

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

## Pontesbury Dental Practice

Hall Bank, Pontesbury, Shrewsbury, SY5 0RF

Tel: 01743790678

Date of Inspection: 13 August 2013

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September 2013

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

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Cleanliness and infection control</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Complaints</b>	✔	Met this standard

## Details about this location

Registered Provider	Mr Roy Dixon & Mr Mohinderpal Sandhar
Registered Manager	Ms. Rachel Rowley
Overview of the service	Pontesbury Dental Practice provides a full range of NHS dental services in addition to providing a small amount of private dental services to people of all ages.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with seven people who used the service. The majority of people shared positive experiences of the care and treatment they had received at the dental practice. Most of the people we spoke with told us that they were satisfied with the service provided. Comments included, "They've been absolutely fantastic, I can't speak highly enough of them" and, "It's a really good dental practice. I wouldn't go elsewhere". However, we also received information of concern in relation to some people's care and treatment. This reflected similar concerns received by the dental practice and NHS England.

People told us their checks were thorough. Most people said their treatment options were explained to them, including the costs. Some people shared concerns with us about not being provided with time to think about their treatment options. This had not enabled them to make an informed decision about their treatment.

We saw the practice had arrangements in place for the safe management of infection control. Staff had received training to reduce the risk of cross infection. People we spoke with told us they found the practice clean and hygienic.

Staff received a range of training to give them the skills and knowledge they needed and to meet the requirements of their registration.

Most people were aware of how to make a complaint. We saw complaints received had been acknowledged and investigated.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 21 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✘ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was not meeting this standard.

People had not always experienced care, treatment and support that met their needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

We carried out this inspection to check on the care and welfare of people using this service. Before our inspection three people had shared concerns with us. These were about poor experiences of the care and treatment they or other people had received under the current registered providers. A further concern was raised by a person during discussions held as part of our inspection. We saw the provider had received complaints of a similar nature to the concerns shared with us and received by NHS England.

Everyone we spoke with said they were made welcome when they attended the dental practice. We saw people were dealt with respectfully by the receptionists and were offered appointments on days and times to suit them.

People told us they had completed a medical questionnaire and any changes to their health had been discussed prior to receiving dental treatment. This was confirmed in discussions we held with dentists and nurses. Dental staff told us they never commenced treatment without obtaining health and medical information from the patient.

However, one of the records we sampled did not show that the dentist had checked the person's medical history before providing emergency treatment on two occasions. This could make people vulnerable to receiving treatment that was not suitable for them.

We asked people about the treatment they received. People told us their checks were thorough and included checks to their gums and soft tissues. Two people who had contacted us prior to our inspection told us their checks had been, "Very rough". One person described their experience as, "Very unpleasant" and another said, "I was in a lot of discomfort during the check".

Most people said their treatment options, including the costs were explained to them. We spoke with some people who had received extensive treatment. They confirmed they had

been given the time to go away and consider their treatment and costs involved.

However, some people considered they had not been fully informed of their options. They told us that dental work had been carried out immediately without them consenting to treatment or being given time to make an informed decision about their treatment. In one patient satisfaction survey one person commented that the clinician did not talk about the potential side effects of treatment, benefits and had not explained the alternatives.

We had also received concerns about people's teeth being filled or removed without appropriate pain relief being offered. This had resulted in them being fearful of returning to the dental practice. We saw the dental practice had also received a complaint from a patient sharing a similar experience. They had experienced, "Significant pain" and found the procedure distressing.

Patient records we looked at detailed the treatment advised and if people had received treatment the same day or a further appointment made. For example, "Received treatment same day (filling) agreed". Records we sampled also detailed the pain relief that had been provided.

People who had received treatment told us they were provided with a copy of their treatment plan. We saw copies of treatment plans on the files we sampled. Staff described how they shared the outcomes of diagnostic tests such as radiographs (X-rays) with people to ensure they understood the outcome. Reasons why an X-ray had been taken was recorded on the majority of the records we sampled.

We found that people had been appropriately referred for specialist treatment such as oral surgery if required. We saw people had been supported to promote good oral health and been given appropriate instructions. A wide range of products were available for people to purchase in the reception area. Where extractions had taken place people had been provided with post-operative care instructions.

We saw people were encouraged to complete a patient satisfaction survey to provide feedback on their treatment. These were audited on a monthly basis and a report of the findings produced. Feedback gained was positive and included, "Pleased with the treatment I have received and will definitely recommend to my family" and, "From making my initial contact with reception to seeing the dentist the overall standard was excellent".

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in emergency life support. This was updated annually. We saw there were emergency treatment arrangements in place including emergency medication, medical oxygen and a newly acquired defibrillator. The registered manager confirmed that staff would receive appropriate training prior to using the defibrillator. Emergency drugs were checked at regular intervals to ensure drugs remained in date and safe to use.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection.

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**Reasons for our judgement**

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People we spoke with expressed no concerns in relation to the cleanliness of the practice and the standards of hygiene. They confirmed the dental staff always wore disposable gloves and masks and offered them eye protection when providing treatment. One family told us their dentist always wore a new pair of disposable gloves for treating each member of the family. The dental staff we spoke with confirmed that procedures were adhered to for minimising cross infection in between patients.

One person contacted us and shared concerns about a tray of dental instruments from the previous patient being left out and the treatment room not being prepared for them. They also said they were not confident that the dentist had changed their gloves worn for the previous patient. The provider may find it useful to note that this could reduce the effectiveness of their infection control procedures.

We found that there were systems in place to reduce the risk and spread of infection. Policies and procedures were available to instruct staff about how to manage cleanliness and infection control. We saw staff had received formal training in relation to infection prevention and control. Training certificates were available on the staff records we reviewed. We saw infection control was also discussed during staff meetings.

The practice did not have a designated room for sterilisation and decontamination of instruments and equipment. Instruments were currently being cleaned within each surgery. The registered manager shared details of the plans in place to move to best practice. The designated lead member of staff for infection control talked us through the decontamination process. This included an explanation of the equipment used and the decontamination process they followed to ensure people were not placed at risk of cross infection. Dental nurses showed us the records they maintained to show that the required checks had been undertaken.

There were arrangements in place for the disposal of clinical waste and for the management of 'sharps'. Discussions held with staff showed they were aware of the procedure to follow in the event of receiving a needle stick injury. They confirmed their work-related vaccinations were up to date and this was reflected in the staff records we sampled.



The local infection prevention and control specialist nurse told us they had carried out an infection control audit of the premise in November 2012. The practice achieved an overall score of 100%. They also advised us that they had provided three staff with training in infection prevention and control in May this year. They told us the designated lead nurse was very good at contacting them if they had any problems or needed advice. We saw infection control was regularly audited by the lead nurse.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment.

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## Reasons for our judgement

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Most of the people we spoke with considered that the staff were competent in their work. Comments included, "The staff are very pleasant", "They are absolutely fantastic. They are very caring, friendly people" and, "They are very good and appear competent. Sometimes there's a language barrier but we get there in the end". People with young children told us the staff made the effort to speak with the children. One person said their dentist was very knowledgeable about the complex health needs of their child.

Prior to and following our inspection we received concerns in relation to the professional conduct of one member of staff at the practice. These concerns were shared with the registered manager at the time of our inspection. We saw complaints of a similar nature had also been received by the dental practice from other patients. The registered manager assured us they would address the concerns.

Staff received appropriate professional and continuing personal development. They told us they were supported to attend training courses appropriate to their work. We saw qualified staff maintained their continuous professional development and certificates of completed training were available on the staff records we sampled. These included infection prevention and control, safeguarding and dealing with medical emergencies. We saw staff had attended training courses appropriate to their role. These included gum disease, dental radiography and radiation protection. Staff had also received training in the Essential Standards of Quality and Safety. Reception staff were also supported and encouraged to undertake training relevant to their roles. The registered manager was confident that qualified staff met the requirements of their registration with the General Dental Council (GDC).

Staff told us they were felt supported in their work and told us the manager was, "Very approachable and supportive". We saw staff meetings were held monthly and included infection control, staffing, complaints, audits, training and the results of patient satisfaction surveys.

The manager held one to one meetings with staff if concerns had been identified, staff had missed a practice meeting or if they were returning to work following sickness. Staff told us daily 'huddle meetings' were held which gave them the opportunity to meet and speak with their colleagues and the manager. The manager told us they were planning to

undertake staff appraisals and staff development reviews shortly.

There had been some changes in the staffing since the practice was registered with the Care Quality Commission. We observed during the inspection that there was good communication between members of the team. The manager told us they had a, "Close knit team". Staff described staff morale as "Good".

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was a complaints system available.

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**Reasons for our judgement**

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Most people we spoke with were aware of how to complain if they were unhappy with their care or treatment. People told us they would be confident in raising concerns directly with the dentist or the practice manager. Staff were aware of how to support people in making a complaint. However, the provider may wish to note that staff were not familiar with the escalation process should a person not be happy with the outcome of their complaint or how their complaint had been managed.

We saw the practice had a written complaints policy displayed in the waiting room. This explained how people could raise concerns and complaints. The provider may wish to note that the procedure required updating.

We reviewed the complaints log held at the dental practice. We saw records of complaints which showed that people's concerns had been acknowledged and acted upon. We saw a letter of apology from one dentist, however this failed to include details of the escalation process should they not be happy with the outcome of their complaint. The outcome of another complaint was not available for inspection. We were told that the patient had declined to attend a meeting but had remained a patient at the dental practice under a different dentist. The manager confirmed the only complaint open was currently under investigation by an external agency.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Care and welfare of people who use services</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> People had not always experienced care, treatment and support that met their needs. Regulation 9(1)(a)(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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