

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

## MSC West Heath Practice

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Date of Inspection: 25 June 2013

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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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Dr. Gregory Fickert
Overview of the service	This dental practice offers NHS and private dental care and treatment for adults and children.
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 25 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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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. They were all generally pleased with the service and provided examples of good practice. One person said, "It had been a long time since I had been to the dentist but they put me at ease." Another told us that they were, "very happy" about their treatment. People confirmed that the dentists always explained their options and they were involved in making decisions about their treatment.

We observed as the dentist and the hygienist each treated one person. They took care to make a thorough examination and discussed treatment options as well as providing reassurance and advice about dental care and health.

We found there were good arrangements for infection control at the practice. These included the use of protective equipment and procedures for keeping the premises and the instruments clean.

We found that there were good arrangements for making sure that people using the service were kept safe. These included staff training in adult and child protection and relevant contact numbers for staff to report concerns. All staff had been checked by the relevant authorities prior to starting work.

There were good arrangements for making sure that standards were monitored and improved, where necessary. These included surveys, audits of services and equipment and regular staff meetings.

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 who use the service were given appropriate information and support regarding their care or treatment. During our visit, we looked at information that was displayed in the reception and the waiting area. We saw that leaflets and posters were available to people, providing information about various topics, including treatments that could be offered, opening hours, and payment options. We spoke with seven people who used this practice. They told us that they had been provided with the information they needed to make a choice about their treatment.

The manager told us that consent was obtained for every course of treatment. Before consent was obtained, the costs were explained. We sampled the records and saw that people had signed to indicate that they agreed to their treatment plans. We also saw that people had signed to confirm that their records had been updated at their visit. Where the person signing the consent was not the person receiving treatment, for example, in the case of a child, there was a clear record of the details of the person who had provided consent.

People's diversity, values and human rights were respected. We spoke with staff about how they managed people's anxieties. They told us how they reassured people when they were nervous. Patients told us how the dentists made them feel safe and helped them to relax as they received treatment. One person told us that they had not been to the dentist for a long time before coming to this practice, but the dentist put them at ease. The manager told us that, when patients did not use English as their first language, they sometimes brought family members or friends with them to help to interpret. One of the dentists was able to speak a variety of languages. We saw that the staff were helpful and sensitive to the needs of a patient who had a disability and used a wheelchair. This shows that the service was responsive to the diverse needs of the people who used the 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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People's needs were assessed and care and treatment was planned and delivered in line with their individual care choices. The staff explained that, each time a person attended the practice, an update of their medical history was obtained before treatment began. Where additional information was needed, people were asked to provide consent for the service to access their GP records. We sampled the records of treatment and saw that the dentists updated the computer records each time treatment was provided. This helped to make sure that people continued receive the treatment they needed.

People received care and treatment in a way which met their needs and took account of their preferences. We spoke with seven patients who were registered with the practice. All provided evidence of good practice. Several people commented that they found the staff friendly and polite. Some had been using this practice for several years. One person told us that they had started to use this practice because their friend had recommended it. They said that they were pleased with the service and it was worth taking a bus journey to use this practice for their treatment. They confirmed that they were consulted about their treatment and provided with options when possible. This showed that people were treated in the way they preferred.

We observed as two people received treatment. The dentist and hygienist both took care to describe what they planned to do and to make sure that the person was as comfortable as possible during treatment. They provided encouragement to the people receiving treatment and offered them choices and advice where appropriate.

**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.

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.

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## **Reasons for our judgement**

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People who used this service were protected from the risk of abuse. We saw that the practice had a safeguarding children's and vulnerable adults' policy. There was also information which provided staff with contact details for the local authority that is responsible for investigating allegations of abuse. We saw certificates which showed that staff had received training in this area. We talked with staff about their training and they were clear about the action they would take. This means that staff knew how to take appropriate action when they suspected, or received reports of, abuse.

There were good arrangements to make sure that people were kept safe during treatment. People said that they felt safe when having their treatment and they trusted the staff at this practice. We saw records which showed that staff had received hepatitis B vaccinations and there was guidance to show the precautions to be taken when patients displayed symptoms of infectious diseases.

The records showed that, when staff had been recruited, checks on their backgrounds had been made through the appropriate authorities. We saw that the dentists working at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the UK. Registered professionals are required to work in accordance with their professional codes of conduct. We saw that the practice had a whistleblowing policy for staff. This meant that there were good arrangements to make sure that people using the practice were safe.

**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.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. During our visit, we found that the practice provided a clean treatment environment. We saw hygienic hand washing facilities in treatment rooms. People who provided comments told us that they had no concerns about cleanliness at this practice. They said that they were provided with glasses to protect their eyes during treatment and the dentist always wore protective clothing such as gloves and masks whilst carrying out work. This was confirmed during our observation of two people's treatment.

A nurse showed us how she undertook the decontamination and sterilisation of instruments. There were clearly defined 'clean' and 'dirty' areas in each treatment room in order to make sure that there was no cross contamination of instruments. The nurse talked us through the process in place for making sure that all instruments used were thoroughly cleaned and sterilised between each use. She showed us how she rinsed and then sterilised used instruments using appropriate equipment. We found there were procedures in place for safe disposal of clinical waste, including a sharps bin to ensure effective infection control. The practice had decontamination and infection control procedures. This ensured staff understood how to minimise the risk and spread of infection. This showed that there were good arrangements for making sure that the risk of infection was reduced.

## 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 people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that there were survey forms in the waiting room which people could complete and return to the receptionist. These covered topics including the efficiency of the receptionists, the décor and choice. We looked at these and saw positive comments such as, 'It's fine as it is thank you' and 'Just like to say thank you for all your support'. The most recent audit of these forms for the year ending February 2013, showed high levels of satisfaction with the service.

There were systems to make sure that high standards were maintained. We saw folders which covered each outcome which registered services need to meet. The folders contained relevant guidance and evidence to show how the practice was complying with the requirements. We saw records of staff meetings, which showed that staff were kept up to date with developments and were provided with an opportunity to express their views. Staff had signed to indicate that they had read the minutes. We saw that there were systems to record checks on the maintenance of equipment and to make sure that policies and procedures were in place and reviewed. These included infection control audits, checks on services and equipment and safety checks.

We received comments from seven people who used this service. They told us that the dentist always asked them if they were happy with their treatment. They were confident that they would be able to make a complaint or suggestion if needed. We saw that a suggestions box was available at the service. During our visit, one person suggested to us that it would be useful to have a dedicated parking space for people with disabilities. We passed this comment on and the manager started to explore suitable locations for a space. This showed that the staff were responsive to suggestions for improving the service.

## 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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