

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

## Ravenshead Dental Practice

1a Milton Court, Ravenshead, NG15 9BD

Tel: 01623792186

Date of Inspection: 12 February 2014

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

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Dr Laurence Russell Carlson-Hedges
Overview of the service	The dental practice is situated within the pleasant residential area of Ravenshead. The practice offers the full range of dental options including routine dental care, complex and cosmetic dentistry, treatment of toothwear, teeth straightening and implants to privately funded patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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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 unannounced 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 12 February 2014, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with two patients, three members of staff and the dentist. We also looked at records. These included patient's treatment records, records of staff meetings and information about how the service operated.

Patients told us that they felt the dentist respected their opinions and felt they were fully involved in the decisions made about their dental care regime. One patient told us, "Everything was explained to me. Initially I was very nervous about going back to see a dentist as I have had a bad experience at another dentist but I'm fine now and not scared at all. I think it's because I'm not rushed and the dentist has a gentle and caring approach."

Patients told us that they were very satisfied with the quality of the treatment provided at the practice. One patient told us, "I am one hundred per cent satisfied, the service is faultless."

Procedures were in place to ensure staff would have a good knowledge of the required reporting procedures and how to alert others if they were concerned about a patients' safety or welfare. Patients told us they felt safe in the environment of the surgery and did not express any concerns about their safety and wellbeing.

We found the surgery to be very well presented. Patients were protected from the risk of infection because appropriate guidance had been followed to ensure a clean, hygienic environment was maintained.

We found that staff had received appropriate ongoing educational opportunities to ensure their knowledge and skills were up to date. Patients told us, that in their opinion, the staff employed at the practice were competent and professional whilst being friendly and approachable.

The provider had an effective system to regularly assess and monitor the quality of the service and systems were in place which enabled patients to comment about the service they received.

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

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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

**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

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### Our judgement

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The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with two patients to establish their views on the quality of service provision. They told us that they felt the dentist and the dental nurses had always respected their decisions and felt that were fully involved in the decision about their dental care regime. They also told us they were very satisfied with the treatment they received and understood the treatment options available to them because a full explanation their individual needs had been provided.

One patient told us, "Everything was explained to me. Initially I was very nervous about going back to see a dentist as I have had a bad experience at another dentist but I'm fine now and not scared at all. I think it's because I'm not rushed and the dentist has a gentle and caring approach."

We found that patients had access to a range of information about the treatments provided at the surgery such as tooth extraction, cosmetic treatments and root canal treatments. We also saw that price lists were made available to ensure that patients could establish which treatment option would best suit their individual needs.

We found that patients were also provided with additional information in the form of a practice leaflet which specified opening hours of the surgery, the details and qualifications of the staff employed at the surgery, the range of services provided and details of payments plans. Supplementary health promotion information was also available on topics such as smoking cessation and dietary advice. This showed that the practice was proactive in providing appropriate information and guidance to their patients when they attended their appointments.

We found that patient's views and experiences were taken into account in the way the service was provided and delivered. Patient surveys had been undertaken on an annual basis. We saw that 30 patients had responded to the survey and all respondents were very

satisfied with the treatment provided. Comments made within the survey included, "The staff are very professional and friendly," and, "Excellent all round service."

We found the surgery was located on the first floor of the building and as such it would be difficult for patients with limited mobility to access it. We discussed this issue with the dentist who told us that they were in the process of exploring options to aid people to access the surgery via a stair lift.

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

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**Our judgement**

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The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We found that care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare. Patients told us that they were very satisfied with the quality of the treatment provided at the practice. They said they were satisfied with the explanation of their treatment options and how their dental care had been provided. One patient told us, "I am one hundred per cent satisfied, the service is faultless."

We saw that patient treatment plans and records were well maintained and up to date. They showed that patients had undergone an initial assessment of their oral cavity, teeth and gums and a medical history had been undertaken in accordance with the National Institute for Clinical Excellence (NICE) guidance.

Patients were also encouraged to fill out a questionnaire which asked them about their general health and any problems they had had with their teeth, mouth or gums together with lifestyle risk factors which could affect the health of their oral cavity such as diet, smoking and drinking habits. We found that should any risk factors be identified the patient would be supplied with information to assist them in adopting a healthier lifestyle should they wish.

Patients also told us that at subsequent interventions the dentist would always perform a thorough examination of their oral cavity. This was confirmed by the dentist who told us that at each intervention an examination of patients teeth, gums, soft tissue and chewing function would be assessed. This showed that the dentist had effective systems in place to assess and monitor the changing needs of patients to ensure their treatment regime met patient's individual requirements.

We found the dental surgery had undergone a complete upgrade in November 2012 and was exceptionally clean and well maintained. We saw the surgery was of a suitable size which enabled effective and safe treatment to be provided to the patients. We also saw there were good storage facilities to ensure equipment could be securely stored, thus inhibiting the risks of contamination.

We saw appropriate equipment was available such as oxygen and emergency drugs to



manage medical emergencies such as a cardiac arrest. These were securely stored and were only accessible to staff. Records showed that checks of the maintenance and replacement of emergency drugs and equipment was undertaken on a monthly basis. Staff also told us they had attended resuscitation training on an annual basis and felt competent in performing resuscitation techniques should it be required. This showed that the practice had systems and equipment in place to respond to the emergency health needs of patients.

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

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### **Our judgement**

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The provider was meeting this standard.

Patients 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.

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### **Reasons for our judgement**

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Patients told us they felt safe in the environment of the surgery and did not express any concerns about their safety and wellbeing.

Staff spoken with confirmed the practice also had a 'safeguarding lead' who disseminated information relating to safeguarding issues to the dental team at staff meetings. This was to ensure they would have a good knowledge of the required reporting procedures and how to alert others if they were concerned about a patients' safety or welfare.

All the staff we spoke with on the day of our inspection had a good understanding of their responsibilities around ensuring people were safeguarded and told us that they were confident that they would recognise and know what actions to take if they observed an abusive situation.

We saw that the practice had up to date whistle blowing and safeguarding policies for both adults and children. The policies were accessible to all staff at the practice and contained contact numbers for staff to be able to report any concerns to the local safeguarding teams. Members of staff told us that they had read the policies and felt comfortable in utilising them without fear of recrimination.

**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.

Patients were protected from the risk of infection because appropriate guidance had been followed and patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The surgery had undergone a complete re-fit in 2012. Patients told us that in their opinion all areas within the practice were always maintained to a very good standard of cleanliness and hygiene.

We looked at the reception room, toilet, decontamination room and the surgery. We found all of these areas to be exceptionally well maintained and inviting.

We saw that cleaning records were maintained to ensure all areas within the practice would be maintained to a high standard of cleanliness. Records also showed that the practice had a infection prevention and control policy which demonstrated compliance with the decontamination procedures required in primary care dental practice settings.

As part of our inspection process we undertook an examination of the surgery and observed the systems which were in place for promoting effective cleaning and sterilisation of surgical instruments.

We found that all of the surfaces and flooring within the surgery and the decontamination area were well maintained. We also saw that dental equipment such as suction units and the examination chair were in good condition thus allowing effective cleaning procedures to be performed.

We observed a member of staff decontaminating surgical instruments with a designated decontamination facility and found they adhered to the decontamination procedures required within the primary care dental practice.

Staff were seen to be wearing uniforms and other appropriate Personal Protective Equipment (PPE) such as gloves and aprons to minimise the risk of infection. We also saw ample supplies of protective gloves and aprons were available. Staff told us they always wore protective uniforms whilst they were on the premises but they were not worn outside of the practice thus avoiding the risk of cross infection.

Waste management arrangements were in place, which were compliant with Hazardous

Waste Regulations 2005. An approved contractor was in place to remove clinical waste such as dental amalgam (amalgam is an alloy used by dentists to fill cavities in teeth).

**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.

Patients were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Patients told us, that in their opinion, the staff employed at the practice were competent and professional whilst being friendly and approachable. This information was confirmed within a recent service user's survey as comments included, "The staff are very professional and friendly," and, "The staff are friendly, helpful and attentive, excellent quality care."

Staff spoken with confirmed that they had received a comprehensive induction programme when the new providers had taken over the business. They told us that although they had experience as dental nurses the new provider was proactive in preparing them for their new role within the organisation. One member of staff told us, "We all had an induction when our dentist first took over the business. We had new policies and procedures in place and we now feel valued. We felt that we were in a bit of a rut before but we like coming to work now."

Staff told us, and records showed, that they were undertaking their Continuing Professional Development (CPD), which was required to maintain their registration with the General Dental Council (GDC). They also told us that the dentist was very supportive in relation to providing time to maintain their competencies and they were on course to complete the required number of verifiable and non-verifiable hours of CPD.

One member of staff told us, "We are up to date with our CPD. Our employer subscribes us to an on line CPD process. We are all attending the British Dental Association (BDA) conference in Manchester. It's a two day course and that will count towards our CPD. It's nice to come to work now, we weren't very confident in our abilities before but the dentist has made improvements. We are capable now and he (the dentist) has brought us out of our shell. The most important thing for us is that patients have noticed and we are happier and back to our old selves."

Members of staff also told us that staff meetings were performed on a weekly basis which provided them with a forum to discuss a variety of issues which could include their training and development needs. They also told us they felt comfortable in discussing any development needs with the dentist on a one to one basis should it be required.

We found that the staff were knowledgeable about their roles and responsibilities and demonstrated a genuine enthusiasm and commitment to maintain a good quality service. This showed that the provider was proactive in ensuring that all the staff maintained their knowledge, skills and competencies.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who used the service and others.

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### Reasons for our judgement

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Records showed that systems were in place to obtain feedback from patients. Samples of the practice population were encouraged to take part in patient satisfaction surveys which were undertaken on an annual basis. We saw that comments made by patients within the surveys, when asked what they liked about the service, were very positive and included, "Excellent all round service," and, "The staff are very professional and friendly."

Information about the practice was also available via a web site. The site provided an additional facility for patients to glean comprehensive information about the services provided by the practice. The web site also gave patients the opportunity to provide feedback about their experience of using the service. This showed an ongoing commitment to identify any areas which could be improved upon.

Records showed that meetings took place on a weekly basis which staff found to be useful as they felt the meeting helped them maintain their high standards of care as they provided the opportunity to discuss any issues which were important to them. 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.

We also saw a process was in place for reporting and investigating any untoward incidents and adverse events experienced at the practice. We saw that following untoward incidents an investigation had been undertaken into the circumstances of incident. A learning process had been implemented to minimise the risk of a similar incident occurring again. This showed that appropriate measures were in place to monitor the quality of service provision and promote the health and wellbeing of patients using the service.

## Complaints

✓ Met this standard

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.

Systems were in place which enabled patients to complain about the service they received.

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### Reasons for our judgement

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Patients told us they felt confident that any of the staff employed at the practice would listen to and respect any issues or concerns or complaints they might have about the quality of service provision.

We found a complaints procedure was accessible to all patients as it was on display within the patient waiting room. The procedure highlighted the provider's contact details, together with the time scales in which the complainant could expect a response. The organisation's complaints procedure was also available via a web site, which provided an additional facility for patients, or those acting on their behalf, to give feedback about their experience of using the service. This showed that the practice had systems in place to support patients to make comments or complaints relating to the quality of service provision.

We asked staff what actions they would take if a patient made a complaint to them. "We haven't received any complaints at all, but if we did we would log it on the patient records. Ensure we listen to what they are actually saying and don't get defensive. We would acknowledge the complaint by letter within two days and discuss it with the dentist and hopefully come to a solution. We have the use of an interpreter if needed and our complaints procedure can be made available in larger print or braille if needed, as can any of our key documents if requested.



## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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