

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

Wollaton Dental Care

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2QP

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Date of Inspection: 27 February 2014

Date of Publication: March
2014

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	Wollaton Dental Care
Registered Manager	Miss Samantha Fletcher
Overview of the service	Wollaton Dental Care provides dental care and treatment to NHS and private fee paying patients. The practice is based in Wollaton, Nottinghamshire.
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'.

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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 27 February 2014, 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, talked with staff and reviewed information sent to us by other authorities.

What people told us and what we found

We spoke with eight people who had attended an appointment on the day of our visit, and reviewed three dental records. We spoke with staff, reviewed staff training and management information.

People told us that their treatment options were discussed and they made an informed decision about their treatment. People had a high regard for the quality of dental care and treatment they received. One person said, "All the dentists, nurses and reception staff are very professional. The service is very good here and although there are other dentists close by this is the place for us." Another person said, "It's an excellent practice. The staff are all very caring and look after the patients very well."

People said the standard of hygiene and cleanliness was good. Staff wore uniforms and appropriate personal protective equipment (PPE). There were effective systems in place to reduce the risk and spread of infection.

Qualified dentists, dental hygienist and dental nurses registered with the General Dental Council (GDC), provided all dental care. Staff accessed regular training to maintain their knowledge, practice and professional registration.

The provider has a number of monitoring systems in place to assess and monitor the quality of care and treatment delivered. People knew how to make a complaint and were confident that any concerns raised would be addressed. Regular audits and checks carried out ensured all systems, equipment and practices were working effectively.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with eight people who had an appointment on the day of our visit. We asked them if their treatment options and fees had been explained to them in a way they understood. They told us that their treatment had been discussed and that they were able to make an informed decision about their treatment. One person said, "You're told the treatment that's required and I usually go with what the dentist recommends." Another person told us, "We've been coming here for many years and really don't mind which dentist we see. All are as good as each other. Everything's explained properly even if it's in an emergency appointment like today."

We saw three dental treatment plans and these were signed by the person confirming their consent. We also saw the electronic dental records, which documented the treatment options discussed, treatment plan explained and consent gained for the treatment to go ahead. The dentist told us that the parent and/or guardian would sign the consent form for their child to receive any dental care and treatment.

We spoke with the dentist and dental hygienist and asked them to explain their approach to discussing treatment options and gaining informed consent from people. Staffs' responses demonstrated the importance of ensuring people understood the treatment options, risks and benefits in order to make an informed decision. They confirmed that the treatment plan was discussed with the dentist at the appointment before verbal and written consent was gained for the treatment to start.

We asked the members of staff to explain how they gained consent where people did not have the capacity to consent. Their replies demonstrated they fully understood the rights of people to be involved in the decision making process and would, where necessary, ensure consent was sought from someone who had sufficient knowledge about person in order for them to get the treatment they needed. A parent and/or guardian would be required to give consent for their child under the age of 16 years to receive any dental care and treatment. The provider had additional information available about the Mental Capacity Act 2005. This

legislation gives a framework that staff can use to assess whether people can make decisions about the care and treatment they received. This helped to make sure that the provider acted in accordance with each person's best interests and legal requirements.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw there was a variety of information available at the reception and in the waiting areas on topics such as the dental services provided, oral health care and the complaints procedure. The practice manager told us that the information displayed on the notice board was changed at regular intervals to help raise people's awareness in relation to maintaining good oral health care.

We spoke eight people who had attended appointments on the day of our visit and asked them for their views in relation to the treatment they received. All told us the dental treatment they received was 'very good'. People told us their treatment options and risks were always explained to them so that they could make an informed decision. One person said, "They [dentist] goes through the previous visit notes and medical history before they start to check my teeth." This person told us they had an emergency appointment and said, "I was very happy with the treatment I got." Another person expressed a high regard about the practice and the quality of care and treatment they had received. Everyone we spoke with had high praise for the dentist and the standard of care and treatment they had received.

People told us appointments were at a time that suited them and were confident that they would be seen in an emergency during the opening hours. The practice sent a text reminder to people about their appointment and, if necessary people could re-arrange the appointment if it was no longer suitable. People knew what their appointment was for that day and said at each appointment their medical and medication history was reviewed and changes made where necessary. This helped to ensure their information was up to date. People received a copy of their treatment plan and the cost along with an information leaflet about the treatment and how to care for themselves at home following the treatment or procedure.

We looked at the electronic records for three people and found the dentist and/or the hygienist had recorded the oral health issues discussed, the proposed treatment and decision made as to which treatment if any, they wished to have. The records also detailed any changes to people's health and medication, the costs involved and the written consent gained for the treatment. This showed that people needs were assessed and treatment was planned and delivered in line with their treatment plan.

The dentist we spoke with described the procedure they followed at each appointment. This included reviewing people's medical and medication history before any examination and/or for the treatment to start. This was consistent with what people we spoke with had told us. This meant that the care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We found each treatment room had a sufficient supply of personal protective equipment (PPE). The emergency medication, medical equipment and spillage kits were easily accessible. Staff had received the appropriate training in medical emergency and cardiopulmonary resuscitation (CPR) and training records we looked at confirmed this. We saw records that indicated the provider had a system in place for checking the emergency medication and equipment on a regular basis. This showed that the practice had equipment and systems in place to respond to any foreseeable emergencies and to promote people's health and wellbeing.

We spoke to the dentist and dental hygienist with regards to their training and continuous professional development. They gave examples of the training completed that showed that staff were supported in this. The provider had secured high standards of care by creating an environment where a clinical excellence could do well. Training certificates, learning log and electronic learning records we looked at confirmed staff were trained and maintained their professional registration to provide the care and treatment safely and reliably.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with told us that the dentist, dental hygienist and the dental nurse wore personal protective equipment (PPE). These included gloves, a face mask and that they were provided with goggles and an apron to protect their clothing. They all said that the practice was clean. One said, "It's always been clean since I've been coming here. It's got that clean clinical smell, if you know what I mean." Another person commented that the dentist always came out to collect them and said, "The surgery is very clean. I'm given a pair of glasses to wear and a small apron, to protect my clothes."

There were effective systems in place to reduce the risk and spread of infection. During our visit we undertook a tour of the premises. There was a range of information in the waiting areas and some toys for children. There was a disabled washroom facility available for people to use. There were four treatment rooms and the decontamination room, where surgical instruments were cleaned. The treatment rooms were of suitable size for treatment to be carried out safely and were fully equipped. Sufficient storage facilities for equipment ensured the risks of any cross infection was minimised. All areas were clean and well maintained. The treatment rooms had information displayed with regards to hand washing techniques and had a supply of gloves, aprons, wipes, liquid soap, paper towels and hand gels available.

The infection prevention and decontamination policies we read were detailed and kept up to date. Staff were observed to be wearing uniforms. Other appropriate personal protective equipment, which included protective gloves, goggles and face masks were worn during all dental care and treatment. Staff demonstrated their awareness and knowledge of infection control policies and procedures. This included an understanding of the actions they would take in the event of an incident that could affect the health and safety of a patient or staff. We read the infection prevention control audit completed annually, which showed the practice was meeting the required dental decontamination, infection prevention and control and hygiene standards. This meant that people could be confident that measures were in place to ensure their health and wellbeing was protected.

We looked at the decontamination room accompanied by a dental nurse. They showed us the process for taking the used instruments from the treatment room to the decontamination room for sterilisation. The used dirty surgical instruments were transported safely. The dental nurse wore personal protective equipment before cleaning

the instruments. The ultra-violet light was used to examine the instruments to ensure that all the debris had been removed and that the instruments were not damaged. The instruments were then placed into an autoclave that sterilised the instruments. All instruments were put into sterile pouches and stored securely. Records were available of checks carried out to ensure that the decontamination equipment was functioning as it should be.

The service employed a cleaner who had specific areas of responsibilities. Daily and weekly cleaning records we viewed were completed accurately. This helped to ensure the practice was clean and safe at all times.

A dental nurse described their responsibilities and the cleaning tasks they undertook at the start and end of each day, as well as between each patient. The cleaning and audit records we looked at confirmed all daily and weekly checks were documented and signed by the member of staff carrying out the tasks. This meant that there were systems in place to promote the effective cleaning. We saw there was a system in place for the safe disposal and removal of clinical waste and copies of the waste collection receipts we looked at confirmed this was done reliably.

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

People we spoke had high regard for the dentists, dental hygienist and dental nurses. They told us they were confident that the dentists, dental hygienist and dental nurses were trained and knowledgeable in dentistry. One person said, "I came here because it was recommended to me. The dentist really knows her stuff and what's best for you." Another person expressed a high regard about the dentist and the quality of dental care and treatment they had received.

The practice manager told us that the all new staff were required to complete an induction and training into their role and their responsibility within the practice. Staff received appropriate continuous professional development (CPD) according to the professional guidelines. Staff were able from time to time to obtain further relevant formal and informal which was part of their required CPD, facilitated through the practice. The on-line learning and practical training courses helped staff to maintain their skills and practice in line with best practice. Each dentists, dental hygienist and dental nurses kept a record detailing the training and courses they had attended, evidencing their CPD. Staff we spoke with told us that they were well supported to continuously learn and maintain their knowledge, skills and practice. This showed that the provider had secured high standards of care by creating an environment where a clinical excellence could do well.

The electronic training records we looked at showed that all staff had completed training in medical emergency, cardiopulmonary resuscitation (CPR), infection prevention and control and safeguarding adults and children, amongst others. The dentists, dental hygienist and dental nurses had certificates that confirmed their current professional registration with the General Dental Council.

Annual staff appraisals were carried out on all staff within the practice and some staff had developed a professional development learning plan. The practice had regular training sessions and meetings where external providers visited the practice to deliver training. Staff meeting minutes we read showed the topics discussed included health and safety, infection control practices, practice performance relating to the quality of care and treatment people received and training. This showed that the practice was proactive in ensuring that staff maintained their knowledge and skills relating to their specific duties and their professional registration.

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

People who used the service were asked for their views about the service and the treatment received. Satisfaction surveys were available at the practice. One person said, "I'm very satisfied with the treatment I've had here. I've not been asked to complete a survey but I know I can use the comment cards if I needed to make any suggestions." Another person said they were confident to discuss any concerns with the dentist and said, "My wife and I have been coming here for years. We have not had any reason to complain and if there was a reason, then I would quite confidently speak with the dentist directly."

The provider took account of complaints and comments to improve the service. We saw information about the complaints process was displayed in the waiting area. We were told that there had been one complaint in the past twelve months, which was fully investigated. The process for dealing with a complaint was explained to us, which was in accordance with the provider's complaints policy.

We read the practice newsletter for February 2014, which had information about improvements within the practice, news and updates along with the emergency service contact details. We saw there was a suggestion box with cards and satisfaction surveys available for people to complete after each visit should they wish to. This was to gather people's overall views about the quality of service being provided. The practice also sought the views of a new patient known as the 'happy shopper', which helped to develop the service.

We looked at the patient satisfaction survey report from March 2013, which showed a high level of satisfaction with the quality of treatment people received; the staff, the standard of hygiene and the overall management of the practice. The practice manager told us the next survey was due in March 2014 and any issues or suggestions to improve the quality of care and treatment would be discussed at the staff meeting. The provider might wish to note that there were no surveys readily available for children to complete. When we raised this with the practice manager they assured us that they would consider ways of gathering feedback from children who used the practice.

We found that arrangements were in place to ensure the quality of care and treatment

provided was regularly assessed and monitored. All the practice policies and procedures were detailed and up to date. These included policies about consent, complaints, health and safety and staff training amongst others.

We saw a selection of audits, risk assessments and checks were carried out to ensure systems, equipment and practices were working effectively. These included audits on the quality of clinical records, x-rays and decontamination equipment, amongst others. Each audit had reference to the provider's procedures and the purpose of the audit. The provider also assessed the systems in place for infection control procedures, water systems and ensured the key areas of the practice protect everyone's health and wellbeing. The process for reporting and recording accidents and incidents was explained to us. A system was in place to analyse reports to see if any lessons could be learned to prevent any repetition of accidents or incidents. This helped to ensure that measures were in place to protect the health, safety and wellbeing of people who used the practice.

The practice manager told us the local primary care trust inspected the service in January 2014. The report from the visit showed that the practice was delivering a quality standard of care and treatment. As part of the assurance system the provider took account of feedback from other professional organisation and commissioning authorities.

Regular staff meetings were held. The staff we spoke with told us they were able to contribute to these meetings and their views were taken into account. We read the minutes of the last meeting where training and practice issues were discussed. We also saw evidence that demonstrated staff ensured their professional registration by maintaining their continuous professional development through training, attending conferences and reading new guidance and relevant research into clinical excellence. This meant people using the practice could be confident that the quality of treatment they received was monitored and provided by qualified professionals.

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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