

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

Refine Specialist Dental Care

Church Street, Alfreton Primary Care Centre,
Alfreton, DE55 7AH

Tel: 07533016115

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Colin Campbell Specialist Dental Care Limited
Registered Manager	Mrs. Angela Leivers
Overview of the service	Refine Specialist Dental Care is located in the Alfreton Primary Health Care Centre. The service provides orthodontic services and minor oral surgery. Most patients are referred to Refine Specialist Dental Care from their own dentists.
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 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 28 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three patients at Refine Specialist Dental Care. Patients were referred by their own dentist to the service if they needed specialist treatment, such as orthodontic treatment or minor oral surgery. Patients were positive about the service. They said they had been made welcome when they arrived. Patients told us, "They've explained everything", and, "The nurses are very good".

People told us their treatment had been explained to them and we saw records that confirmed this.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We found that people's medical and dental history was recorded and taken into account in planning their treatment. We saw that there were suitable arrangements in place to deal with foreseeable emergencies.

People were cared for in a clean and hygienic environment. There were appropriate policies, procedures and systems in place to reduce the risk and spread of infection.

We found that staff received appropriate induction and training and were supported in their continuing professional development.

We saw that complaints were promptly and appropriately dealt with.

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. 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

People using the service understood the treatment choices available to them. We looked at a sample of patient records and saw that patients had individual treatment plans. The patients had signed to say that the dentist had discussed their treatment with them. Two patients we spoke with told us, "The dentist has been through it all in detail with me", and, "I understand what they're going to do today".

People expressed their views. We saw that an independent company had carried out a survey of patients views in 2012. The results had been analysed and showed that the majority of patients were satisfied with the service provided. The manager told us that a report of the survey findings would be included in the next newsletter for patients.

People's diversity, values and human rights were respected. The surgery was fully accessible for people using wheelchairs. The manager told us that a telephone translation service could be used for patients who did not have English as their first language. Two staff working at the surgery were able to use British Sign Language if required by patients with hearing loss.

The treatment room immediately behind the reception area was an open plan design with no doors. This meant that when patients were in this room they may be seen and overheard by others in the waiting area. The manager told us this issue had already been identified. A door was to be installed between the waiting area and the treatment room to ensure patient privacy.

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 ensured people's safety and welfare. Patients were usually referred to the service by their own dentist for specialist treatment. The records we looked at included information from the patient's own dentist about their dental and medical history. Patients had completed a medical history form, including details of any significant medical conditions and allergies. Patients were asked to check and update their medical history forms if they attended for more than one visit. A patient we spoke with said the staff had explained what would happen before, during and after the treatment so they knew what to expect. The patient had been given written information explaining what they should do after their treatment.

We saw that adverse events were recorded and appropriate action was taken, for example, if a patient fainted. We found that the records were not always dated and signed by the staff who had completed them. During our visit, the manager changed the format of the records so that staff would always be prompted to include the date of the incident, the date of completing the record, and their signature. We saw that adverse events were discussed at team meetings so that action could be taken to reduce the risk of reoccurrence.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had received annual training in cardiopulmonary resuscitation. One member of staff was a designated first aider and was up to date with relevant training. We saw that appropriate action had been taken when a patient was taken ill during treatment. Emergency drugs and equipment, including oxygen, were available and were regularly checked.

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

People were cared for in a clean and hygienic environment. We had a tour of the service and all areas appeared clean. We observed that staff used appropriate personal protective equipment, such as disposable gloves and face masks.

There were effective systems in place to reduce the risk and spread of infection. We found that there were appropriate policies in place covering all aspects of infection prevention and control, such as effective hand hygiene and the use of personal protective equipment. A member of staff had been designated as the lead for infection prevention and control. This member of staff carried out regular audits of the systems and processes in place. We saw that where the audits identified areas for improvement, appropriate action was taken.

There was a central decontamination facility for all of the services within the health centre. We saw that the cleaning, disinfection and sterilisation of dental instruments was carried out safely and to the required standards. Records showed that the equipment used to clean and sterilise instruments was being used at the correct temperatures and was regularly checked.

Staff we spoke with confirmed they had received training about infection prevention and control. Staff were aware of the policies and procedures in place and showed their understanding. For example, they told us how clinical waste was disposed of, and how they would deal with a spillage of blood or body fluids.

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 told us that staff were friendly and had welcomed them on arrival at the service. One patient said they had, "Every confidence", in the competence and abilities of staff.

Staff received appropriate induction and training. We saw that new staff received an induction that helped them to understand how the service worked and what was expected of them. A member of staff told us that their induction was in depth and, "It covered everything I needed". We saw that staff had individual records of their training and their continuing professional development. Staff training included regular meetings and tutorial days where specific topics were covered. Staff told us they were encouraged and supported to obtain further training and qualifications.

We saw that staff had annual appraisals where their practice and personal development was discussed. Staff told us they felt well supported by the provider, manager and other staff.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People's complaints were fully investigated and resolved where possible to their satisfaction. We saw that information for patients about how to make a complaint was displayed in the waiting area. We saw records of two complaints, one received in 2012 and one in 2011. Both had been dealt with promptly, including a full, written explanation to the complainant. Comments and compliments from patients were kept and were shared with staff at team meetings.

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.

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