Inspection Report

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

Thompson & Thomas

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Tel: 01142343346

Date of Inspection: 12 March 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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Thompson & Thomas LLP
Registered Manager	Mrs. Jane Armitage
Overview of the service	Thompson and Thomas Dental Practice provides a dental service to both private and NHS patients. The service is provided over two floors. The reception area and waiting room, two surgeries and a patient toilet is provided on the ground floor. Two further surgeries, an X-ray area and the decontamination room are provided on the first floor. The service is located close to good transport links. Car parking is available on a side road next to the practice.
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	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
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 unannounced 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 12 March 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 told us that the dentist explained all the procedures and treatments to them and respected their decisions about their treatment and care. Their comments included; "the dentist is very good. He always explains everything and I can decide," and "the dentist always tells me what needs to be done, and explains any choices to me. They listen here."

We spoke privately with three people who were attending the practice for check ups or treatment. All three people told us that they were happy with all aspects of the service. People commented; "it really is excellent here. The staff are friendly. The dentist always does what is best for me," and "I cannot fault the service I get. All my family come here and we are all really happy."

People spoken with said that they always found the practice clean, tidy 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.

The provider had a satisfactory recruitment and selection procedure in place to ensure that staff were appropriately employed. Staff were provided with relevant training to maintain and update their skills and knowledge.

The provider had an appropriate system in place for gathering, recording and evaluating information about the quality and safety of care the service provides. People who used the service were asked for their views about their care and treatment.

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.

Reasons for our judgement

We spoke privately with three people who were visiting the practice for check ups or treatment. All three people confirmed that their treatment was always discussed with them. Comments included; "I have just decided what to do after talking to the dentist. He explained everything to me and told me what he could and couldn't do. I always feel I can decide. They listen to me," "they explain things very clearly so that I know what is happening. They are very good here," and "I can talk to them if I don't understand. The dentist is very good and always puts me at ease."

People said that staff always took into consideration their privacy and dignity. One person said, "they (staff) are always polite, they always close the door to the surgery so that you are private."

We spoke with three members of staff about how they maintained people's dignity, privacy and respected people's individual choices. All three staff said that they always ensured that the surgery door was closed when people were receiving treatment. One member of staff said, "we make sure that any discussions about treatment takes place in private in the surgery. Then you don't have to discuss private matters in the reception area where other people could overhear."

Throughout our inspection we observed examples of how staff treated people with dignity and respect. We observed that the surgery door was closed during treatments and staff were speaking to people discreetly when answering questions that related to their care needs. This demonstrated that staff at the practice had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

In the reception and waiting areas we saw that there was a variety of relevant and useful information for people about the surgery which included costs of treatments and emergency contact details. Information about maintaining a healthy lifestyle and suggestions about how to improve general health and well being were also on display. In addition, photographs of staff and several awards were displayed that the practice had

won, for example; British Dental Association (BDA) Gold Practice 2012, the dental awards Team of the Year 2009, and Practice Manager of the Year.

We found that the practice had a website that provided details about the services provided so that people had choice about how they could access relevant information.

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

We observed that people were given appropriate time for their treatment and consultations. Throughout the inspection we saw that all staff spoke to 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 this had been discussed with the person using the service. People were asked to sign the plans to confirm that they understood their treatment and 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.

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

Reasons for our judgement

People who used the service told us they were happy with the care and treatment they received.

We spoke with three people who were at the surgery for treatment or check ups. All spoke very highly about the care, support and treatment they had been given by the practice. Their comments included; "I am very happy here. The staff are marvellous, always friendly. I think you get the best care possible here," "all my family come here. The dentist is great, always has a smile and shares a joke with you. They are very good with children and put them at ease. My grandchildren like to come," and "I cannot fault this practice and can't think of anything that could improve it. They all seem happy at work and you always get a good service. I would recommend this practice to anyone. They listen to you."

We found that the practice held regular 'Children's Days', which were advertised in the surgery and on the practice's website. Children and their families were invited to spend time at the surgery enjoying activities and an entertainer (a clown) whilst learning about oral health.

Records showed and people confirmed to us that they were involved in the planning of their treatment. We looked at a sample of patient records during the visit. People who used the service were asked to complete a medical history form and any changes to a person's medical condition were recorded. People's needs were assessed and care and treatment was delivered in line with their individual treatment plan. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Information seen in records showed that each person was treated as an individual and a variety of treatment options were available to everyone.

We spoke with one dentist who told us that they updated each person's record immediately after their treatment. We saw from records that people had been given advice about diet, health and general well being. The dentist also told us that they arranged times needed for appointments based on individual patients. This demonstrated that planning and delivering care, treatment and support at the practice was patient centred. All of the people spoken with said that they were always given enough time for their treatment at each appointment. One person told us "you never feel rushed."

There were arrangements in place to deal with possible emergencies. The practice had a defibrillator, an emergency drugs kit and oxygen available. The emergency equipment and first aid kit was stored securely and accessible to staff. Staff talked confidently about what to do in an emergency. Staff had received training in basic life support skills and cardiopulmonary resuscitation in the past 12 months.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People spoken with said the practice was always clean. They confirmed that the dentists and nurses always offered them protective eye wear, should they wish to use these. People told us that the dental practitioners and hygiene therapist wore gloves, aprons and masks when it was appropriate to do so. They told us they saw staff washing their hands before, during and after treatments. They said that they thought the treatment rooms were very clean and hygienic. One person told us the surgery was "always very clean, spotless."

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 that the practice facilities were clean and well maintained throughout.

All the staff we spoke with understood the importance of infection prevention and control, including decontamination, and could clearly describe their own roles and responsibilities within this area. There were infection prevention and control policy and procedures in place that were up to date.

Personal protective equipment (PPE) was available for staff when carrying out dental procedures. Dental instruments, once used, were placed in the 'dirty tray' which was sealed prior to transporting the instruments to the decontamination room. In 2009 the Department of Health published Health Technical Memorandum 01-05: Decontamination in primary care dental practices 2009. This provides guidance for the dental decontamination of dental instruments and infection control in general dental practice. The practice had a dedicated decontamination room. The room was found to be laid out in accordance with this guidance.

A dental nurse showed us and explained to us, the process for managing used instruments within the decontamination room to ensure clear and separate areas for clean and dirty instruments. This room was utilised to ensure that all the used equipment was cleaned and sterilised between each use. The dental nurses washed and rinsed the instruments, used an ultrasonic bath, checked them for debris and used the autoclaves to sterilise them to ensure they reached the approved level of sterilisation. Staff were able to confirm that they were supplied with the correct PPE when working in the unit to minimise the risk of cross infection.

Cleaning schedules were in place within each of the treatment areas. We saw that the treatment rooms were cleaned by the dental nurses between each person, using appropriate equipment to agreed standards. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the treatment rooms. There were effective systems in place to reduce the risk and spread of infection.

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 autoclaves were in place and recorded.

Health Technical Memorandum (HTM) 01-05 identifies that each practice should be capable of meeting the essential quality requirements and best practice. One element of this practice is that "practices should audit their decontamination processes quarterly using an audit tool." The Department of Health has already devised such a tool that is available for all practices to use. We found that the service had completed these audits as recommended.

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

We spoke with the practice manager who informed us that four dentists worked at the practice alongside a senior nurse, dental hygienist, care nurse coordinator and dental nurses and apprentice dental nurses. The manager said that one dental nurse was always provided to each of the four surgeries, and an additional nurse was always available to 'float' where needed.

On the day of this inspection three dentists were working at the practice.

We found that the service had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked the manager's recruitment file which showed that all of the dental care professionals had professional registration with the General Dental Council (GDC). Copies of proof of identity, immunisation status, contracts of employment, references, enhanced Criminal Records Bureau (CRB) checks and application forms or Curriculum Vitae's (CV's) were in place.

We spoke with the senior nurse, a dental nurse and an apprentice. All staff that we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role. Staff spoken with said that they undertook regular training to maintain and update their skills and knowledge. We saw records of individual's continuing professional development (CPD) to evidence this.

All of the staff spoken with displayed a high level of commitment to the practice. Their comments included; "I love my job. People that come here get the best service available," "we all work well together. It is a happy place to work," and "we really are like a big family." Staff also said that the manager and dentists were approachable and always listened to them.

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 provider had an appropriate system in place for gathering, recording and evaluating information about the quality and safety of care the service provided.

We looked at examples of audits that had been undertaken. We saw evidence that there were established systems in place to ensure that the internal auditing of the practice covered all areas.

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 detailed, clearly written and easy to understand. The policies and procedures had been reviewed and updated as necessary.

Staff told us that staff meetings were held monthly and we saw evidence of these. An agenda was set for each meeting. We were told that these meetings were used as a forum to monitor quality of service provision such as progress of audits, significant events, complaints, infection control, and maintenance of equipment, training, policies and safeguarding.

We spoke with three people using the service. All three people said they would be confident to speak with the dentists or staff if they had any worries, concerns or suggestions. People said they felt confident that the practice staff would "listen and address any issues or concerns."

We saw that patient satisfaction surveys and a suggestions box were on display in the entrance hall. The manager informed us that surveys were also available from the practice's website should people prefer to access them this way. The manager told us that they regularly audited the results of surveys.

We saw that the results from the latest survey were on display in the waiting area. These detailed an action plan which showed what the practice had done in response to people's comments. The results of the survey showed a high degree of satisfaction with the service.

A complaints procedure was in place so that people could voice any concerns. We saw that incidents and any verbal concerns raised were monitored so that any trends or patterns could be identified and addressed.

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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