

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

Devonshire Park Dental Centre

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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
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Wirral Community NHS Trust
Overview of the service	Devonshire Park Dental Centre is one of a group of dental clinics provided by Wirral Community NHS Trust (the trust). The clinic is situated in Birkenhead on the Wirral. The dental clinic accepts referrals for assessment and treatment from local dental practitioners for anxious child and adult patients who may require more complex treatment that cannot be treated by the patient's dentist. The clinic has its own list of special needs patients and also provides domiciliary dental visits.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with three patients and their parents and relatives. All of them were happy with the care received. One patient told us: "Staff are lovely and so good with children especially nervous ones." We looked at a sample of comments received from patients who had completed 'patient experience forms'. We found all of the comments to be very positive. One comment read: "I am thoroughly pleased with the service; I was in severe pain and dealt with promptly."

We found that the patient's records contained all the relevant clinical information to show a full oral health assessment had been carried out. However, the staff at the clinic were unaware of the current General Dental Council (GDC) standards with regards to patients receiving a manufacturer's statement with their completed dental appliances such as a denture or a crown which proves that the device has been made to legal standards.

We found the trust had a 'patient information and consent policy' and the trust used consent forms. All staff received mandatory training about the Mental Capacity Act (2005) and staff we spoke with understood the issues of consent.

We found there was enough suitably qualified dental staff to meet the needs of the patients at the dental clinic.

The trust had a complaints procedure in place however we found some improvements could be made in this outcome area with regards to capturing details of verbal concerns and making patients more aware of how they could complain.

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.

Reasons for our judgement

We spoke with the Clinical Director of the Community Dental Service who explained that all staff employed by the trust had to attend a three and half day essential learning programme every two years. We found that this training incorporated the Mental Capacity Act (2005). We spoke with two other members of staff who confirmed that they had received training.

We spoke with a Dental Officer who demonstrated a good understanding of the Mental Capacity Act (2005) and gave us an example of when the consent process for a child had been correctly followed. The Clinical Director told us that the clinic had access to an independent mental capacity advocate.

The Service Lead for the clinics showed us the 'patient information and consent policy' for the trust. The lead nurse for the clinic showed us that all staff could access policies on the trust's intranet site called the 'staff zone'. We found that the policy outlined the principles of the Mental Capacity Act (2005) and guidelines about consent from the Department of Health.

We spoke with the lead nurse for the dental clinic. She told us about the translation service available for patients whose first language was not English. We found that the trust used four different types of consent forms and copies were available in the clinic. The forms included one for adults who were unable to consent for themselves. We found that copies of consent forms were kept in patient's record files.

The consent forms contained sections for the dentist to complete to outline the treatment needed and any benefits and risks of the proposed treatment. The forms used formulated a two part process to consent whereby the clinician explained treatment at an initial visit and then the patient was given the opportunity to look at the information presented to them by the clinician. A contact telephone number was added to the form in case patients wished to discuss their treatment. The clinician at a subsequent visit would then check that

the patient understood the treatment and the patient had the opportunity to withdraw their consent.

We found the 'patient information and consent policy' looked at consent from a patient's perspective and the trust put patient information "at the centre of the consent process". We were shown various patient information leaflets about treatment such as sedation. We spoke with three patients and their parents and relatives who told us that the dentist explained their treatment very well. One patient's parent told us: "The dentist is really good, she explains everything and answers any questions I may have."

According to the 'patient information and consent policy' staff could report any incident regarding the process of consent. The incident would then be subject to analysis of what had happened by the Quality, Patient Experience and Risk Group. Any lessons learnt from the incident could then be cascaded to staff working at the trust to improve how they handled the process of consent. The Clinical Director showed us that incidents could be recorded directly on to the trust's computer system called the 'Datix system'. We found that the clinic had no reported incidents since it had opened.

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 found the dental clinic offered a variety of services. The lead nurse told us the clinic provided assessments for anxious child and adult patients who may require more complex treatment that could not be treated at the patient's own dental surgery. We spoke with the Clinical Director who told us that referrals from local dentists were sent to the office initially. Administration staff would then write to the patient and request the patient to contact them so that the patient could 'choose and book' an appointment that suited them. The Clinical Director told us the waiting time between referrals from practitioners and being seen at the dental clinic was approximately two weeks and that the system in use reduced the number of patients failing to attend appointments.

The lead nurse showed us a 'patient assessment form' that was completed for all patients at the initial visit. Discussions with staff and patients confirmed that patient's medical histories were always checked prior to any treatment. We looked at one patient's records and found that the clinic used computer systems and written notes. The patient's records contained all the relevant clinical information to show a full oral health assessment had been carried out. The record also showed that options for treatment were discussed with the patient. We saw that the patient's ability to communicate, co-operate, medical status, access to oral care, oral risk factors and legal and ethical barriers were all taken into account in any treatment plan formulated for the patient. We saw the trust had a list of approved abbreviations for patient's notes that all staff used to ensure notes could be understood by other staff when necessary.

The lead nurse told us that the clinic provided inhalation sedation but referred patients requiring intravenous sedation and general anaesthesia to other dental clinics. The clinic had its own list of special needs patients and also provided domiciliary dental visits. We spoke with three patients and their parents and relatives. All of the patients we spoke with were happy with quality of care. One patient said "The service is fantastic; I would recommend it to anyone." We spoke with one patient and their relative who had received a dental visit in her own home. They told us they were very happy with the care they had received so far.

We found that the clinic did carry out treatment that involved the use of an external dental

laboratory. The provider might find it useful to note that the staff at the clinic were unaware of the current General Dental Council (GDC) standards with regards to patients receiving a manufacturer's statement with their completed dental appliances such as a denture or a crown. The statement is like a certificate or warranty, and proves that the device has been made to legal standards. We spoke with the Acting Director of Quality and Governance the day after our inspection as we were concerned that the GDC standards for manufacturer's statements had been in place since 2010 and this standard was not implemented at the dental clinic. The Acting Director of Quality and Governance told us that a system for ensuring patients received these statements was being addressed immediately. However, she acknowledged our concern that there had been a failure in the systems designed to ensure guidance from professional bodies was updated and told us this issue would be addressed.

The lead nurse showed us the emergency drugs kit, equipment, oxygen and the first aid kit which were kept within one of the surgeries. The Clinical Director told us that staff on the domiciliary team had their own emergency equipment. We saw that the emergency drugs were regularly checked and found the drugs to be in date. The lead nurse and a Dental Officer told us staff received basic life support training annually and we saw a training matrix to verify this. They also told us that different case scenarios for medical emergencies were often discussed as part of staff meetings. This meant the clinic had considered the different types of emergencies that could arise and had put appropriate procedures in place for dealing with medical emergencies.

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

The clinic appeared clean throughout and we saw that there were two adjoining decontamination rooms for cleaning dental instruments. The first room was called the 'dirty room' where instruments were disinfected. Dirty instruments were put in the washer disinfectant which could be opened in the adjoining room called the 'clean room'. The 'clean room' contained machinery to specifically clean dental drills to avoid damage to them in the cleaning process. The room also contained two machines to sterilise instruments. We found equipment used was checked weekly and maintained by external companies to ensure the equipment was safe to use.

We observed necessary protective clothing for example, gloves, masks and eye protection when cleaning instruments was available within the room. Patients we spoke with confirmed that the dentist always washed their hands and wore gloves before treating them. All the patients we spoke with thought the clinic was clean. One patient told us: "I have no qualms about the cleanliness at all" and another said: "The surgery is beautiful and clean."

The lead dental nurse we spoke with was also the lead for infection control. She showed us the routine checks and audits carried out to make sure instruments were cleaned and stored appropriately. The lead nurse told us that staff had received training in infection control procedures and we saw a copy of the staff training matrix to verify this. We saw the infection control and hand washing policies were readily available to staff. The infection control lead told us there were quarterly hand washing audits carried out and staff were directly observed to ensure they were washing their hands correctly and at appropriate times.

Discussions with the lead for infection control demonstrated a good awareness of the guidelines and she told us she had updated policies in line with recent updates in the guidance. She told us that any updates were initially e-mailed to the office staff and from there an administrator would cascade any urgent changes to staff via e-mail. We found that the updated policy incorporating the guidance was in the process of being approved by the infection control team for the trust.

We found there were appropriate procedures in place for dealing with clinical and hazardous waste and that sharps bins were appropriately placed to prevent harm within the decontamination room.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with three patients and their parents and relatives who advised us they had never had any appointments cancelled due to staff shortages.

The principal nurse was in charge of organising staff rotas but she was not available on the day of our inspection and the task of arranging staff rotas between all the dental clinics had been delegated to the lead nurse. We looked at the last week's rota and found that some staff were on annual leave but the shortfall had been accounted for in the planning of the staffing of the clinic.

We spoke with the Service Lead who told us the trust had been addressing the issue of staff attendances over all services provided by the trust. She told us the trust had implemented new measures to reduce the levels of staff absences. She also told us that staff attendance levels were better than expected at the dental clinic and there was a low turnover of staff.

The clinic employed one clinical assistant to specifically operate the decontamination room and to act as receptionist during lunch hours. This meant that nurses working with the dentist were not taken away from the surgery to clean instruments as this would have had an impact on the length of time patients were kept waiting for their appointment .

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke with three patients who told us they were very happy with the clinic and did not have any concerns or issues about the care received. One patient said: "Nothing needs improving." We looked at a sample of comments received by the trust via patient experience feedback forms. We saw there were no negative comments and that one comment read: "No improvement possible, very friendly, confident and competent."

The Clinical Director told us there had been no written complaints to the dental clinic since it had opened. She told us that in the event of a written complaint being received by the trust the Complaints Manager for the trust would contact her to discuss the issues. The Clinical Director had access to complaints recorded so that any action taken was clearly identified.

The clinic carried out NHS treatment and we saw that the complaints procedure clearly outlined who patients should contact in the event of them not being satisfied with the outcome of the in-house complaints system.

The service lead showed us a patient information brochure for patients. The provider may find it useful to note that this did not contain any information about how to make a complaint and there were no information posters available in the waiting area or reception regarding how patients could contact the trust with any concerns. Patient experience forms were available at the reception desk and we were told if patients had a concern they were asked to complete this form.

We spoke with two members of staff who told us that they would take any verbal complaint seriously and report any problems to the lead nurse. One dentist told us they recorded on patient's notes. The provider may find it useful to note that there was no robust system in place to capture information from verbal concerns. This meant there was a risk that trends in complaints could be missed which was particularly important as the clinic was new. We spoke to the Acting Director of Quality and Governance the day after our inspection who told us that the trust had, in light of the Francis Report, altered the way in which patient experiences and complaints details were captured and had combined both which were recorded on the trust's 'Datix system.' They also told us they would ensure that this system was also used to record verbal concerns in the future.

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.

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