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.*

Anchor Road Dental Practice

11 Anchor Road, Walsall, WS9 8PT

Tel: 01922452540

Date of Inspection: 12 February 2013

Date of Publication: March 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	Anchor Road Dental Practice
Registered Manager	Dr. Mohammed Asjad Tai
Overview of the service	Anchor Road dental practice offers dental treatment under the NHS and to people paying privately for treatment.
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'.

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 12 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We visited this dental practice at 10am on Tuesday 13 February 2013. We arranged this visit in advance. This helped to ensure that time was made available for us to speak with staff. On the day of our visit we spoke with two people who used the service. After our visit we telephoned and spoke with four people registered at Anchor Road. We also looked on the NHS Choices website to review any feedback about this service.

Everyone we spoke with was happy with the service provided and the staff. One person told us, "Staff are very attentive and helpful". People said that the dentist explained everything about any treatment they received, including information about costs.

Anchor Road provided private dental treatment and has a contract with the NHS to provide NHS dental care. We saw that information regarding the costs of any NHS treatment was on display in the waiting area. We were told that private fees were available upon request.

We looked around the dental practice and saw that it was clean. Everyone we spoke with said that the dental practice was always clean. One person said, "It is always clean, tidy and warm". An infection control audit seen raised some issues for action. We saw that some issues remained outstanding. The practice manager was aware of action to take to meet infection control standards.

Staff had not received an appraisal of their working practices recently. The manager was aware of this and was planning to introduce a new appraisal system.

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 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 visited Anchor Road Dental Practice at 10.00 am on Tuesday 12 February 2013. Three dentists, two dental hygienists, a receptionist, four dental nurses, a cleaner and a practice manager worked at this dental practice.

We spent the majority of our visit in the office behind the waiting area. The practice manager and a dental nurse provided us with the information and evidence we requested. We saw that the receptionist was friendly and chatted with people as they waited to be seen by the dentist. During our visit we spoke with two people waiting to see the dentist and we spoke with four people over the telephone after our visit. Everyone we spoke with said that staff were friendly and kind. One person told us, "I have been going to this dentist for 30 years, I am very happy; the staff call you by your first name, they are very friendly". Another person said, "Oh gosh yes, they are very friendly". This meant that people who used this dental service thought that the staff that were friendly and helpful.

Whilst in the waiting area it was evident that it would be difficult to hold a conversation of a confidential nature. We asked the practice manager how they maintained privacy whilst talking with people. We were told that confidential or private conversations would be held in a dental treatment room. We were told that all staff were aware of the confidentiality policy. We were shown a copy of an information governance training certificate and were told that all staff had completed this training. Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information. This meant that patient records and information were kept confidentially and securely.

We asked the practice manager how people were made aware of the services provided by Anchor Road Dental Practice. We saw that the opening hours and the names of the dentists were displayed. We were told that Anchor Road Dental Practice provided any treatment necessary under the NHS to both adults and children. Treatment was also provided to Denplan patients and on a private fee paying basis. We were shown a copy of the patient information folder. This folder contained the practice leaflet and other useful information such as complaints, quality assurance and safeguarding polices. We saw

details of the fees that NHS patients would pay for treatment. NHS fee information was also printed on a poster which was displayed on a desk in the waiting area. We were told that NHS information could be made available in various languages. This information would be provided by the primary care trust who also provided an interpretation and translation service for NHS patients. The practice manager told us that they had used this service regularly for a person who communicated using sign language.

We spoke with a dentist about how people were made aware of the treatment options available to them and of any costs involved. We were told all treatment options would be explained to people. We saw patient records which detailed the conversations held with them. Any risks involved in treatment were recorded. Computerised records showed that treatment estimates had been given to people. We were told that "study models" were made of people's teeth and these were used to explain treatment options to people. We were shown the NHS forms that were completed when any treatment was agreed. These forms recorded the NHS pay band and the cost of the treatment. We saw computerised patient records which showed the costs involved in any private treatments undertaken. This helped to ensure that people were aware of the costs of any treatment that they received.

We spoke with six people who were registered with this dental practice. We asked them whether they were involved in discussions about treatment and were made aware of any costs involved. One person said, "They tell you everything, they always give you sound advice". Another person told us, "The service is very good; he (the dentist) gives you a choice of treatment options and then he explains exactly what he is going to do. You always know what it is going to cost".

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

We looked at three sets of patient records. A dental nurse showed us both paper and computerised records. We saw records of routine examinations. These included oral cancer screening and checks on teeth, gums and soft tissue. Discussions held with patients were recorded on their notes. We saw that any advice given by the dentist was noted as well as information regarding the patient's involvement and choice. We spoke with six people who were registered with this dental practice. We asked whether they were happy with the services and treatment provided. One person told us, "As far as I am concerned they are great. They are very helpful and provide a very good service", a second person said, "I am happy here, my husband and children also come here, they are very good", and another person told us, "He (the dentist) is wonderful, I was worried about swapping to a new dentist but I had no need to worry he is great".

We saw that patient records had medical warning "pop ups" which gave an immediate visible warning to the dentist without them having to read through all of the notes. We were told that this could be used to alert the dentist if someone was extremely anxious about visiting the dentist. We asked about nervous patients and how the staff at this dental practice helped to reduce people's fears. We were told that this practice did not use sedation. If needed a referral would be made to another dental practice that specialised in the use of sedation. The dentist told us that they talk to patients to try and calm them down. The practice manager said that people could come in to talk to the dentist about their treatment so they knew exactly what would happen. We spoke with six people registered with this dental practice. Not everyone we spoke with was nervous about visiting the dentist. One person said, "I am not in the slightest bit anxious, they are so good, we have known them for so long". Another person told us, "I am not nervous because the staff are so lovely". Two of the people we spoke with said that they, or a member of their family, was nervous about visiting the dentist. One person said, "I am very nervous; he (the dentist) gets me through it, he talks to me, calms me down, he has a laugh with me. I would highly recommend him". The second person said, "I am not nervous but I go with my wife; they are very good they talk to her and calm her down, they explain everything step by step and tell her exactly what they are going to do which helps her a lot".

We asked the practice manager about the arrangements for emergency appointments. We were told that people who telephoned during normal opening hours were "fitted in". They

were told that they may have to wait to be seen by the dentist. People could be seen at the end of the working day or during lunchtime. One of the people that we spoke with over the telephone after our visit told us, "I was in pain and phoned for an emergency appointment, they told me to come down and the dentist saw me in his lunch break". Another person said, "If you are in pain they usually see you within the hour". For emergencies and out of normal opening hours the telephone answering machine would direct people to call NHS direct. Private patients were requested to leave a message on the dental practice's answer machine. Answer phone messages could be listened to by the on-call dentist who would telephone the patient and arrange an appointment. We were told about the on-call rota which involved a dentist being on call for emergency appointments on a Saturday and Sunday. This meant that systems had been put in place to ensure that people with dental pain were seen quickly and that people were aware of whom to contact in an emergency out of normal opening hours

We discussed the systems in place to ensure that emergency medical situations were handled appropriately. We were shown the emergency medication and equipment. We saw that monthly checks were made to ensure that equipment and medication was available in good working order. The provider may wish to note that weekly checks had not been undertaken on the emergency medication and equipment. This meant that medication and equipment to be used in an emergency may not be available for use in good working order or within its use by date.

We were shown training certificates which demonstrated that all staff had undertaken annual training for emergency situations which included cardio pulmonary resuscitation (CPR). We were told that staff had not received any training recently for the use of the automated external defibrillator (AED). A defibrillator is a machine used to give the heart an electric shock in cases of cardiac arrest. The provider may wish to note that all not all dental practitioners and dental care professionals had undergone training in the use of an AED. There had been no regular practice and scenario based exercises using simulated emergencies and staff skills had not been updated annually. This meant that staff may not be fully aware of how to use the AED in an emergency situation.

We saw that a first aid kit was available for use and was regularly checked to ensure the contents were within their use by date and available for use.

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 protected from the risk of infection because appropriate guidance had been followed

Reasons for our judgement

We discussed infection control with a dental nurse. We were shown the Infection Prevention Society infection control audit undertaken in 2012 by the Primary Care Trust. There was no action plan to demonstrate the action taken to address issues identified. The dental nurse discussed some of the action taken. There was no evidence to demonstrate that infection control audits were undertaken on a regular basis to ensure best practice was maintained. The practice manager was aware that a self audit was due and confirmed that this would be undertaken in the near future.

We were told that a cleaner was employed to work each day after the dental surgery closed. We were told that colour coded mops and buckets were not in use but staff had labelled the equipment stating in which area it could be used. We asked whether mop heads were disposable or laundered. We were told that mop heads were disposed of when they became worn. The provider may wish to note that colour coded mops and buckets were not available. Mop heads should be disposable or should be laundered at suitable temperatures to meet infection control standards. The cleaning records could not be found on the day of inspection.

We were shown a surgery cleaning log which staff ticked when they had completed the task. We were shown a list of tasks to be completed by staff at the start and the end of the day. The dental nurse confirmed that staff were fully aware of the cleaning tasks to be performed between patients but agreed to include this information on the surgery cleaning log.

From discussions with a dental nurse it was evident that dental water lines were cleaned to ensure that they were free from bacteria. This helped to reduce the risk of cross infection. We looked in the dental treatment room and saw that this was clean and clutter free. The people we spoke with told us that the dental practice was always clean and tidy.

We watched a dental nurse undertake a decontamination procedure. The equipment used to decontaminate used dental equipment was stored in a room currently used to take dental x-rays. We saw that personal protective equipment (PPE) such as gloves, aprons and eye protection was used throughout the process to reduce the risk of cross infection. We looked at instruments ready to be used in the dental treatment room and saw that they were within their use by date.

We saw that the bin stored in the cupboard which contained used PPE and cleaning cloths, did not have a lid. This meant that materials that could possibly cause an infection control risk could spill out into the cupboard. The last infection control audit undertaken recorded that a suitable bin with a lid was required. The provider may wish to note that a suitable bin had not been provided for the storage of contaminated waste to reduce the risk of cross infection.

We were shown the equipment used in the cleaning and sterilisation of used dental equipment. Records of checks made on this equipment demonstrated that it was in good working order. A checklist seen showed that the decontamination room was cleaned on a daily basis and that equipment within this room was cleaned and checked by staff.

We spoke with a dental nurse about the policy regarding uniforms. We were told that full time staff had three tops that must be washed on a daily basis and only worn within the dental practice. We were told that trousers and shoes were provided by the staff. We spoke with the dentist about uniform. We were told that staff who were involved in the decontamination of used dental equipment must not wear any of their uniform outside of the dental practice. We saw that staff were smartly dressed in clean, short sleeved uniforms so they could wash their hands thoroughly to reduce the risk of contamination from clothing.

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 saw records to demonstrate that staff at this practice were registered with the General Dental Council (GDC). The GDC regulates dental professionals in the United Kingdom. Dental professionals must be registered with the GDC to work in the UK.

We asked to see appraisal records. The practice manager confirmed that appraisals were usually undertaken in January each year but these had not been completed in 2013. We were told that the appraisal system was changing to include personal development plans and a mid year review. We were not shown any records of previous appraisals undertaken. The provider may wish to note that systems were not in place for regular review of staff performance.

We discussed staff training with the practice manager and a dental nurse. We were told that each staff member was responsible for completing their own continuous professional development (CPD). CPD is any activity which contributed to the professional development of dental professionals such as attendance at training courses. This helped members of the dental team to keep their skills and knowledge up to date throughout their careers. A dental nurse had taken responsibility for checking CPD to ensure that everyone was up to date and for sourcing appropriate training courses. We looked at staff training records. We saw that staff had recently undertaken a full day course which covered topics such as dealing with complaints, medical emergencies, disinfection and decontamination, radiography and radiation protection. Two of the dental nurses were undertaking a National Vocational Qualification at level three, in customer care. Training regarding the safeguarding of vulnerable adults and children and the Mental Capacity Act had also been completed. Dental journals provided information for staff about dentistry and updates in working practices.

We were told that staff meetings had been held on a monthly basis recently but there had been long gaps when these meetings had not taken place. Minutes of the meetings were available for October and November 2012 and January 2013. We were told that a meeting had been scheduled for February 2013.

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 discussed quality assurance with the practice manager. We saw that there was a suggestions box in the patient waiting area. We were shown some of the suggestions such as a request for a television or radio to occupy people whilst they were waiting to see the dentist. We heard a radio playing and were told that this had been introduced because of the suggestion made. We saw a random sample of the patient satisfaction surveys. The receptionist sent out satisfaction surveys with appointment reminder letters. The satisfaction surveys seen did not have a date of sending or return. It was difficult to identify when these were sent out to people. We were told they were sent out in August 2012. The surveys we saw recorded that people were happy with the service provided. We were told that the next survey would be sent out in August 2013. We were not shown any action plans which would demonstrate action taken following comments made on satisfaction surveys.

We talked about audits of working practices undertaken. We were told that there was no patient record card or waiting time audit undertaken. We were not shown any audit documents to demonstrate that staff have the necessary skills and working practices were being followed. The provider may wish to note that there were no audit systems in place to monitor patient satisfaction or to demonstrate that the service was working to industry standards. We saw a performance development plan completed on behalf of Denplan. We saw that waiting time audits had been identified as an issue for action. Other issues for action were identified in the Denplan document. There was no action plan showing action taken to address issues identified. We asked the people we spoke with over the telephone about waiting times, one person told us, "There is usually no wait, occasionally five minutes but no longer". Another person said, "I am usually seen on time, I can't fault the dentist".

We saw the service reports and maintenance contracts for equipment used in the decontamination processes. We looked at test records to demonstrate that decontamination equipment was working effectively. This helped to ensure that equipment required for daily use was in good working order.

Appropriate contracts were in place for the disposal of clinical and domestic waste. This meant that the dental practice had systems in place for the safe removal of clinical and

domestic waste.

This dental practice had treatment rooms on the ground and first floor. There was a step to gain access to the reception area. We were told that a portable ramp was used to enable people who used wheelchairs to gain access to the dental surgery. We spoke with people over the telephone about access to the dental surgery. One person told us, "They put a ramp out for me, they always help me to get in to the dental surgery". Another person said, "They have a ramp which they put out. They usually see me park my car and then they come out and help me, they are very good".

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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