Inspection Report

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

Saffron Lane Dental Practice

589-591 Saffron Lane, Leicester, LE2 6UN

Tel: 01162832612

Date of Inspection: 24 January 2013

Date of Publication: February 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Saffron Lane Dental Practice
Overview of the service	Saffron Lane Dental Practice provides primary dentistry care to children and adults. The practice provides NHS and private care and treatment services. It is situated in Leicester, accessible by public and private transport. Car parking spaces are available at the front. The practice has disabled access and washroom facilities on the ground floor. Treatment rooms are on the ground and first floor, accessible only by using the stairs.
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'.

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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 reviewed all the information we have gathered about Saffron Lane Dental Practice, looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with six people and asked them for their views about the care and treatment. People were complimentary about their dental care and treatment received. They said they were well informed about the treatment options and received information about after care and how to maintain good oral health care. One person said: "It's quite a nice place to come. You don't have to wait too long to get seen to when you have a problem" and "I'd say it's a good practice in my experience otherwise I wouldn't keep coming back."

People told us they were happy with the hygiene and cleanliness of the waiting area and the treatment rooms. One person said: "From what I've seen it's a very clean place." Discussion and observation of staff showed there were effective systems in place to reduce the risk and spread of infection. Review of the infection prevention and decontamination policies were up to date and comprehensive with responsibilities clearly defined.

Treatment rooms were fully equipped for delivery of care and treatment. Improvements were needed for the safe and suitable storage of cleaning equipment and materials.

There were effective recruitment processes in place, which ensured suitably qualified staff were employed. Discussion with staff and review of records showed staff accessed training to maintain their continuous professional development.

The provider had an effective quality assurance system in place to monitor and manage the quality of service provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 23 February 2013, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke six people who had appointments with each of the dentist at the practice and asked them how the treatment options and decisions made. People said after an examination the dentist always explained what they found and what if any treatment was required. They said the treatment options available to them were explained properly in a way they understood. One person said: "I've never been rushed into making any decisions. I'd always think about the treatment and if necessary do my own research." Another person said: "They know what they're doing and will recommend what's best, which I know is right for me."

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People said the dentist always told them about the duration and any additional costs when they made decisions about their treatment. People were provided with a written treatment plan, leaflets that outlined any risks to help them make an informed decision and where possible showed them visual aids. This was consistent with what the dentist had described to us with regards to how they obtained consent from people about the treatment.

We viewed the dental records of four people we spoke and found they had signed their treatment plans and consent form for their treatment. The electronic records also included a record that the consent form was signed and any other relevant correspondence was also scanned into the electronic systems. One person said they had used the practice since their parents had registered them when they were young and remained with the practice although now consented for their own treatment. This showed the practice provided care and treatment to children, families and adults who were all required to consent for any treatment provided.

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 we spoke with told us they were satisfied with the care and treatment received and felt fully informed about any treatment recommended by the dentist. One person said: "She's great (the dentist), she knows I get nervous about the needle, but I didn't even realise she'd given the injection because we were busy talking" and "the whole experience was better than I'd expected. Just look at me, I'm talking, smiling and you wouldn't have thought I'd just had a tooth taken out." Another person said: "I've been to most of the dentists here and they're all as good as each other" and "my whole family come here that's how good they are."

People told us appointments were flexible and available to suit their needs. People knew about the out of hours service but said they were happy to wait to be seen by the dentist during opening hours. One person said their family member was seen by the dentist in an emergency over the Christmas period. This showed the practice was responsive to people's needs. The electronic advance booking and recall system ensured people were able to access the service at regular intervals and at times when they needed it most.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We reviewed the dental records of four people we spoke with and found records contained clear information relating to the patient's medical history, medication, any known allergies, ongoing assessment and treatment plans. The electronic treatment plans were consistent with the signed dental treatment plans. People said there were required to confirm and update their medical history at each appointment. The information people gave to us about their treatment was consistent with the information recorded by the dentist within their dental record. The records also showed that people had been given advice about their oral hygiene and aftercare following treatment. This showed people's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

The dentists we spoke with told us they had arrangements in place to make referrals to the hospital and other specialists. We saw referral letters and correspondence for the treatment provided by the specialist service, which were scanned into the electronic patient record. Copy of any referral letter was available to people, if required. The dentists told us they accessed training to maintain their continuous professional development with regards to providing dental care and treatment. This meant people could be confident the

care and treatment received met their needs and protected their rights and welfare.

There were arrangements in place to deal with foreseeable emergencies. Staff were aware of the medical emergency protocol to follow should they be confronted by an emergency situations. The resuscitation and medical emergency kit was easily accessible within the practice, which the staff were trained to use. Records showed emergency equipment and the emergency drugs kit was checked regularly as part of the service quality assurance system. Staff understood their responsibilities in the event of a medical emergency and arrangements were in place for dealing with any such medical emergencies. Staff received training in basic life saving skills and medical emergency. Staff told us that they regularly discussed what their responsibilities would be should a medical emergency occur. This showed that the practice had systems and equipment in place to respond to emergencies and promote people's health and welfare.

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 with regards to provision of appropriate storage.

Reasons for our judgement

We spoke with six people before and after their appointments and asked them about what measures were taken to protect them from any risks of infection during their examination or treatment. They said the dentist and dental nurse wore personal protective equipment (PPE) when undertaking examination or provided treatment. These included gloves, a mask, eye protection and people were provided with goggles and a small apron to protect their clothing. They also said they saw the dental nurse remove the used instrument tray and start to clean surfaces and equipment at the end of their treatment. One person said: "I'm a little OCD and I would definitely say something if I thought it wasn't clean or if they forgot to wear gloves and everything." Another person said: "These places are a bit clinical. I think it's clean and they do take every precaution necessary." We saw staff wore a uniform with short sleeves and no jewellery to prevent the risk of cross infection. This meant people were cared for in a clean, hygienic environment.

People said they were always asked about any changes to their medical health and allergies. We observed an examination for one person who had medical conditions and an allergy to latex. They told us staff were aware of their allergy and wore suitable gloves to protect them. The electronic system we looked at also clearly alerted the dentist and the dental nurse to review the medical notes before the start of the examination or treatment. At the end of the examination we saw cleaning was done, which confirmed staff followed the protocols and standards for cleanliness and hygiene.

As part of our inspection process we undertook a tour of the premises accompanied by one of the dentist. The treatment rooms viewed on the day of our inspection were of suitable size to enable effective and safe treatment to be provided. The rooms were fully equipped including appropriate waste bins for sharps and a clinical waste and amalgam pots. There was sufficient storage facilities in each room to enable equipment to be securely stored, thus minimising the risk of any cross infection.

Dental nurses we spoke with described in detail their roles and responsibilities with regards to infection prevention and control. This included the effective systems in place to reduce the risk and spread of infection with regards to water lines flushed in accordance with the national guidelines. We reviewed the infection prevention and decontamination policies and found these to be up to date and comprehensive with responsibilities clearly defined. We saw records of cleaning schedules which showed that the treatment rooms

had been disinfected and cleaned in accordance with the cleaning protocols for daily, weekly and monthly tasks.

The practice had contractual arrangements for the service and maintenance of all dental equipment. Validation of technical dental equipment such as autoclaves were in place, along with certificates for the annual servicing. Appropriate arrangements were in place with an external contractor for the safe disposal of clinical waste and records viewed confirmed this.

We looked at the decontamination room with the designated staff member. They showed us the process for taking used instruments that were contaminated were washed, rinsed and checked for debris. The autoclaves were finally used to sterilise instruments to ensure they reached the approved standard of sterilisation. Clean instruments were stored in sealed vacuum packaging and dated in accordance with the national guidelines. The autoclaves electronic data logs and readings for the temperatures and cycle times for each day were maintained and monitored. The staff member had re-organised the sterilisation room and protocols for safe storage of instruments. This meant the systems in place for promoting effective cleaning and sterilisation of surgical instruments.

The practice had a named person with responsibility for the infection control practices who provided clear and detailed account of the process, responsibilities and audits in place. We saw audits and records of checks carried out to ensure that dental equipment was functioning as it should be. Risk assessment for Legionella (a bacterium that can contaminate water supplies and cause serious illness) was in place and a system for managing and controlling the risk of Legionella. The practice undertook quarterly audits to confirm continued compliance with decontamination regulations and infection prevention best practice. Minutes of staff meeting showed the issues relating to infection control was discussed and that training had been provided to staff on decontamination and infection control.

Safety and suitability of premises ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke with told us the practice was close to their home and easily accessible. They said they were satisfied with the premises and waiting areas, which were close to the treatment room. We saw the dentist collected people from the waiting area and engaged in conversation as they went into the treatment room. One person said: "I remember this place being small but it's doubled in size and now there's seems to be a bit more elbow room, you could say. " Another person said: "considering it's still very clinical, they have made it comfortable for people waiting."

The practice had level entrance access. The reception also had a low level counter and space to pushchairs and three waiting areas, which had a range of health promotions information and products displayed. There are six treatment rooms in total over the ground floor and first floor, accessible using the stairs. There were treatment rooms and a disabled toilet on the ground floor, which meant it was accessible to people who used wheelchairs or had other mobility difficulties. The practice told us about the adjustments they made for people who spoke different languages, had other disabilities or attended appointments with a carer. This demonstrated that the practice was accessible to everybody who needed to use it.

All the treatment rooms had adequate space, with good level of ventilation and lighting. There was adequate storage for equipment required during treatment, hand wash facilities and specified clean and dirty areas used by the dental nurse.

We looked the arrangements for the safe storage of cleaning equipment, materials and the use of control of substance hazardous to health (COSHH). We found these were stored in the same room as the resuscitation kit and medical emergency kit along with other stock items. Improvements were needed to ensure secure and suitable storage arrangements for stock, resuscitation and medical emergency kit, and suitable storage for cleaning equipment and materials, with appropriate ventilation, to conform to the relevant guidance. This meant the provider had not taken steps to ensure people's safety and welfare.

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

People we spoke with told us they found the staff employed by the practice were polite, sensitive and respectful. They found the dentists and the dental nurses were confident, knowledgeable and qualified in dentistry. One person said: "The dentist is very knowledgeable and is the expert." Another person said: "She (the dentist) really knows what she's doing. I do trust her otherwise I wouldn't keep coming back."

The provider had a staff recruitment and selection policy in place. We reviewed the provider's recruitment records and found appropriate checks were undertaken before staff began work. These included satisfactory references, confirmation of their professional registration and an enhanced criminal records bureau (CRB) check. This is a check to assess the suitability of the applicant to work with people in receipt of care and treatment. We saw all staff received the required health checks and vaccinations to ensure people's safety and welfare. The provider told us the practice would re-new staff CRB's on a regular basis in order to assure themselves that appropriate and suitable staff are employed by the practice. This showed there were effective recruitment and selection processes in place.

All dental care and treatment was provided by qualified dentists and dental nurses who were registered with the General Dental Council (GDC), the professional regulator of dental practitioners. We saw that the GDC registration documents and their professional indemnity was also kept on file, and stored securely.

All new staff were required to complete induction training including the vocational trainee. We saw records that showed staff received regular training which included medical emergency, basic life saving, disinfection and decontamination and infection prevention and the protection of vulnerable children. The provider told us staff would complete the safeguarding of vulnerable adults training on-line to ensure they were aware of their responsibilities. We reviewed one dentist's continuous professional development, which showed that they maintained their knowledge, practice skills and qualifications up to date. For example, they had completed mandatory training at the practice, attended seminars and read dental journals, on-line updates from the British Dental Council (BDA) and new publications.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People we spoke with told us they were satisfied with the care and treatment received. They said the aware of any patient satisfaction survey. One person said, "I've just completed one this morning, which asked about things like the cleanliness, complaints and what we thought about the treatment received."

People told us they made informed decisions about care and treatment based on the information and recommendations made by the dentist. The signed consent forms we viewed confirmed people made decisions for their treatment.

The practice had a comprehensive complaints procedure and a copy was displayed in all the waiting areas. We saw the timescales were clearly stated and who people could contact if they remained dissatisfied with the response from the practice. People told us they were confident to complain if necessary. One person said: "I'd discuss the concerns with my dentist or ask for the complaints form." We found the provider took account of complaints and would address any complaints received in a timely manner.

We asked the provider about the patient survey feedback and whether any actions were taken as a result of the feedback. They told us they had reviewed the comments and found people were generally satisfied with the service provided. The provider might wish to note that analysis of patient feedback could be used more effectively as part of the overall quality assurance system to help assess the service provision and identify areas for improvements.

We saw the policies and procedures were regularly reviewed and updated as were risk assessments. The practice undertook a number of audits at varying times. These included medical emergency kit, infection control audits, radiology, cleaning schedules, record keeping audits and clinical waste audits. Quarterly audits were carried out to ensure continued compliance with decontamination regulations and infection prevention best practice.

There was a policy for adverse events and a business continuity plan, which showed the actions taken in any such event to ensure the safety of patients and staff. The provider was aware of their responsibilities to report serious incidents to authorities such as the

health and safety executive (HSE). The accident and incident log viewed showed appropriate actions were taken to protect staff and people who used the service. The provider was confident that where appropriate, learning from incidents and investigations would be implemented.

There were weekly staff meetings held that were used to discuss a number of issues such as patient safety, infection control, relevant updates for staff and other practice matters. These meetings were also used to review practices and maintain knowledge with regards to health and safety. Meetings were recorded and staff were able to access the meeting notes when needed. Staff were confident to challenge each other and seek guidance or a second opinion to ensure safety and decisions made were appropriate. This showed that staff were kept up to date with issues affecting the service. Staff including the vocational trainee felt they worked well as a team, demonstrated shared learning and had a clear objective to improve people's oral health and welfare.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: The provider had not taken appropriate steps to provide safe and suitable storage arrangements for stock, emergency equipment, emergency drugs and cleaning products and equipment. Regulation 12

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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