

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

Beeston Dental Practice

3 Devonshire Avenue, Beeston, Nottingham, NG9
1BS

Tel: 01159254169

Date of Inspection: 16 May 2013

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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
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	Mr. Christopher Navarro
Overview of the service	Beeston Dental Practice is owned by Mr. Christopher Navarro and is situated in the Beeston area of Nottingham. They provide services to 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
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
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 16 May 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, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

We spoke with one patient and observed four more during our visit. We looked at information on the practice and NHS choice websites. We found patients were complimentary about staff and the practice as a whole

We found the practice to be welcoming and friendly. Staff spoke and treated patients respectfully and in the appropriate manner.

Patients we spoke with told us they were satisfied with the treatment they received and had enough information to make informed choices.

Patients we spoke with felt the practice was well located, clean and well maintained at all times. They told us they were involved in all aspects of their treatment and were able to make decisions from the information they received from the dentist after all options had been discussed.

We found the reception area to be spacious, well maintained and provided seating for 14 people. We saw reading material and copies of information leaflets were made available for patients to either read or take away.

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.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with one patient during our visit and observed four more visiting the surgery.

People expressed their views and were involved in making decisions about their care and treatment.

We accessed the practice website and found sufficient information to meet patient's needs. We also accessed the NHS choice website where patients had left comments on how they felt the practice was running.

We found the receptionists to be welcoming and friendly. They spoke to people in a polite and calm manner. We observed staff giving relevant information over the phone to patients who were making enquires about the practice and the service they supplied. One patient we spoke with told us they were aware of the different charges that may occur with private and NHS treatments.

We saw patients had a good relationship with the staff and the surgery had a friendly atmosphere. One patient said, "I am given enough information to make the right choices regarding the treatment I receive. The dentist always listens if I have any concerns; we always discuss them and adjust any treatment accordingly." We saw leaflets were available for patient's to read or take away if they wished. This meant patients could fully understand the care and treatment the service provided.

The provider showed us information that supported people who used the service to make decisions about their care and treatment. We saw visual demonstrations that explained the procedures to patients for different care and treatments for example, root canals, dentures and crowns. This meant patients could experience the options of treatment available and be supported to make the right choices relevant to them.

Staff told us patients were treated as individuals and all discussions were conducted in

private. The patients we spoke with confirmed their consultations were completed in the privacy of the surgery. This meant the provider maintained the privacy and dignity of their patients.

We saw patients' making appointments before they left the surgery. Staff accommodated people's needs and gave them the relevant information they required. The staff said people could also telephone or call at the practice in person if they required an alternative appointment. The staff also told us they used letters and texts to remind patients that their appointment or recall visits were due. This meant the service could run more efficiently and there would be less missed appointments.

We looked at three patients files during our visit. We found patients had been involved in their treatment planning. The patient we spoke with told us they had been involved in decisions that the dentist had made about their treatment. They said they were given options regarding the treatments that were offered and discussions were undertaken to identify any risk which could occur. We saw on the patients notes we looked at that discussions had taken place.

The practice was organised and efficient. There was an open plan waiting area which included the reception desk; the area was spacious and well maintained. There was sufficient seating for up to fourteen people. Staff interacted with each patient when they arrived at the practice to ensure they maintained the confidentiality of the patient. This meant staff understood the reason for privacy and confidentiality and patients could be confident this would be adhered to.

We saw access to the premises for people with disabilities. The provider told us they had access for wheelchairs and all surgeries were on the ground floor. This meant the provider took into consideration people's diverse needs.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

We spoke with one patient during our visit and observed four more visiting the surgery.

The patient we spoke with told us the dentist assessed their mouth and took records of their medical history at relevant intervals or visits. We saw these assessments had taken place on the patient files we looked at. We saw patients being asked to complete an up to date record of their medical conditions or changes, should they apply, before they went through to the surgery. This meant patients oral care was monitored accordingly.

The practice manager told us the practice attends nurseries and schools to promote good oral hygiene to children. We saw this also evidenced on the practice website. The feedback from these establishments and parents were good. We found comments such as, "We were very impressed with the professionalism of the staff from the practice and the children really enjoyed and gained a lot from the visit" and "The parents felt this experience was a fantastic idea and welcomed the packs the dental practice left for the children."

We looked at three patient files. Each file contained the relevant written records for the patient, these included mouth plans, medical histories and treatment plans. The provider told us each person received a copy of their treatment plan once the treatment had been discussed and planned. They said if a patient received a mixture of NHS and private treatment they had to complete the appropriate form, FP17DC. (this form is to identify the patient is in agreement with the treatment they have received). We saw copies of these completed forms. This meant there was a record that the provider had obtained the patients consent where appropriate.

Patients we spoke with had a good understanding of what treatment they were receiving on the day of our visit. One patient said, "I have not received a copy of my treatment plan, but will discuss this with the dentist." The provider told us patients did not receive a copy until their consultation had been completed.

We saw the dental surgeries were on the ground floor. There was access for people who used a wheelchair at the side of the premises. This meant the practice was accessible to

patients with mobility difficulties.

There were arrangements in place to deal with foreseeable emergencies.

We found systems and procedures were in place for medical emergencies should they occur at the practice. Staff told us they were aware of the procedure and where the equipment was kept for such emergencies. The practice manager showed us the relevant equipment to be used in such an emergency. They said staff had been fully trained in cardiopulmonary resuscitation (CPR) and how to use the equipment accordingly. We saw copies of certificates which staff had gained in CPR and a record of training attended on the training plan. This meant staff were trained accordingly to deal with medical emergencies and respond appropriately if an emergency should occur.

We found systems in place to record and report near misses and untoward incidents. The practice manager told us there had not been any to report in the last twelve months.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

The patient we spoke with during our visit said they felt the practice was very clean. They said, "I have no concerns there." When asked if they were offered protection for their clothes and eyes they replied, "Yes always."

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

The practice had a separate decontamination room. We observed staff following the decontamination process during our visit. They followed the relevant practice policies and procedures to ensure instruments and equipment were clean. Staff had good knowledge of the decontamination process and described how they cleaned and sterilised the equipment each day. We saw information of testing and cleaning cycles which had been recorded and stored as required. This meant patients could be confident the instruments and equipment were sterilised accordingly.

We saw staff all wore uniforms and we observed them using the appropriate personal protective equipment (PPE) when providing treatment. We found each surgery was well stock with PPE (gloves, masks, aprons and eye protection). The patients confirmed staff did wear such items before providing their treatment. They also said they were offered protection where appropriate for their clothes and eyes, depending on the treatment they received.

We saw hand washing instructions displayed in each surgery and patients areas. This meant the practice promoted awareness to cross infection and how to prevent it.

We found the last infection control audit took place in February 2013. Staff told us they had attended relevant infection control training. We saw clear policies and procedures that covered subjects like clinical waste, hazardous waste and spillages. We saw cleaning schedules were in place for the premises and staff told us they were responsible for keeping clinical areas clean. We found each surgery had a procedure that staff followed on a daily basis. This meant patients could be confident the practice was cleaned appropriately.

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

One patient said, "The staff here are fine and well organised." We observed four people using the surgery interacting with staff when making an appointment, discussing relevant information and waiting for their treatments.

Staff we spoke with during our visit confirmed they had completed an induction before they started working at the practice. One member of staff described the process of the induction in full and explained that they had a mentor to help support them do their work. We saw evidence that staff had undertaken an induction on the staff files we looked at.

We found staff had individual appraisals once a year and this was evidenced in the staff files we looked at. The practice manager told us they were in the process of completing a 360 degree supervision (360 degrees is supervision feedback from you peers and manager). Staff we spoke to confirmed this did happen. This meant staff were supported to share their views and raise concerns if they wished.

Staff were able, from time to time, to obtain further relevant qualifications.

We saw records that staff were completing their continuing professional development (CPD) and the practice manager had a system in place to ensure staff were up to date. The practice manager told us staff were responsible for their own development; however they were in the process of introducing a personal development plan as part of the staff appraisals.

Staff we spoke with confirmed they were responsible for their own CPD. We asked how they demonstrated they were following the requirements of their registration with the General Dental Council. They said they have copies of all hours recorded and certificates of any courses attended. One staff member told us they make sure a copy was kept at the practice each time they completed a course. This meant staff were following the requirements of their professional registration and patients could be confident staff were appropriately trained to do their job.

We saw copies of the practice meetings that had taken place. We saw discussions on the

agenda were subjects such as new patients, bagged instruments and spillage kits (new guidance that needed to be implemented). Staff told us they found they were able to have their say on how the practice could improve; they also said they found the meetings beneficial.

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

We saw copies of the practice surveys which had been completed by patients in 2013. The practice had asked questions that required a 'Yes or No' answer. We saw the outcome of the survey was mainly positive. The practice manager told us they had had some negative comments regarding the communication of treatment fees. We saw the practice had taken action to ensure each dentist provide clear information to patients about cost. This meant the practice took into account patients views and listened to what they had to say.

The provider may find it useful to note there was no space on the survey document to incorporate the date. Whilst surveys had been returned they had not been dated, so it was not possible to verify when they had been completed. There was also no space for patients to make comments. If there were space for more comments the provider may benefit from the feedback from the patients to ensure they were providing a quality service at all times.

The provider and practice manager told us a number of different types of audits took place to monitor the quality of the service they provided. For example patient's notes, medical histories, the quality of the radiographs and infection control. We saw evidence that these audits had been completed. This meant patients could be confident the practice monitored the quality of the service they provided.

We saw systems were in place to remind people by text or letter when their appointments were due. Staff said they offered patients a choice of either a text or letter to remind them they had a forthcoming appointment. We saw this was identified on the patient's file if they had agreed to participate in this service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

The provider told us they had peer reviews with other dental professionals and discussed care and treatment they and their colleagues provided. Staff confirmed they had attended peer review meetings as and when required.

We saw a copy of the complaints policy and procedure. The practice manager told us there had been three complaints in the last twelve months. We found they had all been dealt with in a timely manner as per the practice complaints policy.

There were systems in place to report to the Care Quality Commission when relevant incidents occurred. There had been no reportable incidents at the time of our visit.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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