

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

Broughton Dental Practice

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Date of Inspection: 17 December 2012

Date of Publication: January
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	Dr. Priti Thanasi
Overview of the service	Dr Priti Thanasi provides primary care dentistry for children and privately funded adult patients.
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 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 17 December 2012, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two patients of Dr Priti Thanasi and asked them for their views about the care and treatment they received. People told us they were happy with the service and felt they were well informed about the health of their teeth and gums. They told us they were given advice on good oral care and were consulted where treatment was required. People's comments included: "Excellent, very friendly and good at putting you at ease." "On marvellous, I've had so much work done, she's been absolutely incredible." One person told us when they had required an emergency appointment that had been the seen the same day.

We found by speaking with and observing staff that there were effective systems in place to reduce the risk and spread of infection. We reviewed the infection prevention and decontamination policies and found them to be up to date and comprehensive with responsibilities clearly defined.

We found by speaking with staff and reviewing records that the dentist and dental nurse regularly accessed training. The dentist had an effective quality assurance system which included seeking the views of people who used his service.

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 were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People we spoke with told us they fully understood the care and treatment choices available to them. They told us the dentist provided advice and information about good oral care which included preventative measures. People we spoke with told us they had been a patient of Dr Thanasi for some time and found her to be friendly and thorough in their care and treatment. One person told us: "She's always explained the work involved including information about 'denplan'."

We looked at the individual treatment records for the people we had spoken with. Paper and electronic records confirmed the information provided by people following their consultation with the dentist and showed they had been involved in decisions regarding their dental treatment. This showed people who used the service were given appropriate information and support regarding their treatment and that they understood the treatment and choices available to them.

The reception area provided a range of seating and magazines and books. Access to the front door was via a ramp with access for people with a disability being a door to the side of the practice. Broughton Astley Dental Practice where Dr Thanasi is based had a website providing information about the staff employed by the practice which included information about their qualifications, experience and role. The website provided information as to the dental treatment plans and the treatments provided at the practice. The dentist provided NHS care and treatment for children and private care and treatment for adults.

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 we spoke with told us they were happy with their care and treatment and that they were fully informed about any treatment which had been recommended by the dentist. One person told us the dentist had worked hard to help them retain their own teeth. They told us: "Oh marvellous, I've had so much work done, she's been absolutely incredible. She's worked very hard on my teeth. Whilst a second person told us: "Priti (the dentist) is always calm, you hardly feel anything when she gives you an injection."

Dental records viewed on the day of our inspection contained clear information relating to the patients' medical history, their known allergies, ongoing assessments and treatment plans. People at each appointment were required to confirm and update their medical history. Information provided to us by people using the service about their treatment was consistent with the information recorded by the dentist within their records. This showed people's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

We saw that emergency medical equipment was easily accessible within the practice and evidence that staff had received the required training to use such equipment if required. Records we viewed showed emergency equipment was regularly checked as part of the services quality assurance system. This showed that the service had systems and equipment in place to respond to emergencies and promote people's health and wellbeing.

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 we spoke with confirmed that the dentist and dental nurse wore personal protective equipment (PPE), which included gloves, a mask and goggles and that they as patients were provided with a 'bib' to protect their clothing and goggles. People told us that in their opinion the treatment room was always clean and some people we spoke with told us they had observed the dental nurse cleaning surfaces and equipment after being used.

As part of our inspection process we undertook a tour of the premises and observed the systems which were in place for promoting effective cleaning and sterilisation of surgical instruments. We found there were effective systems in place to reduce the risk and spread of infection. We read the infection prevention and decontamination policies and found them to be up to date and comprehensive with responsibilities clearly defined. We saw records of cleaning schedules which showed that the treatment room had been disinfected and cleaned between patients and there were cleaning routines for daily, weekly and monthly tasks. This ensured that the treatment room was cleaned to an appropriate standard.

Staff were observed to be wearing uniforms and other appropriate personal protective equipment, which included protective goggles, masks, and gloves. There was a supply of gloves, aprons, wipes, liquid soap, paper towels and hand gel available within treatment rooms. During the inspection we observed and spoke with staff, they were able to demonstrate their awareness and knowledge in the application and understanding of these policies.

The dental nurse showed us the process for taking used instruments which were contaminated and sterilising them. The dental nurse washed and rinsed the instruments, before placing them into a sonic bath prior to using the autoclave which sterilised the instruments. The instruments were then stored in vacuum packaging and date stamped according to national guidelines. The dental nurse provided a clear and detailed account of the process. We also saw that traceability records were in place to ensure that an audit trail for the decontamination of instruments was maintained and records were available of checks carried out to ensure that decontamination equipment was functioning as it should be.

The treatment room on the day of our inspection was of a suitable size to enable effective

and safe treatment to be provided. The room was fully equipped and had sufficient storage facilities to enable the equipment to be securely stored, thus minimising the risks of any cross infection. Systems were also in place for the safe disposal of clinical waste.

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

Staff received appropriate continuous professional development (CPD) according to professional guidelines. Staff were supported to obtain further relevant formal and informal training which was part of their required CPD, facilitated through the practice. We spoke with the dentist and dental nurse about their training. The dentist told us of their desire to specialise in specialist areas of dentistry and that they enjoyed accessing courses. A record for the dentist and dental nurse detailed the training and courses they had attended as required, evidencing their CPD. We spoke with the dental nurse and asked them whether they felt they were supported by the dentist. The dental nurse told us they had recently commenced working with Dr. Thanasi and had found her to be supportive and had guided them on the policies and procedures which they needed to be familiar with along with information they needed to familiarise themselves with which was relevant to the regulation of the service provided.

The dentist and dental nurse told us they met regularly to discuss working practices and talk about the practice, which included training. The dental nurse said that she felt as though her views were listened to and that she felt part of a team that worked well together. This showed that the practice was proactive in ensuring that staff maintained their knowledge and skills relating to their specific duties at the practice.

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 patients receive and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

Reasons for our judgement

People who used the service were asked for their views about their treatment and the service offered by the dentist. People's views were acted on as the dentist had systems in place to gain feedback from people. People were asked to complete a patient satisfaction survey. Records showed that the results of the surveys were evaluated and any issues were addressed. The website for Broughton Astley Dental Practice where Dr Thanasi is based provided information about people's views which had been included within the newsletter.

As part of the dentists' quality assurance system risk assessments were reviewed regularly as were the practices policies and procedures. A range of audits were carried out to ensure systems were working effectively within the practice, which included tests on equipment and maintenance of the building. Records showed systems were in place for high risk areas which used external contractors to check for compliance which included checks on water systems for Legionella.

Discussions with the dentist and dental nurse showed that meetings took place and included the dentist and dental nurse and receptionist. Staff spoken with on the day of the inspection told us they found the meetings to be useful and felt they helped them maintain standards of care. This showed that procedures were in place to enable staff to discuss any developments in dentistry and provide staff with the opportunity to develop their professional knowledge and skills.

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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