

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

Nelson Road Dental Practice

193 Nelson Road, Gillingham, ME7 4NB

Tel: 01634851317

Date of Inspection: 11 October 2012

Date of Publication: October 2012

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Nelson Road Dental Practice
Overview of the service	Nelson Road Dental Practice provides general dentistry, orthodontics, sedation care, implants and cosmetic dentistry, to adults and children. The practice treats privately funded and NHS patients. The practice is located in a two storey building on a main road which leads to Gillingham town centre.
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	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

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 October 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us that they were given clear information about the treatment choices available to them, so that they could come to a decision about which treatment would be best for them. One person told us, "He spoke through the options, costs and facts: the pros and cons. It is now my decision".

People told us that if they had any concerns that they felt confident to talk to staff or the dentist. Information about how to make a complaint was made available to people who use the service.

The practice had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included regularly asking people who use the service for their views and taking action to address any improvements that had been identified.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

The practice had a large reception area which contained a variety of information leaflets, which were available to people who visited the practice. These included information about the practice and dental healthcare. People told us that they were given relevant information about the practice when they joined.

People could access information about the practice, via the practice's website. The website contained detailed information about the services on offer, staff and their qualifications and specialisms, fees, how to locate the practice and patient education resources. One person told us that they had found the website very useful in choosing a dentist. They told us, "The website looked professional and easy to use. It had profiles of each dentist so that you could put a face to a name and see their experience. It also gave a map of how to get there which was very useful".

A leaflet was available which explained the costs of treatments for NHS (National Health Service) patients. Information about the costs for private patients was available on the practice's website and at the reception area. One person told us that the practice was, "Very informative: they explained fees in their leaflets".

People told us that they were given clear information about the treatment choices available to them so that they could come to a decision about which treatment would be best for them. NHS patients had signed their treatment plans to show that they agreed with their content. One person told us, "He spoke through the options, costs and facts: the pros and cons. It is now my decision. He was very up front about it; honest and open. He showed me photographs on the computer about what could be done". Another person told us, "They show you and give you options regarding treatment for private or NHS".

The practice had an Equality and Diversity policy in place. There was a statement that the policy and procedure could be translated into 14 different languages as required.

Staff had undertaken training in consent and the Mental Capacity Act 2005. This is a law

about making decisions and what to do when people cannot make some decisions for themselves. One member of staff demonstrated through an example, how they had used this training to inform their practice.

People told us that all staff communicated with them in a polite and respectful manner. One person told us, "The dentist is good.... I usually see the same dentist.....Everyone is nice and polite".

People received their consultations in private rooms. We saw that staff ensured that doors were closed to ensure that people's privacy was respected.

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

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

The surgery was staffed by six dentists, including one dentist who was newly qualified and undertaking their first year in general dental practice, under the supervision of one of the Principal Dentists. There was a part time Hygienist, Dental nurses and reception staff. We saw that the practice's flexibility meant that appointment times were arranged so that a realistic amount of time was allocated for each patient. This helped to ensure that people received the care and treatment they needed. One person told us, "I did not wait long to see the dentist today".

We were told that people in pain or in need of urgent treatment were offered an appointment on the same day wherever possible. We heard the Principal Dentist answer the telephone for a person wishing to attend an appointment that day. They were told that the practice had no appointments free that day and were offered an alternative day. The Principal Dentist confirmed with this person that they were not in any pain, but advised them to call back if they were, so that they could reassess the urgency of them needing to see a dentist.

The practice had five clinical rooms, two of which were on the ground floor and could be used for disabled patients or those with mobility problems. The practice had been refurbished last year, to include an open plan reception and waiting area and three additional clinical rooms on the first floor. One person told us, "It used to be a small waiting room; now it is much bigger. It is modernised and looks nicer".

We looked at the records of four consultations. They contained information each person's medical history, what the dental examination had involved and a record of any treatment or advice given, together with the costs involved.

The people that were spoke to were very positive about the treatment and quality of service that they received. They told us that they would recommend the service to other people. Comments included, "Brilliant service"; "very friendly"; "Staff brilliant"; and "Very satisfied". The results of 20 patient questionnaires in April 2012 were that all patients were very happy with the service that they received at the practice and the majority of people had rated the service as excellent. One person commented, "I had a warm welcome from the receptionists and my dentist communicated effectively".

The practice had an emergency protocol policy in place for staff. Staff received yearly training in how to deal with medical emergencies.

People told us that they had never had cause to make a complaint about the service, but if they did have any concerns, they would speak to reception staff or one of the dentists. One person told us, "I would ring up and have a moan if I needed to. I wouldn't want to put up with it".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The practice had a policy detailing what action the practice was and had taken to help keep children safe. There was also a safeguarding adult's policy. Records showed that all but one member of the dental team had undertaken training in how to safeguard children. We were told that this member of staff had been reminded to complete the necessary training. There was a safeguarding adult policy and child protection policy in place. Standard adult safeguarding training was completed for staff in August 2012 and safeguarding contact information was seen at the reception desk for staff.

We spoke to staff about their knowledge and understanding of how to keep children safe. Staff knew what to do and who to contact if they had any concerns about a child who used the practice. The practice had a named person who was responsible for safeguarding, who would be informed in the event of any safeguarding issue.

The practice had a whistle blowing policy which stated that the practice encouraged people to raise concerns and that they would deal with them in an open and professional manner. Staff had access to a confidential service if they were unsure about raising any matter as a concern. In addition, staff knew who to contact if any concerns that they raised were not taken seriously at the practice.

All staff had had a Criminal Records Bureau (CRB) check. These checks are important to make sure that staff are trustworthy people who were suitable to have unsupervised contact with vulnerable people.

The practice had a no tolerance policy regarding violence and aggression to staff or other patients. Records showed that the practice had taken appropriate action when dealing with incidents of verbal aggression towards staff.

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

There were effective systems in place to reduce the risk and spread of infection.

The practice had a comprehensive infection control policy which included the prevention of blood born viruses, decontamination procedures, hand hygiene, the management of dental medical devices, protective clothing protocols and the disposal of waste products.

The Principle Dentist had assessed the policies and practices undertaken in the practice against the Essential Quality Requirements for infection control. These guidelines, issued by the Department of Health (DOH), aim to raise the quality of decontamination in dental primary care. The practice was at the 'good practice' level in relation to these requirements and had plans in place to achieve 'best practice' by the end of December 2012.

The practice had a designated infection control Dental Nurse. Dental nurses demonstrated that they understood the procedures for cleaning instruments. There was a separate decontamination room for the cleaning and sterilisation of dental equipment. Dental Nurses showed us how dental instruments were transported from a designated dirty area in the surgery, to the decontamination room in lidded boxes to minimise the risk of cross infection. After manual soaking, instruments were placed in a washer disinfector which used a high volume of water and high heat to destroy micro-organisms. This is the preferred method for cleaning instruments according to Department of Health guidance, as it offers the best option for the reliability and control of cleaning. The practice had a separate machine to oil and sterilise hand held dental pieces. After cleaning instruments and equipment, they were visually inspected to ensure that they were clean. Dental instruments were then wrapped and dated before being transported to each surgery.

A cleaning schedule was in place, which detailed the tasks that needed to be performed each day to ensure that all areas of the practice were cleaned on a regular basis. Dental nurses were responsible for the cleaning of areas during the day and in between clinics. A cleaner was employed to carry out general cleaning each day. The Dental Nurses that we spoke to were clear about what tasks they needed to do to minimise the spread of any infections.

Staff told us that they received infection control training yearly. Records showed that this was last undertaken a month prior to our visit. Staff said that personal protective equipment was freely available for all staff at the practice and we saw that it was in use on

the day of our visit.

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 use the service were asked for their views about their care and treatment and they were acted on.

The practice had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included audits of patient's records, oral health outcomes, staff turnover as well as clinical governance systems which included audits of infection control, radiology and dental training. A business plan was in place which included business goals and action plan detailing how to reach these goals

We looked at a number of policies and procedures in place at the practice that gave guidance to staff in a number of key areas. We saw that these policies had been reviewed on a regular basis to ensure that they were up to date. Staff demonstrated that they were knowledgeable about aspects of this guidance.

Records evidenced that staff meetings took place on a regular basis. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received. A solution had been found and recorded for any issues that had been raised at the meeting. Staff said that these meetings were useful and helped to increase their learning and understanding of a number of topics related to dentistry. All staff said that the practice was a good place to work and that the management of the practice was very supportive, which helped them to do their jobs better.

The practice had a written procedure on what to do if a person wanted to make a complaint. This was displayed in the waiting area so that it was available to people who used the service. It included what to do if a person was not satisfied with how the practice had handled their complaint. It also advised people how to make a complaint directly to another agency if the complaint was of a serious nature. This meant that patients had got access to all the information about their rights to make a complaint about the practice.

The practice used quality assurance questionnaire to ask people about their views of the service. This was done each month for a small number of patients and then the results were reviewed yearly. The result of the survey of 20 people in April 2012 was that the majority of people rated the service as excellent. The results had been analysed to show the practice's strengths and to identify any weaknesses. The strengths identified included

that people were happy, that the telephone was answered quickly and that the Dental Nurses were helpful and courteous. We saw that action had been taken to address any weaknesses that had been identified in the process.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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

Website: 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.
