

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

## St John's Hill Dental Practice

30 St John's Hill, Shrewsbury, SY1 1JJ

Tel: 01743343115

Date of Inspection: 22 May 2013

Date of Publication: June 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<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	Dr. Timothy Maurice Parsons
Overview of the service	St John's Hill Dental Practice provides a range of private and NHS dental treatment to the general population.
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 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 22 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other authorities.

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### What people told us and what we found

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We spoke with four people who used the service. They were all extremely complimentary about the staff and the service they received. One person told us that the service was, "Absolutely excellent". Another person said that it was, "Spot on".

We saw that the practice used a variety of methods to collect people's views. The recorded views we saw were overwhelmingly positive.

People told us they were given the appropriate information about their treatment needs. They told us the dentists always discussed treatment options with them. We saw evidence of this in people's treatment records.

People received their treatment in a clean, hygienic environment. The practice had suitable arrangements in place to ensure people were not placed at risk of cross infection.

Staff told us they were provided with good opportunities to further develop their skills and knowledge and to meet the requirement of their professional registration.

The practice had an appropriate complaints policy. A summary of the policy was available in the reception area and waiting rooms. Although people we spoke with were not aware of how to complain, they told us they were confident any concerns raised would be listened to and addressed.

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.

People's 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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People told us that the staff always listened to their views and respected them.

We saw that the practice used a variety of ways to collect people's views. There were patient survey forms on the reception desk. People we spoke with confirmed that they were regularly offered a questionnaire to complete. We looked at the most recently completed questionnaires and the responses were entirely positive.

The practice also operated a suggestion scheme. We saw that the practice considered the suggestions and recorded their response to them. It was not possible for the practice to implement all of the suggestions received. We saw that the practice had added an additional grab handle beside the entrance steps in response to one suggestion.

The practice was able to offer some services to people with mobility difficulties by providing a surgery on the ground floor. However, the practice's only x-ray machine was on the first floor and would not be accessible to everyone. The staff told us that they were able to refer people who were not able to climb the stairs to an alternative practice nearby.

We saw that the practice was fitted with a hearing aid loop to provide additional assistance to people with hearing difficulties.

Everyone we spoke with told us that there were treated with dignity and respect by the staff. Our observations confirmed this. Although the reception desk was separate from the waiting room, staff were conscious of the need to offer a more private area for confidential discussions if required.

We saw people were provided with a range of information. This included information about the practice, the different treatment options available, oral health hygiene and the costs of treatment.

We saw people were also provided with details of the emergency out of hours contact

service.

**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.

People 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 were able to speak with four people who received a service at the practice. They were all extremely complimentary about the staff and the service they received.

One person told us, "You can't fault the place" and, "I find all the staff excellent". Another person said, "They always take time to explain everything".

We spoke with one person who was using the practice for the first time. They told us, "It has been a very positive experience".

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People we spoke with confirmed that they were given a written copy of their plan together with a full quote for the cost of the work involved.

People told us they were regularly asked about their health and any medications they were taking. We looked at the records maintained by the dentists working at the practice. The principal dentist showed us good records that detailed that people's health and treatment options were discussed during their appointments.

We saw evidence that the dentists always examined people's soft tissue during check ups. We saw that the practice kept oral health scores for their regular patients.

We saw information sheets that were given to people before and after having a tooth extracted. The dentists recorded in the person's notes when the information sheets had been supplied. We also saw that people's notes recorded how people were feeling after they had had a tooth removed.

There were arrangements in place to deal with foreseeable emergencies. Medication kept on site was recorded and checked regularly to ensure it remained in date and suitable to use. Dental staff were confident that, as a team, they had the knowledge and training to manage emergencies and administer first aid should the need arise.

**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 because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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People received their treatment in a clean, hygienic environment. People who received a service told us the practice always looked clean. They said that they felt confident that equipment used was sterile and hygienic.

We saw the procedure for cleaning instruments used during dental work. We spent time with a dental nurse and the principal dentist who explained the process to us.

We saw that the practice's designated decontamination room was a disused dental hygiene surgery which still had a dentist's chair in place. We were told that the practice would shortly be moving the decontamination room to specially prepared room elsewhere in the building. The current decontamination room was well equipped and well organised. Information was readily available to support the decontamination process. We also saw how the manager audited the process to ensure consistent good practice.

We saw records that showed equipment was tested daily to ensure it was working effectively.

We saw that dental staff had all received training in relation to the cleaning and decontamination of equipment and infection control. They said that they were confident that infection control procedures were effective.

We saw the results from the most recent infection control audit carried out by the local primary care trust. The practice passed the audit. We saw evidence that the practice had taken action to comply with the minor recommendations made by the auditor.

People who received a service confirmed that dentists and dental nurses wore personal protective equipment. They told us how staff wore disposable gloves and masks. People also told us that they were offered a disposable protective apron and goggles to wear while in the dentist's chair.

**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 safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff told us that they enjoyed their jobs. The dental nurses we spoke with said that they were well supported in their roles. They told us that they had regular meetings as a team. The manager also told us that they had annual appraisals where they could discuss their performance and development.

Staff were confident that they had all the resources they needed to do their jobs. They told us that they had the knowledge and skills to carry out their jobs effectively.

We saw that all the dental staff were correctly registered with the General Dental Council. They told us that they received appropriate continuing professional development (CPD). Dentists must do, and keep records of, 250 hours of CPD over every five-year cycle. We saw records to confirm that the dentists were keeping track of the training they had received.

We were told how training was accessible and relevant to individual roles. The practice manager arranged enough training for the dental nurses to meet the CPD requirements of their registration. We saw records of training attended by staff and saw copies of certificates to evidence this.

## 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.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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We saw that the practice had a suitable complaints policy and procedure. Information relating to how to access this process was seen displayed in the reception area and waiting rooms. There was also information about how to complain in the practice leaflet which was given to new patients.

We saw that the policy contained details of timescales and how to escalate the complaint if people were not satisfied with the outcome provided by the dental practice.

Although people we spoke with were not aware of the formal complaints process they all felt that any concerns they might have would be quickly addressed.

We saw the practice complaint log which showed that the manager responded appropriately to the one minor complaint received this year.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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