

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

East Leigh Dental Care Limited

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	East Leigh Dental Care Limited
Registered Manager	Mr. John Michael Lawrance
Overview of the service	Eastleigh Dental Care Limited provide dental care to people on a private basis. They are based in Farsley, West Yorkshire.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People experienced care, treatment and support that met their needs and protected their rights. We talked to three people who used the service. One person told us "I have been coming here for years, I wouldn't go anywhere else. We travel from Huddersfield way so it must be good." Another told us "I have no complaints, it's good." The third person told us "it is always clean and we get good care."

The annual patient survey conducted by the practice in 2012 showed positive results. One person had stated "the staff are friendly, helpful and caring" another "the staff are friendly and efficient." We also looked at two testimonials from January 2013, one said "I have always been nervous but now feel more confident knowing I am in good hands" and another "the service is second to none."

We also found people were protected from the risk of infection because appropriate guidance had been followed. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard and there was an effective complaints system available and comments and complaints people made were responded to appropriately.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During the inspection we looked at the consent process used to ensure people who used the service understood and consented to the treatment delivered. We saw there was a consent policy in place. This included all the relevant areas and also stated verbal consent was sought before people got in the dentist chair. This was supported by the staff we spoke with including a nurse and a dentist.

We looked at five consent forms and saw they were signed and dated. The Registered Manager told us the forms were scanned and retained on the computer.

The Registered Manager explained the process people went through prior to treatment to ensure they understood the treatment they were consenting to. This included an initial appointment where their likes and dislikes were discussed. The people were then seen a week later and options for treatment were discussed and a plan put in place. The care coordinator would reiterate information after the appointment to ensure people understood the information supplied.

We were told the discussions by the care coordinator were held in the reception area and the provider acknowledged this was not ideal. However they assured us that if someone wanted to speak more privately they could accommodate this.

This showed us before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We asked how the process would differ for a person who lacked capacity to make decisions about consent. The Registered Manager told us they had a policy in place and they would follow the policy. They also told us when they had experienced this in the past they had ensured a representative was present with the person at all times. We also saw staff had received training on the Mental Capacity Act.

This showed us where people did not have the capacity to consent, the provider acted in

accordance with legal requirements.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During the inspection we looked at three examples of treatment plans chosen at random. They clearly stated the treatment to be delivered and the cost of said treatment. At their initial appointment people received a full dental x-ray and assessment by the dentist. The people were then seen a week later and options for treatment were discussed and a plan put in place. This appointment was also attended by the care coordinator who reiterated information to the person after the appointment to ensure they understood and were happy with the plan of treatment. The plan was then signed by the person.

We also looked at medical history documentation which ensured peoples medical conditions were taken in to account before they received treatment. We saw these were up-dated every time a person attended the practice.

This showed us people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We talked to three people who used the service. One person told us "I have been coming here for years, I wouldn't go anywhere else. We travel from Huddersfield way so it must be good." Another told us "I have no complaints, it's good." The third person told us "it is always clean and we get good care."

The annual patient survey conducted by the practice in 2012 showed positive results. One person had stated "the staff are friendly, helpful and caring." Another stated "the staff are friendly and efficient." We also looked at two testimonials from January 2013, one said "I have always been nervous but now feel more confident knowing I am in good hands" and another "the service is second to none."

We saw there were arrangements in place to deal with foreseeable emergencies. Emergency equipment was stored appropriately and the staff we spoke with knew what to do in the event of an emergency. Staff had received training on cardiac life support and first aid.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The Registered Manager showed us the infection control policy which we saw contained relevant sections including waste management, decontamination and Control of Substances Hazardous to Health (COSHH). We also saw the policy had been reviewed in March 2013. One of the senior nurses was the designated infection control lead. The practice had been recently visited by the local Primary Care Trust (PCT) who had inspected the practice to see if they were compliant with national standards for infection control in dentists. They had received verbal feedback there were no concerns.

During the inspection we looked at the dental care rooms. We saw the rooms were in a good state of repair and clean. We saw the practice did not have room to accommodate a separate decontamination room. Therefore decontamination was completed in each of the dental care rooms. One of the dental nurses explained the process they followed between each person who used the service. We saw appropriate dirty and clean areas had been designated and the process was appropriate. The dental nurse also told us of the tests they performed daily to ensure the decontamination equipment was functioning correctly. These checks were recorded in a log and we saw they had been recorded daily.

We saw there were appropriate hand washing facilities available including a separate sink, soap, paper towels and running hot water. Good hand washing technique was displayed on posters above the hand washing sinks. Staff we spoke with were aware of when to wash their hands. There was provision of clinical waste bins and we saw there was a process for storage and removal of all clinical waste from locked bins outside the premises. The Registered Manager told us they tested the water in the water lines on a monthly basis to ensure the water is not contaminated.

We also saw posters displayed informing people they would not receive treatment if they had cold sores.

The Registered Manager explained they performed an infection control audit on a quarterly basis. We saw the results from August 2012 which showed an overall score of 85% and November 2012 which showed the practice had an overall score of 93%. The Registered Manager explained they had made improvements in a number of areas to achieve this improvement.

We saw staff had all received training in infection control and this was up-dated annually.

This showed us there were effective systems in place to reduce the risk and spread of infection.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During the inspection we looked at the training records for staff. We saw they undertook an induction training programme on employment which was followed up with an annual update of core training. The provider also used e-learning for some topic areas. The last session was conducted in June 2012; the practice had closed to ensure everyone attended. This included medical emergency training, fire, first aid, x-rays and conflict resolution.

All staff had a personnel file and training was recorded and certificates stored within. We looked at one staff record as these were stored off site for security reasons. A training matrix was displayed and we saw all staff had undertaken the relevant training.

The practice had a system of staff appraisal which was conducted on an annual basis. The Registered Manager told us that a follow up meeting was conducted six to eight weeks following the appraisal to ensure staff were happy with the plan for the year.

The staff member we spoke with told us they felt the appraisal was very useful and assured them they were doing alright. They felt this also supported them to complete the required training required for their professional registration. They said "I feel able to perform my job as I am well supported."

This showed us staff received appropriate professional development.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw in the reception area there was a poster regarding how to make a complaint, however the practice may wish to note it was in very small writing and not particularly visible to people who used the service. There was also a suggestions box on reception. The Registered Manager told us they had made improvements to the decor recently because of the suggestions made by people who used the service.

We were told by the Registered Manager complaints, concerns and compliments were recorded in a book at reception. This was reviewed weekly to ensure they were responded to appropriately. We looked at the book and saw a repeated concern. The care coordinator told us this had been addressed with the staff member concerned and then monitored. It had now been resolved.

We also looked at the complaints file where formal complaints were stored. We saw there had been two complaints and both had been responded to appropriately and within the time frames in the practice complaints policy.

The staff we spoke with told us they would inform the manager of any concerns or complaints made to them.

This showed us people's complaints were fully investigated and resolved, where possible, to their satisfaction and people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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