

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

Bore Street Dental Practice

24/26 Bore Street, Lichfield, WS13 6LL

Tel: 01543262133

Date of Inspection: 11 June 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	Bore Street Dental Practice
Registered Manager	Mr. John Reavey
Overview of the service	Bore Street Dental Practice provides a dental service to both NHS and 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
<hr/>	
Summary of this inspection:	
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/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 11 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We arranged this inspection two days in advance of our visit to make sure staff were available to speak with us. We spoke with two dentists, the practice manager and two dental nurses. We also spoke with seven people who used the service about the treatment and care they received.

People told us their treatment and any costs were explained to them before treatment began. Each person's record we checked included a signed treatment/consent form. This meant people were fully informed prior to giving consent to the treatment and costs and they received the treatment they agreed to.

People were very happy with the service they received. One person said: "They've always been brilliant here. I use a wheelchair now and they rearrange everything so the dentist I see can do my treatment downstairs. It's first class".

We looked at records for five people who used the service and saw people were asked about their medical history at each visit and this was taken into account when treatment was provided.

People told us that the dental practice was always spotlessly clean.

Staff explained the processes they followed to ensure that equipment was sterilised correctly, and safe and hygienic to use.

We found that staff received training and support to provide people with the care they needed.

We saw that the practice had systems in place to monitor the quality of the service. This meant that any issues were identified and responded to accordingly.

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

We saw a Patient Consent policy which had been reviewed in May 2013. This enabled staff to understand the importance of gaining consent.

All of the people we spoke with told us that the dentist always explained the options that were available to them for treatment and where relevant, any associated costs. This meant that the dentist ensured people were fully informed prior to giving consent to the treatment.

All of the people we spoke with also told us that they were given time to think about their decision and felt comfortable to ask questions. One person who used the service said: "We get the best going. The dentist is very good, very nice. They always explain everything and give you time to think about what to do. There's no rush. If I don't understand anything, I just ask. They are excellent".

During the inspection we checked five patient's records. We saw evidence that people had signed their consent to the proposed treatment and associated costs.

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

During the inspection we spoke with seven people who used the service, two dentists and the practice manager. We also spoke with two members of staff. We did this to help us to understand the outcomes and experiences of selected people who used the service.

People told us that they were extremely satisfied with the care and treatment they received at the dental practice. One person told us: "I have been coming here for 63 years since I was a child. It has always been really good. All the staff are really nice – friendly and respectful. My teeth are brilliant". Another person said: "The receptionists are very good, helpful and cheerful too".

The practice was accessible for people with mobility disabilities as there were five treatment rooms on the ground floor. One person who used a wheelchair told us: "The hygienist who has a surgery upstairs, cleans my teeth in a downstairs treatment room which is really good".

During the inspection we saw the practice manager using a ramp to enable a patient in a wheelchair to leave the practice safely after treatment. The patient's relative told us: "They do that every time we come. It makes it so much easier for us". We observed positive interaction between the patients and staff in the practice throughout the inspection.

People told us that they were able to get emergency appointments on the same day if needed. They also informed us that on the whole they did not have to wait for their appointment. However if this did happen the staff apologised and explained the reason for the delay. This meant that systems were in place to enable them to provide a number of emergency appointments each day.

We looked at five treatment records and other documentation to find evidence that treatment needs had been met. We found records contained information about people's known allergies, medical history and their treatment plans. They also contained all the relevant clinical information to show a full oral health assessment had been carried out. This meant the necessary information was available to ensure the treatment, care and support offered met the individual's needs.

People we spoke with told us that on each visit to the practice, the dentist asked them about any changes to their medical condition. We saw evidence of this where medical history forms had been signed and dated by the patient at each visit. This meant that any necessary changes to people's treatment plans could be done which made sure they were not exposed to additional risk or harm.

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

The Code of Practice on the prevention and control of infections for health and adult social care requires providers to have adequate systems in place to prevent and control infection. The Code expects that all areas of a dental practice will be kept clean and suitable for treatment to be provided to people.

During our visit, we found that the practice provided a clean and hygienic environment to prevent and control infection. One person who used the service told us: "Everywhere is always very clean – spotless in fact".

We saw that personal protective equipment was available for staff to use. We saw that hand washing facilities and hand gel dispensers were provided in treatment rooms. People we spoke with told us that all the dentists, hygienist and nurses always wore disposable gloves and masks and offered them glasses to protect their eyes during treatment. This meant that robust procedures were in place to reduce the risk of contamination and infections.

We asked a dental nurse to demonstrate how the dental instruments were cleaned. We saw that the correct procedures were followed in line with the best practice standards set by the Department of Health in the guidance known as HTM 01-05. This guidance tells dentists how they should decontaminate dental instruments so that they are properly cleaned between patients. We saw schedules and arrangements were in place to ensure cleanliness and infection control was adequately managed. We also found that the practice had a nominated lead for infection control and decontamination as required by the HTM 01-05.

The dental nurse told us they had received training in infection control procedures. This meant they were suitably skilled to maintain a safe environment and practice.

We saw there was a monitoring and recording system in place to ensure that cleaned and sterilised equipment was safe to use. Records of when instruments were to be used by were maintained and checked by the staff before use. This meant that there were effective systems in place to reduce the risk and spread of infection.

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

We spoke with one member of staff who was in the process of going through their induction at the time of the inspection. They told us they were watching (shadowing) an experienced member of staff so that they could understand how the practice ran and what the expectations were. They told us they were being supported by the practice to undertake a dental nurse qualification and were starting college the following week. They said: "I really enjoy working here. Everyone is very nice – they all made me welcome and are really supportive". This meant that staff were supported to acquire further skills and qualifications that were relevant to the work they carried out.

We checked training records and found that staff had undertaken a range of training including: emergency first aid, resuscitation, infection control, safeguarding and the Mental Capacity Act.

The practice manager confirmed that formal practice meetings for clinical staff took place every two months. They confirmed these sessions supported the registration requirements for the clinical staff. We saw a record of these meetings and found that they covered a variety of topics including the key changes to the HTM 01-05 which was led by one of the dentists. This meant staff had received appropriate professional development to enable them to meet people's needs.

Records showed that staff received an annual appraisal of their work performance. These were seen as completed and signed by the staff member.

The practice manager told us that they had other staff meetings every two months in the practice but these were not recorded. The provider may wish to note that a support structure for supervision which includes one to one or group meetings should be recorded to demonstrate staff contributions to service improvements.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The practice manager showed us copies of completed patient satisfaction questionnaires. We saw that comments made by people who used the service were positive. The practice manager also showed us that a suggestions box was available in each of the reception areas for patients to use. Questionnaires were also seen available for people to complete both in paper format and on the Bore Street dental practice website. The practice manager confirmed that all feedback was summarised and made available for patients in the waiting rooms.

We saw that accidents were recorded and the practice manager confirmed that appropriate actions were taken to respond to and prevent further incidents from occurring.

We saw that a number of audits had been undertaken within the practice. This included an audit of patient's clinical records and a separate audit of patients who took anti-coagulant medication. All audits were evaluated and action was seen to take place to improve quality where required.

We found that health and safety checks were in place to protect the people using, visiting and working at the service. From records we checked, we also found that a practice risk assessment on 21 May 2012 had been carried out and reviewed in May 2013. This meant that people who used the service were protected from the risks of unsafe care and treatment.

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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