any questions. They always ask my permission (regarding treatment) and you have to sign your treatment plan (to indicate consent). The dentist will go through it with you beforehand. I don't know how to make a complaint but I would have no hesitation but to speak to the dentist." Another patient said "I'm always satisfied with the treatment. It's handy. They explain things very clearly. I'm always asked my permission before treatment." The third patient described their care as 'very professional' and 'very good dentistry'

The dental care staff we spoke with told us they felt supported by the provider. The provider had a range of strategies to enable staff to provide safe, effective care. For example, a training programme, annual performance review and induction programme.

We found the provider had procedures to ensure other healthcare professionals who may have been involved in people's care were kept fully informed of the outcome of the treatment. We saw from people's records appropriate referrals were made to other healthcare professionals.

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](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

---

### Reasons for our judgement

Staff we spoke with understood their role and responsibilities in enabling valid patient consent to treatment. Patients told us they were involved in their treatment plans and their permission was always sought before any treatment commenced. One patient said "they (the dentist) explain and answer any questions. They always ask permission and you sign a treatment plan. The dentist will go through it with you beforehand."

The provider used effective strategies to ensure patients had enough information to understand their treatment. The practice manager told us a designated member of staff (treatment co-ordinators) discussed treatment plans with patients, organised appointments and discussed finance prior to the commencement of treatment. They told us the process enabled them to 'check people understood their treatment.'

The dentist used a range of methods to enable patients to understand their dental issues. The dentist told us "communication is the key. Patients can see their records and X-rays on the computer screen above the dental chair. Patients have time to read the pre-operative information (they are sent) with the consent form. They can contact me if they do not understand (the information)." This meant patients had the appropriate information to give informed consent to treatment.

Staff ensured patients were able to demonstrate consent to treatment. For example, one member of staff told us "we infer consent if they (the patient) sit in the chair. However we always explain how to stop the treatment if they want and the stop sign is agreed beforehand."

We looked at ten patient records and saw each patient had signed their treatment plans as consent to the treatment and costs. Patients requiring restorative or complex surgical treatment signed a patient consent form prior to treatment. This assured the provider patients gave consent.

Staff were aware of how to support patients who may have had impaired mental capacity to make decisions. They described the strategies they used to enable patients to understand as fully as possible the treatment they needed. One member of staff told us "I will explain to patients and then I will ask them to relay back to me what I have explained to ensure they understand." Another staff member said "we need to get proper consent otherwise treatment does not go ahead. Usually patients have someone with them and we ask their permission to explain things to relatives or their carer. We always check with the patient for permission for their carer or relative to stay. Usually during treatment the patient asks the carer to leave." Staff described how they had contacted a patient's next of kin when a patient had no recollection of previous appointments or treatment. The treatment did not commence until the patient's representative was able to make a decision in their best interests.

Staff told us they had recently received Mental Capacity Act 2005 training which included an overview of their professional responsibilities with regards to supporting patients with impaired mental capacity.

Staff we spoke with were aware of the legal requirements of consent with regards to treatment for children.

The provider had a comprehensive protocol on consent and treatment acceptance which provided guidance for staff.

**People should get safe and coordinated care when they move between different services**

---

**Our judgement**

---

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment or when they moved between services. This was because the provider worked in co-operation with others.

---

**Reasons for our judgement**

---

The practice manager told us approximately 70% of the dental treatment provided involved referrals of patients for restorative dentistry. The provider had a system to ensure co-operation between healthcare providers involved in patient's treatment.

Dentists referring patients were kept informed of their patients treatment. A letter confirming the treatment to be provided was sent once the patient had initially been assessed. A follow up letter including a full treatment summary was sent once the treatment was completed.

Patients requiring further treatment or investigation were promptly and appropriately referred. For example we saw the dentist had referred a patient with a suspected oral cancer to the specialist department at the local hospital. They told us an electronic fast track referral would be made within 24 hours. This meant access to further support was not delayed. The patient's GP was notified of additional treatment required to ensure all necessary healthcare providers were kept informed. The hospital kept the dentist informed of the outcome of the referral and any treatment that was necessary.

In the event of an emergency requiring transfer to hospital the provider told us they would administer emergency treatment until emergency services arrived. Information immediately required by healthcare professionals in attendance, such as emergency treatment provided would be given verbally. Additional information regarding medical history, dental treatment and batch numbers of medicines used would be included in a transfer letter to accompany the patient. This meant relevant information was readily available to the hospital to enable further decisions about the patient's treatment plan to be made.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## Our judgement

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

The provider had processes to support staff to undertake their jobs effectively. Overall the staff we spoke with said they were well supported and enjoyed working in the practice. They told us they did not have formal supervision to discuss clinical concerns or issues however they said they could speak to the practice manager or dentist who they described as 'approachable' and 'open to listen'.

We saw minutes from the monthly practice meeting. Meeting items included practice and clinical issues. This enabled staff to remain updated, particularly if they did not work full time at the practice. We noted there were no action plans from meetings. This may have meant actions were not followed through.

The practice manager and staff told us they attended a one day training day every year. Subjects included basic life support, managing emergencies, infection control and safeguarding. This enabled staff to have the essential training to support safe practice. The practice manager explained each practice had an education budget and staff were supported to undertake specialist training if it was appropriate to their role.

The provider supported trainee dental nurses to attend college to complete their dental nurse training. To develop their practice they were expected to achieve basic dental competencies for example, completing a patient dental chart and preparing for bitewing x-rays (X-rays of the back of the mouth) to be taken.

Staff told us they had an annual appraisal to receive feedback on their practice and identify learning and development requirements. Staff who were not permanently employed by the provider did not have a formal performance review, however they said the dentist gave them regular feedback on their practice and shared patient comments with them.

The practice manager told us new staff were oriented to the practice, policies and procedures over a two day period. Staff new to dental nursing shadowed more experienced staff until confident to work more independently. One member of staff told us they found the induction programme useful. Staff attended basic life support at the local hospital if they were appointed after the mandatory training day. This ensured they were

up to date with essential emergency practice.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

---

### Our judgement

---

The provider was meeting this standard.

There was an effective complaint system available.

---

### Reasons for our judgement

---

The provider had a system which ensured people's views on the service were listened to. Patients told us they had no complaints about the service. Although they were not familiar with the procedure for making a complaint they said they would not hesitate to speak to the dentist or practice manager if they had concerns.

We saw information regarding making a complaint was available in the practice waiting room. The procedure was clearly set out. The provider may find it useful to note details of other organisations to contact were not included should the complaint not be resolved.

The provider had a system to record written complaints. At the time of the inspection there had been no written complaints. The practice manager told us verbal concerns were documented and discussed at the practice meetings. There were no concerns raised at the most recent meeting in December 2013.

The provider collected patient's views on the service on an ongoing basis. There were three main areas surveyed; facilities, service and care and communication. Patients were complimentary about the service and gave positive feedback. We noted the survey forms were not dated which meant the provider could not be certain how up to date the comments were.

## 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---