

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

## Pearce & Nobles @ Sawley Dental

198 Tamworth Road, Sawley, Long Eaton,  
Nottingham, NG10 3GS

Tel: 01159734941

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

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Dr. Steven Pearce  |
| Overview of the service | Pearce and Nobles @ Sawley Dental is situated on the outskirts of the Derbyshire town of Long Eaton. The practice provides private examination and treatment along with NHS treatment for children and pregnant women. |
| Type of service         | Dental service   |
| Regulated activities    | Diagnostic and screening procedures<br>Surgical procedures<br>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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with people who use the service. They told us staff were friendly and approachable and spoke to them in a respectful way. People we spoke with told us staff treated them with dignity and communicated well. One person told us "we've been really happy here, my dentist is lovely".

People told us they had discussed the treatment options available to them and felt they were able to make informed choices about their treatment. This shows that people who use the service understood the care and treatment choices available to them. None of the people we spoke with told us they had any difficulty in making appointments. One person said "I was desperate for an appointment... they've bent over backwards to fit me in".

They told us they felt the practice delivered care and treatment in a way that met their needs, that they felt safe at the service and never seen anything of concern.

People told us they felt the practice was clean and staff always wore gloves and other protective clothing to prevent cross contamination; this was confirmed by our observation on the day. We saw that the practice had systems to reduce the risk of infection.

People told us they had the opportunity to complete patient comment forms and a satisfaction survey. The practice patient information leaflet contained information about opening times, emergency contacts, fees and the complaints procedure.

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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We spoke with three members of staff. They told us they always ensured they treated people who use the service with respect and dignity. One member of staff told us "we would never discuss treatment in front of another patient". Another member of staff said "we treat everybody the same. All our records are kept online and double password protected, we never discuss treatment at the desk or in front of other patients.". This was confirmed by people who use the service. One person told us "its very friendly here, they don't seem under pressure, there is always time for you".

People we spoke with told us they had discussed the treatment options available to them and felt they were able to make informed choices about their treatment. One person told us "I needed a filling, the dentist gave me options for a normal filling or a white one. He gave me the options, I was able to ask questions, he didn't push towards any particular treatment. I totally felt it was my decision". This shows that people who use the service understood the care and treatment choices available to them. None of the people we spoke with told us they had any difficulty in making appointments. We saw that information about the practice was available in the reception and waiting areas. This included health advice, contact information, price list, opening times and complaints policy.

The practice is accessible to people with reduced mobility. There is level access to the building and an accessible toilet on the ground floor. However all treatment areas are situated on the first floor. We saw that the provider had a system in place to refer people to other practices if they are unable to access treatment areas. For example one person who used the service had to use a wheelchair as a result of a long standing illness. We saw that a referral letter was sent to a local practice and the person transferred with their consent. The provider subscribes a translation service to enable people to communicate if English is not their first language. We saw a comment from a person that used the service that said "being partially sighted I find the contrasting edges on the staircase very helpful". This shows that People's diversity, values and human rights were respected.

**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 looked at five care records, all five showed evidence that people were offered treatment options and had agreed to the planned care. For example one person had a cracked tooth and was given the option of denture, resin bonded bridge, implant or temporary crown. The person chose to have a denture. A second record showed the person had a fracture to their tooth that had not yet broken. The dentist discussed treating the fracture with planned care rather than as an emergency later on. Options were discussed including fitting a bridge, denture or having an implant. The person chose to have an implant. This shows that peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The practice has patient information available in the waiting and reception areas including opening times, emergency contact information, complaints policy and cost of treatment. The waiting area also has a comments and suggestions box for people to give feedback. Staff told us they discussed price of treatment in private with people who use the service. This was confirmed by people we spoke with and records we saw. People we spoke with told us they felt they had enough information to make a decision about their treatment. People told us they were given time to decide on what treatment they wished to have. One person told us "I'd considered having cosmetic treatment and discussed it with the dentist. They told me because I have such sensitive teeth it wouldn't be right for me". A second person said "I always get time to make a decision. They give you breakdown of what it will cost and what is involved". This was confirmed by care records we saw and staff we spoke with.

We saw that all staff had current General Dental Council registrations and a record is kept of the number of hours of continuous professional development (CPD) training accumulated to maintain the registration.

We observed people receiving treatment. We saw that patients complete a health questionnaire prior to treatment and the dentist records any changes to medication or general health on care records. We saw that the dentist and dental nurse treated people with respect and dignity at all times. People told us they were happy with the care they received, one person said " It all feels very gentle, they are very good with the children.

You want your children to have a positive experience and mine love coming here". A second person told us " I'd stopped going to the dentist for years because I was so scared but I am happy coming here." We saw that the dentist checked people's general and oral health, explained the treatment process in full and what future treatment the people would need.

We saw that all members of staff had received training in resuscitation techniques and further training was booked. The practice has four surgeries which share a resuscitation equipment kit. We saw that the equipment was well maintained and regularly checked and that medicines were stored correctly. The resuscitation kit includes information packs giving instruction of the signs to look for with particular emergencies and how to treat them. These packs also included the relevant equipment and medication required to treat the emergency. This showed that there were arrangements in place to deal with foreseeable emergencies.



**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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We spoke with people who use the service. They told us they felt safe receiving care at Sawley Dental Practice and had never seen anything of concern. One person told us "I feel very safe here, and for someone as nervous as me that is very good". A second person told us "I feel very safe here. Everything is so clean, safe and tidy, I've never seen anything that would cause me concern". We spoke with three members of staff. All had recently completed safeguarding awareness training specifically designed for dental staff and were able to describe signs of abuse for children and vulnerable adults and understood their role in raising any concerns. One staff member told us "the training was very interesting, very useful. They told us what to look for and reminded us to report all incidents even if they seem small". Staff told us of an incident where they had referred an issue to the local authority as they were concerned by the way a parent treated and spoke to a child. The issue was dealt with by the local authority.

The provider has a clear safeguarding children policy which is available to all staff, along with the local authority safeguarding vulnerable adults' policy. We saw that staff had signed to show they had read the policy and that all staff have completed safeguarding awareness training. This shows that 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.

**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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We saw that the practice has decontamination and infection control policies and that the policies included specific responsibilities for each member of staff. Staff had signed to say they had seen and understood the policies. The policy identifies clean and dirty zones of the surgery and how they should be cleaned. We saw evidence of the cleaning signed by the member of staff responsible. This shows that there were effective systems in place to reduce the risk and spread of infection.

People we spoke with told us staff always wore face masks, gloves and visors when delivering treatment and ensured that people wore goggles and waterproof aprons when receiving treatment. This was confirmed by our observations on the day. This shows that staff and people who use the service are protected from the risk and spread of infection

We saw that all patient facing staff had received decontamination training as part of their training and that ongoing training was planned. We saw that all staff had up to date immunisation record and the practice had policies for dealing with needle stick injuries and spillages. This shows that staff are protected from the risk and spread of infection

We saw that the provider carried out a regular infection control audit and ensured these were reviewed regularly. For example we saw that a review of the policy had been carried out in April 2013 to ensure the practice was adhering to the latest guidance issued by the Department of Health. This shows that there were effective systems in place to reduce the risk and spread of infection.

The practice meets the essential standard requirements set out in the Department of Health publication 'Health Technical Memorandum' (HTM) 01-05 guidance. Audits were carried out on equipment and instruments on a daily, weekly or monthly basis as required in the HTM 01-05 guidance. We were shown documented evidence that these audits were taking place. We saw that the Autoclave and other decontamination equipment were audited regularly and serviced by an external company.

The dental nurses on duty were trained in decontamination processes and were able to demonstrate the correct procedure for decontaminating and cleaning instruments. All

dental nurses work a rota system that means they carry out decontamination duties for one week at a time before returning to work in surgeries.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The provider has a clear policy for recruiting and vetting new staff. The policy covers checks on staffs identity, employment history, clinical competence and character. We saw that references were offered by staff and requested by the provider prior to employment. The file showed that all staff had up to date immunisation records and had completed an induction and training period. We saw that one member of staff had received a course of immunisation which had not been effective an appointment for a second course of immunisation was booked which ensured the staff member was protected from risk of infection.

We looked at the practice staff employment file. The file included proof of identification, evidence of training and appraisal records. All staff that required it had current registration with the General Dental Council (GDC) and all had current Criminal Records Bureau checks in place. This shows that the provider has an effective recruitment and selection processes in place to ensure people employed to work with the service are of good character. Or that they are suitably skilled, qualified and experienced to perform the work.

## 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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We spoke with three members of staff who told us they had attended staff meetings and found them useful. One person told us "they are very useful, if you've got any issues or there is anything you don't understand you can bring it up. Because we are all friends and the meetings are so close together we are all happy to bring anything up". We saw notes which confirmed this. Another person told us "the staff meetings are very informative a lot of the time you pick up useful information. We'll focus on a particular topic but at the end of the meeting every member gets asked to give their opinion and given a chance to have their say. I've raised things on the past and they've always been dealt with". This was confirmed by staff we spoke with and records we saw.

We saw that effective quality monitoring systems were in place. The provider had maintenance records which showed all equipment and facilities had recent safety checks. Risk assessments were in place for each area of the practice including reception area, waiting room and surgery. We saw that action had been taken to reduce risk

We saw the provider carried out annual patient satisfaction surveys along with having a facility for people who use the service to leave comments or suggestions at the reception desk and in the waiting area. The results of the survey showed the majority of people were happy with the service they received at Sawley Dental Practice. We saw that where comments were made the provider acted on them. For example people said they sometimes experienced a delay in receiving a reply to queries via email. The provider updated their email system to give an alert whenever a new email was received. This shows that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw a record of comments that showed people were happy with the treatment they received. One comment read "amazing practice, this is the best dentist I have ever visited". This was repeated by people we spoke with. One person said "there is nothing they do badly. They are responsive, we feel I get the right treatment and advice every time. There is a nice feel to the practice"

None of the people we spoke with had made a complaint but all felt comfortable to do so

and said they would speak directly to the dentist

## 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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