Inspection Report

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

Earl Royd Dental Centre

165-167 Skipton Road, Keighley, BD21 3BG

Date of Inspection: 30 August 2013

Date of Publication: September 2013

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
Cleanliness and infection control	✓ 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	Petrie Tucker and Partners Limited
Registered Manager	Mrs. Sally Balderstone
Overview of the service	Earl Royd Dental Centre provides dental treatment to private and NHS patients. The practice has a total of nine dentists. The dental practice is a converted property and includes a reception area and a separate waiting room. The practice is located in Keighley Town Centre and there is a car park and on street parking nearby.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 30 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People we spoke with told us staff explained all the procedures and treatments to them and respected their decisions about their treatment and care. One person said "They are very efficient in the way they deal with me I can only speak very highly of them all." Another person said "It's very good here, I have so much confidence in them, they are always very pleasant." We asked two people if they felt safe at the practice. They both said "Yes they always felt very safe."

We found people received care and treatment in a clean environment with infection control measures in place to minimise the risk of infection. People we spoke with told us the practice was always clean and tidy. The provider had a system in place for gathering, recording and evaluating information about the quality and safety of care provided. People who used the service were asked for their views about their care and treatment which enabled the provider to evaluate the quality of care provided.

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 asked people who used the service if they understood the care and treatment they received and if they had been given choices and different options. One person said, "I was offered various options, everything was fully explained to me by the dentist and I received a printed sheet with all the details on which I was asked to sign if I wanted to go ahead with the treatment." Another person said "They are very efficient in the way they deal with me I can only speak very highly of them all." The people we spoke with said staff always reassured them if they had concerns. People said staff always took into consideration their privacy and dignity. We spoke with staff and they were able to tell us how they respected people's dignity.

In the waiting area we saw there was a variety of relevant and useful information for patients. For example the complaints procedure, costs of treatments, emergency contact details and opening hours. On display there was also information about maintaining a healthy lifestyle. The dentist provided information about how to improve general health and well being.

The dentist explained to us how people were encouraged to be involved in their care and treatment. They told us there was always time allocated to discuss people's treatment with them. The dentist said people were, where possible, offered different options and supported to make their own decision about which treatment they preferred.

We observed people were given appropriate time for their treatment and consultations. Throughout the inspection we saw all staff spoke with people in a respectful and friendly manner. We looked at a sample of treatment plans. These showed what treatment people had received, the cost of the treatment and that it had been discussed with the person who used the service. People were asked to sign the plans to confirm they understood their treatment and they consented to their treatment.

Care and welfare of people who use services ✓ Met this standard

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

People who used the service told us they were happy with the care and treatment they received at the practice. We spoke with two people who were at the surgery for treatment. Both spoke very highly about the care, support and treatment they had been given. One person said "I got an appointment straight away as it was an emergency. They always explained all the options to me in detail and this included the costs and risks." Another person said "I tell them what's wrong with me, I have so much confidence in them they always respect me and treat me well as I hate needles and they reassured me."

During our inspection we saw positive interaction between staff and people who used the service. We observed staff gave care and assistance to people throughout the inspection and they were respectful and treated people in a friendly and supportive way.

Records showed and people confirmed to us how they were involved in the planning of their treatment. We looked at a sample of patient records during the visit. Paper records and electronic personal dental treatment plans were kept which people who used the service signed. The original paper record which included their signature was given to the person who used the service and they kept this as their record.

There was a system in place which ensured records were kept up to date and relevant. People who used the service were asked to complete a medical history which was updated at every appointment. Any changes to a person's medical condition were recorded.

We spoke with the dentist who told us they updated each person's record immediately after their treatment. We saw from records people had been given advice about, health and general well being. The dentist also told us they were able to say the time needed for appointments and it was not often they would overrun.

There were arrangements in place to deal with possible emergencies. The practice had an emergency drugs kit, defibrillator and oxygen available. The emergency equipment and first aid kit was stored securely in one reception and accessible to staff. We saw evidence the equipment used was checked and maintained as required. There was a second back

up emergency and first aid kit in case the one in reception was in use. This was secured safely in the basement office.

Staff talked confidently about what to do in an emergency. Staff had received training in medical emergencies for adults and children in basic life support skills and cardiopulmonary resuscitation which included use of the defibrillator.

Cleanliness and infection control ✓ Met this standard

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 people we spoke with said the practice was always clean. They confirmed the dentists and nurses always offered them glasses to protect their eyes, should they wish to use them. People told us the dental practitioners wore gloves, aprons and masks when it was appropriate to do so. They told us they saw staff washed their hands before, during and after treatments. People said they thought the treatment rooms were very clean and hygienic.

We found people received care and treatment in a clean environment with infection control measures in place to minimise the risk of infection. We noted the practice facilities were clean and well maintained throughout with no offensive odours.

During our discussions with staff it was clear they were all aware of and implemented government guidance on decontamination within dental practices. All the staff we spoke with understood the importance of infection prevention and control, which included decontamination, and could clearly describe their own roles and responsibilities within this area. There were infection prevention and control policies and procedures in place.

Personal Protective Equipment (PPE) was available for staff who carried out dental procedures. Dental instruments, once used, were placed in the decontamination area.

During our inspection we observed clinical areas were clean and tidy. In 2013 the Department of Health published Health Technical Memorandum 01-05: Decontamination in primary care dental practices. This provided guidance for the dental decontamination of dental instruments and infection control in general dental practices. The practice had the provision of dedicated decontamination areas in each of the surgeries. The areas were found to be laid out in accordance with this guidance. There was a designated decontamination area for dirty activity (cleaning and preliminary inspection of instruments) and another decontamination area for the clean activity (inspection, sterilisation and wrapping instruments). The decontamination lead dental nurse showed and explained to us how they managed instruments within the decontamination area. This ensured clear and separate areas for clean and dirty instruments and all the used equipment was cleaned and sterilised between each use. The dental nurses washed and rinsed the

instruments, checked them for debris and used a specialist sterilisation machine to ensure they reached the approved level of sterilisation.

Cleaning schedules, (daily, weekly, monthly and six monthly) were in place within each of the treatment areas in the surgeries. Preparations were undertaken in the morning and evening prior to using the treatment rooms. We saw the dental nurses cleaned the treatment rooms and used appropriate equipment. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the treatment rooms.

Legionella risk assessments were in place and checked on a regular basis; appropriate waste disposal arrangements were in place. Validations of technical dental equipment such as sterilisation machines were in place and regularly recorded. Health Technical Memorandum (HTM) 01-05 identified that each practice should be capable of meeting the essential quality requirements and best practice. One element of this practice was that "practices should audit their decontamination processes every six months using an audit tool." The Department of Health had devised such a tool that was available for all practices to use. The service had completed audits within the last 6 months, we saw evidence of these audits and it showed they attained 93% at the last audit. The provider was aware that such audits had changed from quarterly to six monthly audits.

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 two members of staff we spoke with confirmed their employers had carried out relevant checks before employment commenced. They thought the recruitment process was thorough and described how it included an interview. We spoke with two members of staff, one said "We are all qualified and professional at what we do. It's a very busy and challenging place to work but we are a good upbeat team who work for the patients benefit." Another one said "I don't think they would have allowed me to start until my checks came back."

We reviewed four staff files which showed the provider carried out relevant checks before they employed staff. We saw evidence of application forms, interview notes, health questionnaires, curriculum vitae (CV), enhanced Criminal Record Bureau checks (CRB), written references and proof of identify. The Registered manager told us they obtained references and carried out a full CRB disclosure on dentists and staff.

They were able to show us the General Dental Council (GDC) registrations and CRB for all the staff. A member of staff we spoke with explained they had been interviewed for the job, and told us they had completed an induction programme. They also worked alongside experienced staff before they worked alone. The practice had a recruitment and selection policy for any people who would be employed in the future.

The provider and the Registered Manager were both aware of the recent changes from CRB checks to Disclosure and Barring Service (DBS).

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 receive.

Reasons for our judgement

As part of our inspection we asked the provider to explain the assurance system they used to monitor all aspects of the service. The provider had a system in place which gathered, recorded and evaluated information about the quality and safety of care the service provided.

All of the staff said they felt supported by their manager. One said they were "Very approachable and had an open door policy." Another said, "They were definitely always approachable."

We looked at examples of audits that had been undertaken. We saw evidence there were established systems in place which ensured the internal audits of the practice covered all areas. For example infection control, decontamination and medical emergency drugs.

The practice had a number of files which contained the practice's staff training information, policies and procedures, contracts for maintenance of equipment and other required information. We looked at a sample of the practice's policies and procedures. We found the policies and procedures to be clearly written and easy to understand. The policies and procedures had been reviewed and updated as necessary.

The Registered Manager and the two members of staff told us they had staff meetings every month where they discussed new guidance and raised any issues. The staff would read and discuss anything that was relevant to the practice. If there had been any policies to review staff would read and sign to say they had read them. All staff told us the meetings were an effective method of communication and there was a written record of these meetings which we saw evidence of. Areas discussed included infection control, decontamination, human resources, audits and how they monitored the quality of service provision such as progress of health and safety, reception issues, surgery issues, any incidents and compliments and complaints.

The Registered Manager explained to us they held a patient questionnaire feedback survey every six months. People had been asked their opinions about the physical

environment and care and management. The survey was undertaken as part of the practices continued quality assurance system. When surveys were completed the results were collated and generally the comments were positive; we saw evidence of this. Comments included "The dentist was excellent in how they treated me." There had been comments made about the environment of the building which is due to go through a major refurbishment, we saw evidence of this including the proposals to upgrade the building and the surgeries.

A complaints procedure was in place so people who used the service could raise any concerns. This explained how people could make complaints. The Registered Manager told us how complaints would be investigated and if it was not resolved who they could contact. There had been no formal complaints in the last six months and we saw evidence of how they dealt with complaints and those which were still on going. The practice also had an incident reporting system and when any incident occurred it was reviewed to enable any necessary improvements to be made.

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

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