Care Quality Commission

Inspection Report

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

City Health Care Dental Services, Beverley Health Centre

Manor Road, Beverley, HU17 7BZ

Date of Inspection: 22 January 2013

Date of Publication: February 2013

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	City Health Care Partnership CIC
Registered Manager	Mr. Andrew Lawrence Burnell
Overview of the service	City Healthcare Dental Services provide dental care from their facility at Beverley Health Centre. The location has good public transport links and nearby parking, It is situated close to the town centre.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

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Summary of this inspection

Why we carried out this inspection

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

This was an announced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about City Health Care Dental Services, Beverley Health Centre, looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013 and talked with staff.

We inspected the environment.

What people told us and what we found

We saw evidence of how the provider used patient surveys and feedback to inform improvements to the service. Feedback was mostly complimentary and we saw examples of compliments on feedback cards.

We saw that the practice had a system for gaining consent and that forms were consistently completed. People's medical history and requirements informed the planning of care and treatments were duly recorded. Emergency drugs were appropriate and available, and we saw other examples of the practice following published guidance.

The premises were clean and there were systems to minimise the risk of infection. The surgery rooms had clinical hand wash sinks that were not to the prevailing standard but were adequate for use. The facility for decontaminating reusable instruments had only one wash sink rather than the two prescribed. We saw examples of refurbished surgeries owned by the provider in recent inspections and were assured that refurbishment included design to the prevailing clinical standards.

Staff received regular training and supervisory support. The provider had a system for quality assurance and monitoring and we saw evidence that this was used to inform management decisions and policy review.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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. Prior to receiving investigation or treatment, people completed a medical history form and a standard form with their NHS details. If they required treatment, this was explained and set out on a standard FP17DC form which the patient signed to confirm their consent. We chose two sets of patient notes at random and saw that the forms had been completed and signed.

We were told by the manager that the consent procedure was repeated throughout a course of treatment and patients could alter their wishes at any stage, and this together with the anticipated clinical consequences would be recorded. We noted that one health questionnaire we looked at indicated the patient stated that they suffered from dementia. We asked how this was reflected in their care. We were shown the dentist's notes on the computer system from their last appointment where it was indicated that their spouse and a carer were present, and the patient felt able to sign the consent forms themselves on that occasion. A document outlining the requirements of the practice with regard to The Mental Capacity Act 2005 was pinned to the wall in the office and we saw that training in capacity formed part of the regular training for staff.

Care and welfare of people who use services ✓ Met this standard

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. We spoke with staff regarding the assessment of patients and looked at documents used. We were told that a medical history was completed by the patient and any concerns discussed with the dentist. Following an examination, a treatment plan was agreed and consented to by the patient. Records included clinical notes and relevant non medical information to aid the planning, care and treatment of patients.

People's care and treatment reflected relevant research and guidance. We saw that the emergency drugs, oxygen and equipment available at the practice were as prescribed in The British National Formulary (BNF.) We saw that the drugs were regularly checked to ensure they had not reached their expiry date. We saw evidence to show that people's recall for check up frequency was based on clinical need rather than a standard period between check ups, which reflected the National Institute for Clinical Excellence (NICE) guidance for dental recall.

There were arrangements in place to deal with foreseeable emergencies. The practice was part of City Healthcare Partnership CIC, and was included in the overall business continuity plan in the event of foreseeable emergencies such as not being able to use the building. The dental services manager explained that the plan, agreed by the board, included the provision of short term alternatives for dental work to continue.

Cleanliness and infection control ✓ Met this standard

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. 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. We conducted a tour of the premises including all patient accessed and clinical areas. Everywhere appeared clean, including high level horizontal surfaces. The premises were free from clutter and everything was stored in appropriate places.

We were shown how the treatment couches were cleaned between patients. All clinical hand wash sinks used a mixer single faucet with elbow taps. However, we noted that some had an overflow outlet in the basin. Every hand wash sink had liquid soap and paper disposable hand towels. The premises had accessible antibacterial gel stations. Sharps bins were dated, both when started and completed.

We looked at the facility and process for decontamination of reusable devices. The practice had carried out a self assessment against the Department of Health's specification for decontamination in primary care dentistry, (HTM 01-05.) We were given a tour of the decontamination facility, seeing the dirty to clean flow arrangements and how fresh sets of instruments were bagged and dated for use. The dental services manager explained that the facility was to be refurbished. The refurbishment would address the issues highlighted in the HTM 01-05 self assessment, including the single instrument washing sink.

We spoke with a member of staff regarding infection control training and they confirmed that infection prevention and control formed part of the mandatory training and that a member of staff had specific infection control responsibilities.

Supporting workers ✓ Met this standard

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 were given details of how training was carried out, including dedicated time to complete both the provider's mandatory and role specific training. The provider used a training matrix which was available to staff on the intranet system and this informed staff and their manager of training needs. We asked a member of staff what their mandatory training comprised of, and they recalled it included infection control, fire, safeguarding of children and adults, conflict resolution, control of substances hazardous to health (COSHH,) resuscitation and data protection. The dental services manager confirmed how the intranet system assured management that induction and mandatory training was being carried out.

We spoke with staff who confirmed that annual performance development reviews (PDR) and monthly 1:1 meetings with line managers were carried out. In addition, a six weekly clinic meeting included an opportunity for peer review. Staff confirmed that the provider encouraged them to acquire further skills and qualifications relevant to their role and career.

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, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw evidence that demonstrated the provider carried out surveys of patients and collated the results for review and action as part of their quality monitoring systems.

The dental services manager explained how the practice was part of the clinical governance structure of City Healthcare Partnership CIC, the provider. The assurance process included regular audits and reporting on aspects of the clinical care, the environment and patient views, through surveys and the complaints system.

The provider had a forum called the clinical dental group which considered quality and risk, and reported into the provider's clinical governance and quality system, which ultimately reported to the board and policy review. We were shown examples of meeting minutes where quality information had been discussed, actions raised and reviewed.

The dental services manager explained how such information was used to influence informed management decisions, and included a description of how communication issues arising from analysing a complaint led to lessons learned.

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

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