

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

Martins Lane Dental Practice

1 Martins Lane, Wallasey, CH44 1BA

Tel: 01516385536

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

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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Annette Wyllie
Overview of the service	Martins Lane is a dental practice located in the Wallasey area of Wirral. It provides dental care to people who are funded by the NHS, privately or through dental plans. The practice's catchment area extends over all parts of Wirral. There are eleven dental surgeries. The practice is owned and run by Dr Annette Wyllie who has operated in the area for many years. The building has disabled access.
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 29 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

This was our first inspection of the service since its registration in 2011. We spoke to two patients, both commented:

"I am very, very happy with this dentists"

"They always involve me in my treatment"

"I feel safe in their care"

"I have confidence in them"

"It is a clean place and instruments they use are always very clean"

"Staff are great, they do a good job"

"They are very understanding and show concern to me"

"They are very good at patient care"

"They always use gloves and aprons when they treat me"

We saw more comments on an NHS website. Comments included:

"A really excellent service, I was looked after and I was spoken to about the treatment I could have"

"My current dental practitioner maintains this practice's excellent standards, they are always polite, respectful and informative when asked questions about my treatment . They are approachable and have an easy and relaxed manner, that puts you at ease".

This inspection found that the care and welfare of patients was fully promoted by the practice. People using the service were protected from harm. We found that treatment was undertaken in a clean and hygienic environment with care taken to ensure that infections were controlled. We found that patients were treated by staff who were fully supported to do their role. When treatment was not to the patients' satisfaction, information was available for them to make a complaint and any concerns were always investigated thoroughly until resolved.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the way the practice promoted the health and wellbeing of its patients. We spoke to two patients. They confirmed that they were happy with the treatment they received and that they were always involved in the course of care they received. We looked at four case notes relating to people who had attended appointments during the morning of our visit. Two of the patients notes related to the people we spoke with. We found that the treatment they outlined to us tallied with the clinical notes. All notes we looked at were securely stored on computer with access to these on a need to know basis. Notes contained reference to future treatment, actual treatment received, oral health promotion and reference to any lifestyle issues. Patient we spoke with also confirmed that they were asked to complete a medical questionnaire before their appointment. We were able to see four of these and all contained relevant declarations of health and current medication.

Children were treated by the practice. We were able to see that children's appointments were monitored to ensure that they returned for appointments in respect of acute conditions such as toothache or abscesses. We also noted evidence that a child friendly area had been set up in one waiting room enabling young children to be occupied while either themselves or their parents/guardians were waiting for treatment.

We spoke to three staff and looked at training records. These confirmed that all staff had had training in basic life skills as well as cardiac resuscitation. We noted that a stock of emergency drugs were available to staff. These were individually stored in emergency kits which were marked reflecting the health emergencies that dentists could face such as heart conditions, shock and epilepsy. All medication was found to be in date. We were shown that emergency buttons were available in each surgery. These were used in the event of a health emergency of a patient as well as alerting other staff in the practice that a member of staff was in danger of harm. We spoke to dental staff about the referrals of individuals to hospital following the detection of potential oral cancer. A protocol was in place and it was reported that this had worked well.

We looked at how patients were protected from the potential risks of x rays used in the practice. The practice has a dentist who was the lead for radiology (x-ray) arrangements. Not all surgeries had x-ray machines. For those that did, local rules were on display as well as radiation warning symbols outside the room. For all other surgeries, a designated x-ray room was available. This was lead-lined and again local rules and warning symbols were on display.

The practice had a business continuity plan in place. This ranged from action to take in the event of incidents such as computer malfunction or an air compressor breaking down.

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

We looked at how the services protected its patients from harm. We looked at our own records and found that no safeguarding referrals had been made in respect of the practice.

We examined the protocols the practice had in relation to the safeguarding of both children and vulnerable adults. We saw that clear procedures were in place which started with the responsibilities of the practice to employ people who were of good character and subjected to a police check (known as a DBS check). The protocols went on to outline potential types of abuse and action that should be taken. We spoke to three members of staff. All were aware of the safeguarding protocols, their location for reference and the presence of a flowchart so that action could be taken if needed. All felt confident that they had the information they needed if a referral needed to be made and all were able to locate the safeguarding protocol.

We were able to evidence that the service had links with the local Children's centre so that any concerns could be discussed if needed. The service had a system in place to identify those appointments which had been missed by children and involved more acute dental health problems. This had not needed to be used yet letter templates did outline that after three attempts, the service would contact parents or guardians outlining that there could potentially be a safeguarding concern.

Staff confirmed that they understood the concept of whistleblowing and that they had received training on the mental capacity act. This was verified through staff training certificates. We spoke to two patients. Both stated that felt safe using the practice.

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

We looked at the way the practice promoted the wellbeing of patients through its standards of hygiene. We spoke to two patients both of whom stated that they considered the practice to be clean and that all instruments used during the course of their treatment were sterilised and hygienic.

We toured the building. The building was clean with hand gel dispensers available in areas to ensure that hands were kept as clean and bacteria-free as possible. We looked at the patient toilets areas. Both All areas were clean with evidence that their cleanliness had been checked every day. These toilets contained soap and paper towels as well as guides for effective hand washing.

We looked at several surgeries. All were clean and contained hand wash facilities as well as protective personal equipment such as aprons, gloves and masks. We were able to view a stock room which contained a good supply of this personal protective equipment. We looked at arrangements the surgery had to sterilise used dental instruments. The practice had a decontamination room, arranged in such a way that 'dirty' instruments were introduced to one part of the room and then went through a process of cleaning and sterilising for re-use. This area was very clean and organised containing equipment to ensure the effective sterilising of dental implements. The room had washing and sterilising machines. The effectiveness of these was checked and this was verified through the availability of records confirming that they were working satisfactorily. Two sterilising machines had a self-diagnosis programme which could be verified by the service through its computers.

The service had conducted a self-audit in June 2013. This confirmed that the practice had achieved a high and acceptable mark of 95%. Staff training records confirmed that training in cross infection had been undertaken. We saw that arrangements were in place for action in the event of the spillage of bodily fluids and mercury. A clinical waste system was in place and this was correctly disposed. Clinical waste bags were removed from the practice weekly. Arrangements were also in place for the safe disposal of amalgam. Sharps boxes were available as well as a procedure for action to be taken in the event of a sharps injury.

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

We looked at the way the practice supported staff in their roles. We spoke to two patients. Both commented that they considered the staff to be "very good at their job and friendly".

We spoke to three members of staff. All considered that they felt supported in their role and felt that the provider listened to them and actioned any suggestions. All were able to confirm that they received a written formal appraisal of their work and found that this was very useful. Two members of staff had suggested training in sign language. They stated that this had been fully backed by the provider who had provided funding for this. They considered it to be enjoyable and would be relevant to those patients who were not able to hear .

Included in the supervision process was a weekly team meeting. Staff confirmed that this was an open forum for any new policies or updates to be relayed to staff and also this enabled suggestions about the work and standards of care within the service to be sustained.

We looked at training records. Each member of staff had a file with details of their training as well as continuous professional development they had undertaken. One member of staff had a receptionist role yet did have a dental nurse background. They were able to maintain their registration and had sought to undergo training relevant to both of their roles. Training had included safeguarding, basic life support, cardiac, cardiac resuscitation and infection control. Other training had been linked to specific dental conditions. Training was sourced from within the practice, externally provided or completed on line.

We asked one staff about their experiences of the induction process. They stated that they had received a health and safety induction and the provider was able to elaborate on this stating that the induction process involved new staff watching, being shadowed and then being mentored until such time as they were fit to practice independently.

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

We looked at the way the practice managed any complaints it received. We looked at our records and found that no complains about the practice had been received by us.

We spoke to two patients. Both said that they did not have any complaints but would seek more information about how to make a complaint if they needed to. Both stated that they were confident that their concerns would be listened to and acted upon.

A complaints procedure was on display in the practice outlining the timescales involved in any investigations of complaints. We interviewed three members of staff. They confirmed that they understood the process for the receipt of complaints and that there was a protocol for the recording and actioning of these complaints. We also saw evidence through training records that staff had had training in the handling of complaints.

We looked at complaints records. These indicated that the last complaint had been received in 2012. There was evidence that each complainant had been initially responded to and invited to meet with the provider in order to discuss their concerns. A record of action taken was included in records with an indication of whether the complainant was satisfied with the response. In all complaints we looked at, these had been investigated to the satisfaction of the complainant.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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