

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

Leyland-Dent Limited

41-43 Great Peter Street, London, SW1P 3LT

Date of Inspection: 12 September 2014

Date of Publication: October 2014

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
Complaints	✓ Met this standard

Details about this location

Registered Provider	Leyland-Dent Limited
Registered Manager	Dr Leila Leyland
Overview of the service	Leyland-Dent Limited, also known as SW1 Dental Studio, provides private dental treatment to both children and adults. Appointments are available Monday to Friday.
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
<hr/>	
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
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	10
Complaints	11
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 September 2014, 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

The two patients we spoke with told us they were very satisfied with the service they received and felt fully involved in discussions about their treatment. They said that the staff were always polite, helpful and friendly. One patient said, "I feel they are keeping a close watch on my oral and dental health. They take particular trouble to maintain a good relationship with patients. I have no complaints at all."

Patients said that their treatment and charges were explained to them in a way they understood. They felt able to ask questions about their treatment to ensure they knew what to expect. One patient told us, "The staff are very patient and reassuring and their clear explanations ease any anxiety about the treatment."

The clinic was visibly clean and provided a hygienic environment to be treated in. One patient said, "I have no issues about cleanliness." There were effective decontamination processes in place.

Staff were appropriately supported through thorough induction, training and professional development, in service training, supervision and appraisal.

There was an effective complaints process in place.

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.

Patients' 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

Patients understood the care and treatment choices available to them. Patients we spoke with said that the staff explained the dental procedures that were planned and the choices available.

Patients expressed their views and were involved in making decisions about their care and treatment. Patients told us that they were able to ask questions and discuss with the dentist and staff the treatment they received. The provider also sought feedback on service quality through a suggestion box and a patient questionnaire at reception. We reviewed the feedback from the latest 10 responses and saw that the majority rated aspects of the service as very good or excellent and in all cases the patient said they would recommend the clinic to family, friends or co-workers.

Patients were given appropriate information and support regarding their care or treatment. Patient records confirmed dentists had given patients information relevant of their treatment to help them make informed decisions. The clinic used dental models and visual aid booklets to explain treatments. We saw patients had signed appropriate forms agreeing to their treatment and the costs. Information on fees was clearly displayed in the reception area and on the clinic's website. There was also a range of information leaflets on display and a patients' folder containing a selection of policies relevant to patients and information how to make a complaint. In addition, the reception notice board provided information about the dental staff, the appointments system and on handling complaints.

Patients' diversity, values and human rights were respected. We saw patients being treated as individuals and staff showing them consideration and respect. The surgery rooms were private, and people could discuss their treatment in privacy with the dentist or hygienist. The clinic was accessible to wheelchair users and the toilet had been adapted to accommodate patients with disabilities.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Reasons for our judgement

Patients' needs were assessed and treatment was planned and delivered in line with their individual treatment plan and in a way that ensured their safety and welfare. All patients were required to complete a medical history form, which included their health status, dental history, known allergies and any medication they were taking. The medical history was updated at each treatment session and we saw computer records where this was recorded. There was a programme of regular audits in place which included audits of patient records, and x-ray, accompanied by appropriate action plans in response to any issues identified.

Computer treatment records we saw included a treatment plan that outlined the treatment required. This was printed for the patient receiving the treatment to sign. Treatment plans were based on a full mouth assessment and soft tissue examination including an assessment of gum health, which was updated at each visit. Patients told us they were aware of what treatment they required, how long it would take, why it was required and what it would cost. We saw that treatment plans were reviewed at each appointment and updated as necessary to take account of any changing needs. The computer records also included digital x-rays which the dentists used to explain treatments and which could be emailed to patients or other dental providers, where appropriate.

There were arrangements in place to deal with foreseeable emergencies. Regular fire alarm testing and fire evacuation drills took place. All staff were trained in basic life support and we saw the certificates for this. The clinic had emergency equipment available including a portable defibrillator, oxygen, airways and emergency drugs. We saw records of the regular checks that were carried to ensure the defibrillator and oxygen cylinder were serviceable, a sufficient supply of oxygen was available and that medication was in date. We carried out a random check of medicines which confirmed they were within their expiry date. The procedure to follow in the event of a medical emergency was on display in the clinic and staff demonstrated their awareness of this. The clinic had a business continuity plan to maintain the service in the event of major incidents.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

On the day of the inspection the clinic appeared clean, tidy and well maintained. Staff demonstrated that they maintained appropriate standards of cleanliness and infection control in the treatment room when patients were being seen and between patient appointments. This included renewing protective covers on equipment and wiping down the dental chair and all surfaces.

There was a comprehensive infection control policy in place. We were told that staff had received training in infection control within the clinic and we saw the training certificates for this.

Personal protective equipment (PPE) was available for staff including aprons, gloves and eye wear. Hand washing facilities were available and hand hygiene guidance was provided and displayed. Sharps bins were properly assembled, dated and signed and there was a contract in place for clinical and hazardous waste disposal. There were appropriate records for this.

Staff demonstrated the process for the decontamination of instruments. Used instruments were transported from the treatment area in a sealed container to the separate decontamination room. There was a clear process in the room to ensure that clean and dirty instruments did not contaminate each other. The decontamination area was wiped down carefully using antiseptic spray after each decontamination cycle.

Instruments were initially scrubbed manually with disinfectant in a removable container and then rinsed in the sink using a distilled water tap. Because of limited space there was no separate hand washing sink in the decontamination area, although there were hand washing sinks within easy access elsewhere in the clinic.

Instruments were cleaned in an ultrasonic cleaner and then inspected under an illuminated magnifier to ensure they were free from debris prior to being sterilized in the autoclave.

Sterilized instruments were dried and placed in sealed packets with the date of expiry recorded in accordance with HTM 01-05. Unwrapped instruments not used on the day were reprocessed for sterilization at the end of the working day.

We saw appropriate and up to date records for the installation, validation, maintenance and testing of the sterilizer and ultrasonic cleaner. These included the clinic's daily checklist for the decontamination nurse, the daily infection prevention checklist for each treatment room schedule and the autoclave weekly test log. A Legionella risk assessment had been carried out in March 2013 which was due for review in 2015. The provider had acted on the findings to make monthly checks on the hot and cold water temperatures and we saw the up to date records for this.

We saw that the clinic had undertaken regular infection control audits in line with HTM 01-05, using a formal audit tool.

We were told that staff immunisation against Hepatitis B was up to date. The staff records we looked at confirmed this.

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The staff we spoke with told us they had received an induction that provided them with an understanding of their responsibilities and prepared them fully for their role. They were shown and given instruction in the provider's policies and procedures, and had ready access to these documents in the clinic. We saw the clinic's comprehensive induction process in these documents. Staff said the provider had been supportive with regard to training and they had identified learning and development opportunities during appraisal and supervision meetings. They told us they took responsibility for completing their continuing professional development training, and the provider encouraged them to do this. We saw staff records which confirmed this.

There was an appraisal process for all staff and formal and informal supervision meetings. The clinic also had regular staff meetings and we saw brief notes of those meetings. Staff told us they found the meetings useful to discuss practice issues. Staff we spoke with said they were supported in their jobs by the provider and felt that they worked together well as a team.

There was a whistleblowing policy if staff wished to raise any concerns confidentially about the service and working practices and staff were aware of this.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

Patients were made aware of the complaints system. The patient folder in the reception area contained a copy of the complaints procedure. There was also a notice displayed in the reception area advising patients what to do if they had a complaint. The complaints procedure provided details of the stages and timescales involved and organisations to contact if a patient remained dissatisfied with the outcome of their complaint.

The provider told us that the clinic tried to address patients' concern quickly when they arose to avoid matters escalating to a formal complaint. However, they would provide support and information to patients to enable them to follow the formal procedures if they wished to.

At the time of our inspection the provider had received three formal complaints. We reviewed these complaints and saw that they had been dealt with appropriately.

The outcome of complaints was discussed at staff meetings if lessons learned and changes in practice needed to be communicated. The provider told us of changes in practice as a result of lessons learned.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
