

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

Diamond Smiles Dental Centre

12 Skipton Road, Barnoldswick, BB18 5NB

Tel: 01282853853

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr Stefanos Thomaidis
Overview of the service	Diamond Smiles Dental Centre is located in Barnoldswick. The practice provides private and NHS routine and preventative dental care services and corrective and cosmetic dentistry. Work is undertaken by a small team of dentists, supported by a practice manager, dental nurses and reception staff.
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'.

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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 8 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

People using the service made positive comments about the care and treatment they received at Diamond Smiles Dental Centre. Two of the people spoken with told us "On the whole I think it's excellent care and good value for money" and "A very personal, caring and reassuring service".

People told us they were involved in making decisions about their care and treatment. They said they had access to written information about the services provided at the practice and they had an awareness of how to make a complaint.

People told us they were treated with respect when they visited the practice. They said staff were friendly and polite. They considered they received good treatment and had no trouble when making appointments.

People had no concerns about their safety and wellbeing when attending appointments. People said the surgeries were clean and that protective equipment was always used.

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

People using the service considered they were treated with respect and that staff were friendly. Comments included, "The reception staff are pleasant, polite and obliging" and "The nurses are extremely efficient and pleasant with it". We observed staff treating people attending the practice, in a professional and respectful manner. Staff spoken with explained how they tried to reassure people who were nervous. Young people were offered 'encouragement stickers' following examinations and treatment.

The reception area and waiting room were pleasant and welcoming. There was a television, magazines and activity toys to occupy children in the waiting room. There was a ground floor toilet which was suitable for people with a physical disability.

We found that people using the service were involved in making decisions about the various treatment options. People spoken with said, "The dentist explains precisely about the options and what's to happen" and "They explained the prices, everything was planned with me". Staff spoken with told us how people using the service were involved in decisions about their care and treatment. We were told confidential discussions about dental care, treatment and costs, took place in the privacy of the surgery rooms. Records showed detailed notes were kept of the various discussions and options, also that people had signed to indicate agreement with their treatment plans.

There was a range of information leaflets including details of the services available, the various treatment options and dental hygiene guides. The practice had an internet website which included further information. New patients were provided with a 'welcome letter', which provided information about the service. There was a regular 'newsletter' to keep people up to date on various matters.

Systems were in place to monitor people's experience of the practice; including a suggestion box in the waiting room. We found people had been asked to complete questionnaires and saw their responses had been used to monitor and develop the services provided.

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

People spoken with said they were satisfied with their care and treatment at Diamond Smiles Dental Centre. Comments included, "The treatment is superb, they have looked after me really well", "They care about the little things, which is important" and "The examinations are very thorough". People said the dentist made them aware of the results of their mouth assessments and that they were given advice on oral hygiene and preventative care.

People told us they were asked to provide details of their medical conditions and any medication they were taking, which could impact upon their dental treatment. We looked at records which included details of examinations and assessments, treatment plans, consent forms, medical questionnaires and referral notes. This helped to confirm people were receiving treatment to meet their needs.

People using the service told us about the arrangements for return appointments and periodic check ups. One person said, "Nothing is too much trouble, I was given an appointment straight away".

We found emergency equipment and procedures were available to assist with any medical emergencies. Staff had received training on the use of the emergency procedures and the equipment available was being routinely checked and maintained.

Staff spoken with explained their various roles and responsibilities in providing support and treatment for people using the service. We found arrangements for staff training and development was ongoing.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service did not express any concerns about their safety or wellbeing when receiving treatment. They all considered they received a good standard of dental care and treatment. One person said, "I trust them, I can talk to them as friends".

Policies and procedures were available on child protection and safeguarding vulnerable adults. The policies covered signs and indicators of abuse and neglect. The procedures included referral and advice arrangements for practices providing NHS dental services, under contract with the Primary Care Trust (PCT). The procedures directed staff to contact the appropriate social services departments. Local safeguarding contact details were included.

Arrangements had been made for staff to access training on safeguarding adults and child protection. Staff spoken with expressed an understanding of safeguarding matters. They were aware of the practice's protection policies and procedures. They knew what to do if they had any concerns and indicated they would have no hesitation in reporting matters if required. Staff had access to a 'whistle blowing' (reporting poor practice) procedure.

We were told Criminal Record Bureau (CRB) clearance checks had been carried out on all staff employed at the practice. Employees had been provided with a comprehensive 'staff handbook' which made reference to various policies and procedures, along with the expectations and responsibilities of their roles.

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

People spoken with considered the premises, in particular the surgeries, were clean and hygienic. They said, "I always find it to be very clean" and "The surgery is kept clean all the time".

On the day of the inspection visit we found the dental practice to be bright, clean and well maintained. Surgeries were being cleaned and prepared between appointments. This involved removing used instruments for cleaning and sterilizing, wiping the dental chair and surfaces, making sure the appropriate dental instruments and protective equipment was available. Records were completed daily to ensure all tasks had been properly carried out.

The practice had a designated room for sterilizing instruments. The necessary equipment and facilities were available to clean and sterilize dental instruments, in accordance with Department of Health guidance. There was a designated infection control lead person, who explained the processes in place for the cleaning, disinfection and sterilization of reusable equipment and instruments. Protocols were displayed providing directions for staff to follow. Regular recorded checks were carried out on the sterilizing equipment and arrangements were in place for ongoing servicing and maintenance.

Protective equipment was seen to be available for people using the service and staff. People spoken with told us this equipment was always used when they received treatment. Records and discussion with staff showed regular checks were carried out on a daily basis, to maintain a safe and clean environment.

The provider may find it useful to note that there were no checklists or prompts to guide staff on some aspects of cleaning, including preparing the surgeries in between patients. We also found there was a range of information leaflets displayed in one surgery which may reduce measures to maintain cleanliness.

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

People spoken with during the inspection told us they had no complaints about the services being provided. All indicated a general awareness of the complaints system and how to raise concerns. They told us they would speak to someone and they were confident their complaints would be looked into. One person said, "I would speak to the dentist if I had concerns, I am sure they would resolve it".

We found the practice had complaints procedure. This explained the action people needed to take if raising a concern and how the issues would be investigated and responded to. The procedure included timescales and the contact details of other agencies who may assist with the complaints process. There were policies available to support an effective response to any complaints and concerns.

Although there had not been any complaints for almost two years, there were systems in place for recording and managing complaints and concerns. The systems showed the complaints had been documented and matters investigated. Any action taken in response to results of complaints had been recorded and followed up as appropriate. This meant any concerns or complaints would be taken seriously and appropriately dealt with.

Staff spoken with were aware of the complaints systems. They told us how they would respond should people using the service, or their representative make a complaint or raise concerns.

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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