

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

Gedling Dental Surgery

50 Gedling Road, Carlton, Nottingham, NG4 3FH

Tel: 01159611764

Date of Inspection: 30 October 2013

Date of Publication:
November 2013

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. Suresh Govind
Overview of the service	Gedling Dental Surgery is a small practice in the Carlton area of Nottingham. The practice offer services for private patients only.
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	5
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	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
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 unannounced 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 30 October 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 and talked with staff.

What people told us and what we found

We spoke with two patients they both confirmed they were happy with the care and treatment they received. We observed three other patients visiting the practice, one made changes to their appointment and another made an enquiry to start using the practice.

We spoke with three members of staff and found them to be welcoming and polite when speaking to patients.

The reception was in the same area as patients waiting for treatment, however the appointments were organised in such a way that confidentiality and privacy were adhered to. Patients told us they were treated with dignity and respect when visiting the practice.

We found people's views and experiences were taken into account in the way the service was delivered in relation to their care. We also found people experienced care and treatment that met their needs and protected their rights.

Patients told us they received enough information about their care and treatment options, and were involved in making decisions about their treatment. One person told us, "The dentist gives you information about the treatment options."

We found the practice to be clean and tidy. Treatment was delivered in a clean environment.

Patients were cared for by suitably qualified and skilled staff.

There were systems in place to ensure the quality of the service was monitored on a regular basis.

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

We spoke with two patients and observed two more visiting the practice during our visit. We accessed the practice website and found sufficient information to meet patients' needs. We found comments from patients, which were complimentary about staff and the practice as a whole.

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

Patients told us they were happy with the service they received. One patient said, "I would not come here if I was not satisfied."

We found staff welcoming and friendly towards patients when they attended the practice. The staff spoke to people in a polite and respectful manner. One patient said, "The staff are lovely."

The provider told us consultations were undertaken in private within the surgery. We found each patient's treatment was discussed to meet their individual needs. Patients we spoke with confirmed their treatment was discussed in private.

We looked at three patient's records and saw discussions had taken place between the dentist and the patient. We saw a record of the care and treatment they had received.

We found patients had a good relationship with staff and one patient said, "The dentist discussed all the options available to me to make a choice about the treatment I needed."

The provider said they used visual aids to help support patients make the right choice, which was suitable for them. They said they always gave the patients time to digest the information and make sure they fully understood before any treatment was undertaken. This meant patients could experience the options of treatment available and be supported to make the right choices relevant to them.

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 found appropriate arrangements were in place in case of an emergency or out of hours service. Staff told us there was a message in place on the telephone when the surgery was closed. They said information was also available in the practice guide. We saw a copy of the procedure that was put in place when the surgery was closed and the practice guide we looked at contained appropriate information regarding the out of hours service. This meant patients were fully informed of the emergency contact details if they were required.

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 spoke with two patients and observed two more visiting the practice during our visit.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The patients we spoke with told us the dentist assessed their mouth and took a record of their medical history at relevant intervals and visits. We looked at three patient records and saw that assessments had taken place. There was a record of discussions regarding the patient's wellbeing which included smoking, units of alcohol and any medical issues that they may have. We found when changes had been made to a patient's medical history the patient had signed and dated the form. This meant patients oral care was monitored accordingly.

The provider told us they completed a written plan of care when the patient was to receive complex treatments for example and extraction or root canal. They also said they gave verbal discussions for treatment such as cleaning and polishing the teeth. We saw on the patient files we looked at it was recorded that a written quote had been sent to the patient. The provider may find it useful to note we did not see any copies of the written quotes on the records we looked at even though on one record it stated copy enclosed.

The provider told us they specialised in treating people who fear or have anxieties about going to the dentist. Patients we spoke with said they were made to feel relaxed and at ease when attending their appointments. One patient said, "My family member had a fear of dentist until she came here." Staff told us they had attended appropriate training in regards to sedation and we saw evidence that demonstrated they were qualified in this area. This meant there were systems in place to ensure patients fears and anxieties were dealt with appropriately.

We saw two dental surgeries were on the ground floor, but was told by the provider only one was in use. There was access for people who used a wheelchair at the rear of the premises and we saw hand rails in place at the front entrance. This meant the practice was accessible to patients with mobility difficulties.

We found there were appropriate arrangements in place to deal with foreseeable emergencies. Staff had attended cardiopulmonary resuscitation (CPR) and medical emergency training within the last twelve months. We saw there was emergency equipment available, including oxygen, airways and emergency drugs. This meant staff were able to deal with any emergencies that may arise.

We found systems in place to record and report near misses and untoward incidents. The provider 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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We spoke with two patients during our visit they told us they felt the practice was clean and tidy and were offered protection for their eyes and clothes when receiving treatment. One patient said, "The staff where protection when delivering my treatment. I have seen them wear gloves and glasses."

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

Staff followed the relevant practice policies and procedures to ensure instruments and equipment was clean. Staff had good knowledge of the decontamination process and described how they cleaned and sterilized 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 sterilized accordingly.

We saw staff wearing personal protective equipment (PPE) when required. We found the surgery was supplied with PPE (gloves, masks, aprons and eye protection).

We saw copies of the cleaning schedules which were in place. Staff had signed and dated once an area was cleaned. We observed the making ready of the surgery for patient use on the morning of our visit. The staff followed the appropriate steps to ensure all areas were clean. This meant patients received treatment in a clean environment.

We saw hand washing instructions displayed in each surgery. This meant the practice promoted awareness to cross infection and how to prevent it. However the provider may find it useful to note we did not see any washing instructions displayed in the facilities for patients use.

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

Patients we spoke with told us they thought the staff were confident at their job and they felt they knew what they were doing.

Staff received appropriate professional development.

Staff told us they were supported by the provider to gain further training and development to help them do their job.

We saw signed evidence that staff were aware of the policies and procedures the practice had in place. Records we looked at demonstrated staff had undertaken their Continuing Professional Development (CPD) a requirement of their General Dental Council's (GDC) registration.

The provider told us they kept up to date with their own professional development through Training, forums, networks and talking to other colleagues.

The staff told us they were responsible for keeping up to date with their own development. One staff member said, "Once I have completed training I always copy the certificate and this is kept on my file. We saw copies of training completed on each file we looked at. We saw records that showed staff had required the relevant qualifications and vaccinations to do their job. We found, where applicable each member of staff had an up to date registration with the GDC.

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.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

Patients we spoke with could not remember completing a survey or questionnaire, but they said they could speak with the dentist and staff at any time.

The provider told us they undertook surveys and requested patients to complete them after their visit. We saw copies of surveys completed in February 2013, overall there were positive comments for example, 'A happy occasion' and an 'Excellent service as always.' The provider told us they had altered the opening times as this was part of the feedback from one of the surveys sent out. This meant patients views were taken in to account.

The registered person told us they undertook different types of audits for example, quality of radiographs, decontamination and infection control. We saw evidence which demonstrated the audits had been completed. For example, Patient records, quality of radiographs and water testing.

We saw copies of the practice meetings that had taken place. Staff told us these meetings took place regular; the last one was undertaken in September 2013. The agenda included topics like clinical decisions, equipment and continuing professional development (CPD) training. This meant regular discussions took place.

Staff we spoke with told us they had received an appraisal and we saw evidence to demonstrate these did happen. There was a record of decisions between the provider and the staff member and how the staff member could progress. Staff told us they felt supported by the provider to gain further qualification if and when required.

Staff were qualified and skilled to do their job. We looked at two staff files which contained copies of certificates gained, hours completed and an up to date registration with the General Dental Council.

There was a system in place to update patient medical histories. These were checked every six months. We saw patients had completing these on the day of our visit.

We saw a copy of the complaints procedure that was in place. The provider told us they had received one complaint in the last twelve months. We found the complaint was dealt with in line with the practice policies and procedures.

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

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.
