Inspection Report

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

Kinnersley House

56 High Street, Needham Market, Ipswich, IP6 8AP

Tel: 01449720699

Date of Inspections: 17 July 2013
09 July 2013

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We inspected the following standards to check that action had been taken to meet them. 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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Derek Stott
Overview of the service	Kinnersley House Dental Surgery provides NHS and private primary dental services to adults and children.
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

We carried out this inspection to check whether Kinnersley House had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Staffing
- Assessing and monitoring the quality of service provision

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 July 2013 and 17 July 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We found that dental care was provided according to people's assessed needs. We saw that the waiting area had a range of information about dental care and oral hygiene.

We spoke with a dentist, two dental nurses and the practice manager during the inspection. We also spoke with four people who used the service. They told us they were happy with the service. One person said, "The staff are all very supportive here." People told us that the dentist explained their care and treatment to them in a way they could understand.

We saw that equipment, including infection control equipment, was properly maintained and serviced. We saw there were appropriate infection control procedures.

We found that staff were supported, trained and experienced in their roles. We saw that the service had an effective complaints procedure in place and audits in place to monitor its quality.

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 spoke with four people who used the service. They all told us that the dentist always explained the treatment so they understood the care that was being offered. One person said, "The dentist explained the costs of treatment clearly." We examined five people's care records and saw that people had signed their agreement to the treatment as appropriate. We saw that options and costs of treatment were clearly explained to people and they had signed to show that they understood and consented to the care and treatment. We saw that the details and the costs of complex dental care were provided to people by letter. This was to ensure that people were clear and had adequate time to decide on the care options. We saw that the provider used satisfaction survey results and learning from complaints to review the service. This meant that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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.

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

Reasons for our judgement

We spoke with four people who used the service and they told us they were happy with their care and treatment. One person told us, "I am a really nervous patient but staff are very supportive." All the people we spoke with told us they were clear about their treatment plans as the dentist always explained the treatment options available to them. People told us that they were able to book appointments when they wanted and said that the service was very flexible in helping when they had a dental emergency.

The service used both paper and electronic records. We looked at four people's treatment records and saw that they contained records of assessment of dental condition, diseases affecting the mouth and general oral hygiene. The records included relevant medical history alerting the dentist to particular health conditions or allergies. There were clear records of the treatments provided. We saw that medical histories were updated at each visit, with a record made that this had been completed. Medical alert information about people's health conditions or medication appeared as a pop up note on the electronic record in the surgery and the dentist consulted this before they started treatment. This meant that the dentist was alerted to any potential reactions to medication or relevant health conditions. This ensured that treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We found that there were appropriate arrangements in place to deal with foreseeable emergencies. We saw that appropriate resuscitation equipment and medications were checked regularly, were ready for use, and were easily accessible for staff to support people if an emergency occurred. If a person had agreed to a necessary tooth removal but they were being treated with blood thinning medication, then appropriate checks were made to ensure that person's safety.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

There was a clear procedure for staff to follow in cases of suspected abuse of children or vulnerable adults. We saw that staff had attended training about the safeguarding of children and vulnerable adults. This meant that 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.

We spoke with two staff who demonstrated a good understanding of procedures to follow and how to report concerns should they arise. Staff knew how to contact the local safeguarding authority if they had concerns to report. Staff told us there were team meetings at which their concerns could also be raised. We found that the provider had checked for records of criminal convictions of all staff to protect vulnerable people using the service. This meant that people who used the service were protected from abuse, or the risk of abuse.

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 service had an infection control policy and procedures which were available to staff. We saw that staff wore protective equipment such as gloves, eye shields, and aprons when providing treatment and during decontamination of instruments. We discussed with staff that computer keyboards were not covered by film or washable cover which would enable adequate disinfection. The manager told us that they would be ordering keyboards that would enable appropriate cleaning to prevent cross infection. We observed staff using the correct hand hygiene procedures and saw that staff working in the surgery wore uniforms which were bare below the elbow. This meant that there were systems in place to reduce the risk and spread of infection.

The service had a designated decontamination room which was arranged to allow a flow of working from dirty to clean areas. In addition one of the surgery rooms had a separate area with decontamination equipment. Staff showed us the system they used to ensure safe use of this area. Staff told us that instruments were carried safely in a sealed box from the surgery rooms to the decontamination room. We saw that sterilised equipment was sealed in pouches and not stored beyond the date after which they would need to be re-sterilised. We found that staff had received infection control training. This meant that procedures were followed that met with expected standards for decontamination and sterilisation of dental instruments.

The service had completed a detailed risk assessment for the contamination of water supply with Legionella bacteria. A system was in place for monitoring the water temperatures in accordance with the risk assessment for the control of Legionella bacteria. The service had appropriate arrangements for prevention of cross infection in water systems used in dental treatment. This meant that the service was following health and safety guidance about infection in water systems.

Staff told us there was a contract in place for the disposal of clinical waste including sharps and mercury debris collected via suction equipment or directly from people's teeth. The service had a cleaning contract but we were unable to see records that the cleaning regime had been completed as expected. The service planned to amend the arrangements to enable adequate monitoring by the infection control lead for the service.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Staff received appropriate professional development. We spoke with the registered manager and two staff members. Staff told us they had attended training relevant to their role. We saw that staff had received training in infection control, child and adult safeguarding, and medical emergencies. This meant that staff were appropriately trained to meet the needs of people who used the service.

We saw that the service was supporting dental nursing staff in completing professional qualification. We saw that new members of staff had completed an induction programme including the use of the computer system, medical emergency and fire procedures. Induction had also included supervision and checking understanding of the process for decontamination of dental instruments. Staff told us they were well supervised and could raise issues whenever needed. This meant that staff were appropriately supported and supervised in their 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

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

The service had established audit routines in place to check that all instrument decontamination, equipment safety and quality checks had been completed. The dentists audited the quality of x-ray images and equipment was adjusted if images were not of sufficient diagnostic quality. There were records to show the autoclave had operated effectively on the test cycles. The dentist and staff were alerted by the computer or paper record system before treatment if a person had an allergy, a relevant medical condition, or was taking medication that could affect treatment. This meant that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We saw there had been a recent audit of people's dental records on paper and the computer system. This was to check that medical history had been updated at the person's visit to the dentist. The results showed that this information was being collected more rigorously since the implementation of the computer system. The service had not been able to check the general cleaning routines as performed by the contracted cleaning service. The manager was reviewing the arrangements to enable assurance about adequate cleaning of clinical areas.

The service had a complaints policy and instructions on how to make a complaint were displayed in the waiting room. We spoke with four people who used the service and they all said that they would know how to make a complaint if they needed to. This meant that people had been made aware of the complaints system and we saw that it was provided in a format that met their needs.

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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