Inspection Report

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

St Leonard's House Dental Practice

4 Higher Bore Street, Bodmin, PL31 1JW

Tel: 0120876611

Date of Inspection: 25 February 2013

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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
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr. Masud.A Zarasvand
Overview of the service	St Leonard's Dental Practice is a single handed mainly NHS practice on the ground floor only.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

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Summary of this inspection

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 25 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We interviewed four patients who attended the practice and asked for their opinions. One was a fairly new patient and the other three had been patients for a longer period of time. They all confirmed that when they attended the practice they were treated with respect and courtesy. None of them said they had difficulty making appointments and that the receptionists were accommodating when making them. They also said that they were happy with the dental care they received in the surgeries and that they were treated well. They all agreed that treatment was explained to them and they were given the opportunity to ask questions. They were all aware of any costs involved.

One patient told us that she had just had root canal treatment completed and understood why it was done and was informed all the way through. She was also aware of what may be needed in the future if it fails. Another lady told us that she has been bringing two very traumatised foster children to the practice recently and the dentist has been very calm with them and patiently worked at putting them at ease. Another lady who brings her two children to the practice described the practice to us as "exemplary".

Through observing practice and discussion with staff we found that there were effective systems to reduce the risk and spread of infection.

Audits of records were undertaken and we found these were accurate, fit for purpose and stored securely.

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 privacy, dignity and independence were respected and their views were taken into account in the way their treatment was planned and delivered.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care and treatment. There was adequate information available for patients in the waiting room and reception area which included a practice information leaflet, information about NHS services and charges, private tariffs, what to do in the event of a fire and how to complain. There were also leaflets on how to prevent dental disease and different types of dental procedures.

Patients expressed their views. There was a patient survey box present in the waiting room and the receptionist told us that any problems raised in this box were brought up and discussed at practice meetings but that they were usually positive comments. We were told that as a result of comments made by patients handrails were fitted by the internal steps and extra lighting will be put in the reception area. Regular surveys were also sent out to patients and we saw examples from the last batch which were all positive. We were also shown the results of the previous two routine NHS surveys which showed a high level of satisfaction.

Patients understood the care and treatment choices available to them. Evidence of discussions over treatment options was seen within the four records we reviewed and the four patients interviewed later all felt that they were given good information to enable them to understand and consent to their treatment.

We watched the receptionists deal with patients who were arriving and leaving which included making appointments and collecting fees. We also overheard telephone communications with patients. These patients were always dealt with in a courteous and respectful way. When interviewed later all the patients we spoke to confirmed this is always the case. We found there was a confidential room for patients to speak should this be needed.

Patients were supported in promoting their independence. There were steps to access the surgery but a portable ramp was available for these. While we were there an elderly

gentleman with a walking stick attended and was easily able to negotiate the interior. The receptionist told us that the practice has two patients in wheelchairs who regularly attend without problems.

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

Reasons for our judgement

Patients were assessed and care and treatment was planned and delivered in line with their individual needs. Four clinical records were examined. The record cards contained the original medical histories signed by the patients and we saw that these were regularly updated. This allowed the patients to be treated in a way which was appropriate to them with their safety in mind. The record cards also contained the regulatory NHS forms required for agreement and consent as well as x-ray films. These films were seen to be of good quality. We saw that an audit had been recently completed to assess on-going x-ray quality.

The records showed a full assessment was carried out of the soft tissues of patient's mouths as well as their teeth. This included an assessment of their gum health and a risk assessment for mouth cancer. The records contained contemporaneous notes on treatment provided and also drugs and materials used. Evidence of discussions over treatment options was seen within the records and the four patients interviewed later all felt that they were given good information to enable them to understand and consent to their treatment.

We saw on one set of records that a very nervous patient was diagnosed with dental decay a discussion was held about it and sensible options were given on how to treat this. However, the patient declined and wanted to leave it. When he attended six months later and the tooth reviewed the same options were given and again the patient was allowed to choose with guidance. We saw on another set of records that a patient with gum disease was provided with regular treatment and x-rays that was appropriate for this condition.

There were arrangements in place to deal with foreseeable emergencies. The medical emergency kit was examined and found to be compliant with the British Resuscitation Council guidance for dental practices. It was kept in an accessible place and a system of ensuring the necessary drugs are kept in date was seen. The staff had annual training in basic life support and certificates were seen for this. When asked to assemble the oxygen apparatus the practice manager was able to do so. The practice had an automated defibrillator and this was covered during the annual training sessions.

The x-ray equipment was professionally maintained to ensure safe operation and minimal doses used. A radiation protection file was appropriately kept which showed training and

understanding of the local safety rules. There was an isolation switch in the surgery to turn the machine off correctly positioned by the operators panel. We asked a member of the staff if she had adequate training in radiation safety and she said she had. We saw in the records that when x-rays were taken they were correctly justified and assessed.

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 cross infection because appropriate guidance was being followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the practice had an infection control policy and the required protocols to ensure this was adhered to. Training and cleaning schedules for the staff were seen. The clinical staff had been tested for hepatitis B serum conversion and a record kept of this.

The practice has a separate decontamination room with a washer disinfector and an autoclave. It was well lit and there was a good flow from dirty to clean areas. The correct number of sinks was present for scrubbing of dirty instruments, rinsing of clean ones and hand washing. A nurse showed us how the dirty instruments were transferred from the surgeries in a safe way, then cleaned in the washer disinfector, inspected and sterilised in the autoclave. She showed us how she then placed the sterile instruments into bags while wearing clean gloves and wrote the date on them to ensure they were used within their storage time. Both the autoclave and washer disinfector was routinely checked by the staff to ensure good day to day working and they were also professionally maintained as required in the regulations. Evidence to support this was shown to us. We were shown the daily, weekly and monthly procedures followed to ensure compliance.

The surgery was seen to be clean and well equipped with uncluttered worktops. The cupboards were inspected and all the instruments seen were stored correctly in bags. Single use instruments were used and disposed of correctly and the required personal protection items were available for both patients and staff. The nurse showed us the procedures taken to clean down between patients and the products needed for this were seen. Waterlines were cleaned with an appropriate product and an amalgam separation system was fitted to the suction to prevent mercury entering the environment.

The way the practice deals with clinical waste was seen to be correct and a contract note was shown to us for its removal. A professional risk assessment for Legionnaires disease had been carried out and we were shown that all the recommendations within it had been carried out and were continually being monitored.

There were sufficient regular audit procedures in place to ensure the systems were maintained safely and compliant with current regulations.

Supporting workers ✓ Met this standard

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 that were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Certificates of registration with the General Dental Council (GDC) were seen for the clinical staff as well as hepatitis B vaccination records and Enhanced Criminal Record Bureau (CRB) checks. We were shown the practice employment and recruitment policies. All the staff had job descriptions and employment contracts with a confidentiality clause.

The practice manager showed us a training file for each member of staff which contained certificates of all the courses attended and we were told that annual appraisals were carried out for all staff to identify any training needs. Recently completed risk assessments had been carried out within the practice. We asked the staff what they would do in the event of a fire and they were aware of the procedures to evacuate the building and summon emergency services. They also told us they had attended three medical emergency and first aid courses in the last two years as well as one on how to deal with complaints, safeguarding and dealing with difficult patient situations.

The practice held monthly staff meetings which were recorded and documented and minutes of these were seen. We saw that at the last meeting use of the automated cardiac defibrillator, instrument cleaning and appraisals were all discussed. There was a policy to provide a route for staff to both express concerns and whistleblow if they had a serious concern. We asked two members of the staff about this and they said that should they have any concerns about any aspect of care the practice was providing they have a secure way to express them. They also told us that they felt well supported by the practice both personally and professionally.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from unsafe and inappropriate care because the practice records kept were accurate, fit for purpose and held in a confidential and secure way.

Reasons for our judgement

Patient's personal records including medical records were accurate and fit for purpose. Four clinical records were examined and they all contained medical and dental histories, evidence of both soft tissue and tooth examination, summaries of discussions and treatment planned and notes on how the procedures were carried out and the local anaesthetic drugs and materials used. These clinical records were stored both electronically in a password protected way and also in a paper format. The active records were kept behind the reception desk in a lockable cupboard and the inactive ones in a separate locked room. We found them to be secure, fit for purpose and of good quality. We saw evidence that an audit of record quality had been recently carried out and this was seen to confirm a good quality.

The receptionist showed us the practice administrative records which covered the areas of: cross infection, x-ray safety, health and safety, legislation, complaints, staffing support, employment and clinical governance. These records were kept in an orderly and accessible way and were seen to be accurate and fit for purpose.

We saw that a public liability certificate was in date.

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.

Contact us

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