

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

## Castle View Dental Practice Limited

269 Castle Street, Dudley, DY1 1LQ

Tel: 01384253680

Date of Inspection: 27 June 2013

Date of Publication: August 2013

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>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Balbir Singh Bhandal, Amrik Singh Bhandal & Baljit Singh Bhandal
Registered Manager	Miss Karen Anita Marshall
Overview of the service	Castle View Dental Practice provides NHS and private dental care and treatment to people of all ages. The services offered are accessible by people with a physical disability.
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
<hr/>	
<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	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Requirements relating to workers	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## 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 27 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

We carried out this inspection to check on the treatment of people. Following the inspection we conducted telephone interviews with eight people. On the day of the inspection we spoke to the dentist, a dental nurse, the hygienist and the practice manager.

The practice consisted of a reception/waiting area, three treatment rooms, a ground floor toilet which could accommodate wheelchairs and a decontamination area. The practice also had a portable ramp to support people with mobility issues into the practice.

People told us the practice was "excellent" and their consent to treatment was always sought. One person said, "Yes, my consent is given".

Records showed that the treatment people received was reflected on their treatment plans. One person said, "I have been coming to the practice for over 30 years and I would not go anywhere else".

The environment of the practice was clean and tidy. Arrangements were in place for the cleaning and sterilising of instruments. This meant that the provider had a system in place for managing infection control.

Records showed that the provider carried out appropriate checks before staff were appointed. This meant that people could be reassured that staff were suitable to work with vulnerable people.

We found that there was a process in place to allow people to complain which was visible in the reception area.

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.

---

### Reasons for our judgement

People told us that before any treatment was delivered, their consent was always given. Records showed that people's treatment plans were all signed to show they had given their consent to treatment. One person said, "The dentist always asks for my agreement". Staff we spoke with confirmed that records were signed as part of people agreeing to the proposed treatment. This meant that people would know what their treatment was as part of signing the treatment plan and giving their consent.

The provider told us that where people did not have the capacity to consent staff were provided with support material in the form of a flow chart to ensure people's best interests were considered in every situation. Staff we spoke with told us they had received training in the Mental Capacity Act (MCA) and were able to explain what this meant for people who did not have the capacity to consent to treatment. Records showed that staff had all received training in MCA. This meant that staff had the knowledge to take the appropriate action where people did not have the capacity to consent to treatment. Where consent was not given then treatment would not be given and people would be referred to more appropriate services. This meant that people's consent would always be sought before any treatment was given.

**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 treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Records showed that people had completed a medical questionnaire as part of checking their medical history and these were with their treatment records. People confirmed their medical history was checked and they completed a medical questionnaire. The dentist told us that people's medical history was checked and people were further questioned in the treatment room as part of the initial examination. This meant that people's needs were assessed and checks carried out before treatment was given.

Care and treatment was planned and delivered in a way that ensured people's welfare. Records showed that soft tissue and gum examinations were carried out with people and appropriate oral health advice was given where necessary. People confirmed this advice was given. Staff we spoke with confirmed this and also told us that the practice had a hygiene therapist who worked at the practice one day per week who was able to offer people a more person centred service if appropriate. This meant that any detection of gum disease could be treated appropriately. One person said, "I travel a fair distance to be treated because the service is second to none". Another person said, "My son's also attend this practice because they are so good".

We found that emergency equipment and medicines were being stored appropriately. Records showed that regular checks were being carried out to ensure all equipment was safe to use and emergency medicines were within their use by date. Records also showed that staff had all been trained in Cardio Pulmonary Resuscitation (CPR). Staff we spoke with confirmed this and that the dentists were also trained to administer medicines if required. This meant that people could be reassured that staff had the necessary knowledge and skills to care for them in an emergency.

People told us they were able to get a regular check up on the health of their teeth. Staff told us that people were seen based on their needs and whether they were having significant treatment done. One person said, "I have a recall every six months". People we spoke with confirmed their appointments were always on time and they were never left waiting for long periods before being seen. One person said, "I have been coming to this practice for over 40 years and they are excellent".

**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 found the environment to be clean and tidy and the treatment areas were wiped down after people were treated. People told us the practice was always clean and tidy. One person said, "My reason for coming to this practice is because the environment is so clinical and clean". We observed that staff wore personal protective clothing when they were treating people. This is important to ensure people and staff are protected from cross infection. One person said, "Staff always wear their protective clothing when they are treating me".

We observed the decontamination process which is used for cleaning instruments. The nurse who demonstrated the process also explained how frequently this was done. We saw that an autoclave was used to sterilise instruments to reduce the risk of cross infection. An autoclave is a device that sterilises instruments to reduce the risk of cross infection. Records showed that staff ensured the instruments were sterilised at the correct temperature. This meant that people could be reassured that proper processes were in place to reduce cross infection.

We checked a number of instruments that had gone through the decontamination process and found these to be visually clean. All instruments were being bagged and dated appropriately ready for use. This meant that the provider had taken appropriate steps to ensure people were kept safe from possible infection from contaminated instruments.

## 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 treated, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work. Records showed that staff had all had a Criminal Records Bureau (CRB) check done before starting employment, which would show whether they had any convictions. Staff had also provided two pre-employment references. Staff we spoke with told us they had completed the appropriate forms in order for a CRB check to be done and provided two references. This meant that the provider had taken the appropriate steps to ensure that staff could work with vulnerable people.

Records showed that the dentist and dental nurses were all registered with the General Dental Council (GDC). The GDC are responsible for protecting the public by regulating dental professionals. Staff we spoke with confirmed they were registered with the GDC and had access to training as part of their development. This meant that people could be reassured that the dentist and dental nurses had the appropriate knowledge and skills and were registered appropriately with the relevant professional body.

## 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 complaints system available.

---

### Reasons for our judgement

---

The provider had a complaints process in place to allow people to raise any concerns they had about the service they received. Records showed that all complaints were logged and investigated and there was a system for monitoring any trends. Some people we spoke with told us they were not all aware of the complaints process. One person said, "I know who I would complain to, but I have never seen the complaints process and wouldn't know who to speak with if I wasn't happy with the outcome". We observed that the complaints process was displayed in the reception area explaining how people could complain. The provider may wish to note that arrangements should be in place to ensure that all people are aware of the complaints policy.

Records showed that the provider did not have available any information in other formats about their service or how people could make a complaint. The provider confirmed they would ensure this was made available.

## 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.

---