

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

Gillett Dental Surgery

Gillett Lane, Rothwell, Leeds, LS26 0EG

Tel: 01132822238

Date of Inspection: 04 December 2013

Date of Publication: January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Gillett Dental Surgery
Overview of the service	The Gillett dental surgery provides a range of dental services to privately funded adults and children funded by the National Health Service. It has two surgeries and a reception area on the ground floor which can be accessed via a ramp.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 4 December 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We spoke with three people who used the service. They all told us they understood the care and treatment choices available to them. They said they were fully involved in decisions about their treatment and the dentist was very good at explaining the treatment options available. The dentist told us, "I always give people a choice and tell them they do not have to make a decision now. They can go away and consider the options before deciding."

People we spoke with were very complimentary about the service they received at the surgery.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

One person we spoke with told us, "The dentist does a very thorough examination of your mouth and always feels your glands. Someone I know came here and the dentist noticed a mouth ulcer that turned out to be cancer. They told me the dentist saved their life."

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 who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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

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

Our judgement

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.

Reasons for our judgement

We looked at the information the practice provided for people. The practice had an information leaflet that was given to people which contained information regarding the aims of the service, how to register, access to emergency care, and how to make a complaint or comment about the service. The receptionist told us, "We give a copy of the leaflet to all new people who attend the surgery." In the reception area, there was information displayed about the cost of different treatments available. There was also a range of health promotion leaflets available for people to take away which included; oral hygiene, dietary advice, smoking cessation and how to care for children's teeth.

The practice had two surgeries on the ground floor. There was a ramp at the rear of the building to enable disabled access into the practice and hand rails at the front entrance. The dentist told us they could access a translation service for people if required. The dentist told us they support people who have visual impairments by caring for guide dogs whilst they receive treatment and ensuring they are accompanied from the building and escorted to the correct side of the road for their return journey if required. They also said they offer longer appointment times for those who may need it.

We spoke with three people who used the service. They all told us they understood the care and treatment choices available to them. They said they were fully involved in decisions about their treatment and the dentist was very good at explaining the treatment options available. The dentist told us, "I always give people a choice and tell them they do not have to make a decision now. They can go away and consider the options before deciding."

People told us the dentist gave them both verbal and written information about the treatment options available, the costs, aftercare treatment and advice. One person told us, "I have an abscess. The dentist took an x-ray and told me I could either have it taken out or he could do a root filling. It was my choice he said." Another person said, "The charges are not excessive. Before treatment, he always tells me how much it will cost."

People who used the service told us they felt comfortable to ask questions about the treatments available if they wished to do so. People were able to express their views and were involved in making decisions about their care and treatment.

In case records we looked at, we saw that each person had a, 'Treatment Plan' and 'Consent Form' which they had signed. We saw that choices people were offered were documented with the potential risks and benefits of each choice. People's treatment decisions were recorded in the case records.

People's diversity, values and human rights were respected. We observed staff treating people with respect, being polite and courteous. We spoke with three members of staff who were able to explain how they maintained people's dignity, privacy and confidentiality. The people we spoke with told us that their privacy, confidentiality and dignity was always maintained and respected.

The dentist told us that a patient satisfaction survey was randomly handed out to twenty people who attended the practice to complete once a year. The survey asked people to rate the following areas; helpfulness of staff, level of involvement in their care, length of time to get an appointment and the cleanliness of the practice. We looked at the feedback from the surveys which people had completed for 2013. These showed that people reported very high levels of satisfaction with the service they received from the practice.

We saw that the practice had a comment book on the reception desk for people to leave feedback about the service if they so wished. We looked at the comments people had made. They were all very positive and included, "Always greeted with a smile and made to feel at ease", "Everybody is always polite and friendly" and "Second to none." The dentist told us they read comments people had made in the book on a regular basis and would always consider any suggestions people had made.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the records of people who used the service. The practice used both an electronic and paper record keeping system. Some information that required people's signature was kept in their individual paper case file, for example, consent to treatment forms. We saw that information about the person such as their medical history and allergies had been completed in all records that we looked at.

We could see that the notes contained detailed information about people's attendance and treatment. Appointment reminders, x-rays results and after care instructions were also present in each person's record.

Staff we spoke with told us that people's medical and dental history was checked at each visit. People we spoke with confirmed that they were asked about their medical history at each visit. One person told us, "They always ask if there have been any changes in my medical condition every time I come."

The dentist was able to give us examples of ways they ensured they kept up to date with best practice guidance and current research. They explained to us how they always checked people's lymph nodes and carried out a full mouth examination each time a person attended the surgery. They told us, "If I am not happy with something I see, I encourage the person to get it checked out. By routinely carrying out the checks I do, nine people have been found to have had a mouth tumour."

One person we spoke with told us, "The dentist does a very thorough examination of your mouth and always feels your glands. Someone I know came here and the dentist noticed a mouth ulcer that turned out to be cancer. They told me the dentist saved their life."

The dentist told us that they always provided written and verbal information to people following treatment such as a tooth extraction. They said people were always booked in for a review and follow up check after such treatment. People we spoke with confirmed this.

The practice had one dentist and a dental technician. The dentist told us they always accommodated emergencies the same day to make sure no-one was left in pain. One

person told us, "I was offered an appointment the same day when my filling fell out." Another person said, "They always manage to fit you in the same day if you are in pain or discomfort."

The practice had emergency arrangements in place for people who required access to a dentist out of hours.

People we spoke with were very complimentary about the service they received at the practice. One person told us, "It is excellent here, the best practice I have ever been to and I am 91 now. He sorted me a bridge out. It was a triumph of engineering, I can't praise them enough." Another person said, "My son is 18 soon so will have to pay; but I don't mind that. He is stopping here because he is such a very good dentist."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care needs.

There was a system in place to ensure that all staff were made aware of any drug or medical device alerts issued.

There were arrangements in place to deal with possible emergencies. The practice had an emergency drugs kit, oxygen and first aid kit available. We saw evidence that these were checked on a regular basis to make sure they were in working order. There was a system in place to make sure that the emergency drugs and equipment were replaced before their expiry date.

The dentist told us that there was always a member of staff on duty who was trained to use this equipment. We saw from staff records that staff had received training in how to deal with medical emergencies and Cardiopulmonary Resuscitation (CPR). The dentist was able to explain to us how they had dealt effectively with medical emergencies which had occurred at the practice in the past.

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

People who used 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. A written policy and safeguarding procedures were available and accessible to all staff. The surgery also had a chaperone policy in place.

The dentist told us they were the nominated lead for both child and adult safeguarding within the practice. Staff we spoke with were confident that safeguarding concerns would be taken seriously by the practice. They were also aware of who to contact and whistleblowing procedures to report any concerns they had externally if necessary. Staff we spoke with were able to describe different types of abuse and the signs that a person may be subject to abuse. All staff had received the appropriate level of training in safeguarding.

People we spoke with told us they felt safe and supported by staff within the practice. One person told us, "I don't really like going to the dentist but (dentist's name) is lovely. He doesn't hurt you at all; he is really caring and gentle."

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care and treatment in an environment that was suitably designed and maintained well. The design and layout of the premises was suitable for carrying out the regulated activity. The practice had two surgeries on the ground floor in addition to a reception area. There was a ramp at the rear of the building to enable disabled access into the practice and hand rails at the front entrance to assist people with mobility needs. The surgery had sufficient toilet facilities. There was a consulting room which could be used to speak with people in private.

The surgeries were well maintained with appropriate flooring and surfaces. There were enough storage facilities for equipment.

Staff told us that good systems were in place to deal with any problems with the environment and repairs were carried out quickly for example; recently a neighbour had contacted the practice to inform them that the alarm was activated. The provider had contacted the alarm company immediately and they had rewired the alarm that same day to ensure the premises were securely maintained.

Staff we spoke with told us they did not have any concerns about the environment and they told us they had the equipment they needed to provide safe care to people.

The premises had appropriate lighting, heating and ventilation in place.

Business safety risk assessments were conducted annually by an external company. This included fire and electrical safety, water hygiene and health and safety.

The practice had contingency plans in place to deal with any possible emergencies which may impact on the effective running of the service.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice had effective recruitment and selection processes in place. Staff we spoke with confirmed that before they were recruited, they had completed an application form and attended an interview. The dentist told us that staff were recruited by interview, using competency based questions and references were requested and checked before they were recruited.

We looked in four staff files. We saw that appropriate checks were undertaken before staff began work to make sure that they had the relevant experience and skills for the role. Professional registration checks were carried out on all clinical staff.

The practice had appropriate recruitment policies and procedures in place. The staff files we looked at contained a Criminal Record Bureau check (now known as Disclosure and Barring Service), copies of training certificates and professional qualifications, job descriptions, an induction programme specific to the role, certificates of indemnity and record of appraisals and supervision.

Staff we spoke with told us that they had completed an induction training programme. The programme included policies and procedures, a range of training courses, shadowing and responsibilities of the role. Staff told us that they felt the surgery supported their Continued Professional Development.

Staff told us that staff meetings regularly took place and they felt that their work was supervised well. They told us that if they had any suggestions to improve the service, these were considered and they felt comfortable discussing any issues they may have with the dentist. One member of staff told us, "Because we are a small practice, if we have any problems, we just discuss them with the manager either in staff meetings or in between if it is something more urgent. We work well together here as a team."

People we spoke with told us they thought the staff were skilled and experienced. One person said, "They are all very competent and very skilled here; someone recommended here to me and I have never looked back."

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We looked at how information about the service was gathered by the practice. There were records of monitoring that had been undertaken which confirmed that a daily, weekly and monthly audit programme was in place.

We saw evidence of several audits that had been conducted for example; patient record audits, emergency equipment and infection control in line with HTM-01-05 requirements.

We looked at the minutes from the staff meetings. The results of audits, feedback from people and any actions were regularly discussed in these meetings.

The practice had a, 'Practice Risk Assessment' in place. This identified risks, those at risk, existing controls to reduce the risk and any action needed. All the identified risks had a review date. There was a monitoring system in place to ensure that all the risks were addressed and the action plan implemented.

Accidents and serious untoward incidents were documented at the time of the event and any follow up action was completed. Business safety risk assessments were conducted annually by an external company. This included fire and electrical safety and health and safety.

The practice had contingency plans in place to deal with any possible emergencies which may impact on the effective running of the service. We saw evidence that timely action had been taken by the provider in response to equipment which required fixing.

Staff we spoke with told us that the practice had a file which contained updates on a range of information such as medical alerts and best practice guidance which all staff were required to read.

The practice sent out surveys to 20 people randomly to gain feedback on their views and experiences. The practice also had a comment book on the reception desk which people could use to leave feed-back in. The dentist told us that they reviewed the comments book

on a monthly basis and discussed them with staff in the team meetings. We could see evidence from the team meetings minutes that this was the case. They told us that any suggestions or comments people made would be looked at and considered. This demonstrated that people who used the service were asked for their views about their care and treatment.

We spoke with the dentist regarding how they monitored complaints. They explained the complaint's procedures and confirmed they had not received any complaints. They also said that any complaints they did receive would be fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service. People told us if they had any concerns or complaints they would discuss them with members of staff or the dentist. People we spoke with told us they had never needed to make a complaint and they were all very happy with the service they received however; they told us that they felt confident that the practice would listen to them and take any concerns or complaints they did have seriously.

We saw that up to date policies and procedures were in place. These included complaints and significant events.

The quality monitoring showed that people who used the service benefited from safe quality care, treatment and support.

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.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
