

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

Dental Care Partnership

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Date of Inspection: 31 May 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Dental Care Partnership
Registered Manager	Dr. Puneet Jain
Overview of the service	The dental practice provides private dental services to people of all ages.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 May 2013, 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

During our inspection we spoke with two dentists, two dental nurses and the receptionist. We looked at the records of five people who had used the service. Following our inspection we spoke by telephone with five people about their experiences.

People we spoke with had no concerns about the care and treatment they had received from their dentists. One person told us "I am very satisfied with the dentist" and another person told us, "It is excellent".

We saw that staff were helpful, polite and answered people's questions thoroughly so people were dealt with in a professional manner.

We saw that treatment rooms were clean and well organised and systems were in place to promote good infection control so that people were protected from the risk of infection.

Staff received training and support so they were able to do their job well and safely.

The provider had systems in place to monitor the service so that people received a quality service.

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

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

The provider told us that the practice provided private treatment only. The practice offered people a membership plan and information was available about what was included in the plan so people could make an informed decision about joining.

We observed that the dentist explained to people about their treatment and told them what they would be doing so people were informed and involved in their treatment.

We discussed with the provider the way in which the dental surgery made people aware of treatment options available to them and obtained their consent for treatment completed. We were told that the dentist would discuss treatment options with people so people could make a decision about the treatment. One person that we spoke with told us, "The different options and the cost were explained to you before you go ahead with the treatment." We saw on the computerised notes that the treatment options that had been discussed were recorded. We saw records of signed consent forms for treatment. This meant that people received the information they needed before 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 care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the records for five people who had recently visited the practice. Records were held electronically. Records looked at showed evidence that examination of the soft tissue and gum had taken place. We also saw that information about people's medical needs was recorded so that the dentist would know about any health conditions that may affect people's treatment. One person told us, "They always ask for an update on my health and any medication I am taking and on my last visit I signed a form about this".

We saw information recorded on individual records included any specialist needs of people so appointment and treatment could be worked around the needs of the individual. This meant that staff had considered people's equality and diversity needs.

We saw the receptionist welcome people in a friendly manner and we saw her reassure a patient who was anxious about receiving treatment. We saw that the dental nurse gently assisted a person who had some walking difficulties and we saw that staff spoke politely and calmly to people. We observed the dentist giving treatment to a person and they explained what they were doing and answered the person's questions. This meant people received their treatment from staff who were sensitive and professional.

We spoke with staff about the arrangements in place to provide emergency dental treatment to people. The practice provided an out-of-hour on call system up until nine o'clock every day. The receptionist explained to us and showed us on the electronic system where appointments slots were available each day for people who had needed to see the dentist in an emergency.

All the people we spoke with told us that if they had needed emergency treatment they had always been seen very quickly. One person told us, "I recently broke a tooth and I was seen the same day".

We spoke with staff about the recall arrangements for the dental surgery. We were told that people were recalled six monthly or sooner if needed in line with clinical guidelines. The practice offered a text and personal post card and call reminder system. Everyone that we spoke with was happy with the recall arrangements.

We asked staff about emergency first aid procedures and they told us what they would do so people got the right treatment quickly. We were told that all staff had received training each year regarding defibrillation and cardio pulmonary resuscitation. Staff told us that they had practiced the emergency procedure as a team and had acted out what they would do. The training records we saw confirmed that this training had taken place. This meant that systems were in place to manage emergency situations effectively.

We saw that there was a designated storage area for emergency medication, first aid kit and emergency equipment so that equipment was easily accessible in the event of an emergency. We saw records of checks in place to make sure that medication supplies were in date and safe to use and first aid equipment had been checked to make sure it was working properly. This meant that there were systems in place to ensure emergency equipment and supplies were available and safe to use.

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 looked at three treatment rooms, the reception area, waiting area and visitors toilets. All areas were clutter free and visibly clean. One person told us "The practice is always very clean, including the toilets. I have no concerns"

Staff that we spoke with told us about the systems in place for the daily cleaning and preparation of each treatment room at the start of each day, before each patient and at the close of each day. We saw records to demonstrate that these systems had been followed. We saw staff clean down equipment after a patient had received their treatment. Staff told us that there were always supplies of personal protective equipment (PPE) to use to minimise any risk of infection. We saw staff wearing and disposing of PPE and they told us about the arrangements that were in place for making sure their uniforms were suitably clean. This meant that there were effective systems in place to reduce the risk and spread of infection.

There was a separate room for the decontamination of the instruments used by dentists and this was separated into 'clean' and 'dirty' area's to minimise the risk of contamination. One of the dental nurses talked us through the different processes that instruments were put through so that they were sterilised and safe to use. We saw that used instruments were brought into the decontamination room in a secured container. Instruments were cleaned and scrubbed as necessary and then transferred into a washer disinfectant. They were then sterilised, bagged and stored. The dental nurse also told us about the procedure's that were in place for date stamping the bagged instruments.

The dentist told us that the practice manager provided decontamination training and infection control training to all the staff. Staff told us that their work practice was also observed on regular intervals to make sure they were following procedures. This meant that staff received regular reviews of their working practices regarding infection control to ensure they were working to infection prevention and control guidelines.

We saw records of the checks that had taken place to ensure that all equipment used in the washing and sterilising of used equipment was working correctly. Print outs and test strips were available to demonstrate that staff had completed the tests as required.

We saw a copy of the last Legionella risk assessment. Legionella is an infectious disease that thrives in warm temperatures. The risk assessment had assessed the risks and put measures in place so that people were not at risk from bacterial contamination from legionella.

There were policies and procedures in place for infection control and we saw that staff had signed to say they had read and understand them.

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 dental practice employed two full time dentists an associate dentist and two specialist consultants on a part time basis. There were three dental nurses one of which was the practice manager. A receptionist and cleaner were also employed.

Throughout the inspection we saw that staff were friendly and professional with people. People we spoke with told us the staff were always friendly and helpful.

One staff member spoken with told us about the induction process and that they had read and signed policies and procedures so they knew the responsibilities of their role. We saw records of the induction process that confirmed this.

Staff that we spoke with told us that they had attended in house and external training courses that included child protection, basic life support, first aid and equality and diversity. We saw that certificates of training were on staff files to demonstrate that they had completed the required training. We saw that fire safety training was needed for all staff and a date in July had been booked for this.

We were told that all qualified staff undertook training as necessary to meet continuous professional development (CPD) requirements. CPD is any activity which contributed to the professional development of dental professionals such as attendance at training courses. This ensured that members of the dental profession kept their skills and knowledge up to date throughout their careers.

We saw records of staff meetings and staff that we spoke with told us that meetings with all the staff team had taken place. We read in the minutes that practice issues had been discussed and we saw that action points had been agreed about how improvement could be made at the practice for the benefit of the patients.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that there was a suggestions box on the reception desk in which people could post any comments or suggestions. We saw that there was a satisfaction survey on the reception desk. This meant people had been asked their views about the dental practice.

We looked at the complaints log and saw that detailed information had been recorded about each complaint, the response and action that had been taken to address the concerns.

We asked people if they were seen by the dentist on time and they told us that they were rarely kept waiting and any delays would be communicated to them.

We spoke with the staff about the audits that had taken place and we looked at some records of audits. We spoke with one of the dentists about the audit of patient records and some of the improvements that had been made as a result of these. An example of this were the improvements to the recording on to the computerised records to make sure that information was consistently recorded by all dentists.

We saw that audits had been completed on x-ray imaging plates, and safety checks had been completed on equipment to make sure it was in good working order and radiograph audits had been completed.

We saw that systems were in place for the checking of medication and emergency equipment ensuring that it was always accessible and safe to use if needed.

The practice produced a quarterly news letter and this included information about health advice to promote good dental care. There was also information about the staff team and events that had taken place in the practice so people were kept informed.

Certificates of public liability and indemnity certificates were available for us to see and they were in date.

Systems were in place for recording any significant events and incidents that had

happened in the practice. When we looked at the records of these we saw that only minor staff injuries had occurred so no analysis had been needed.

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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