

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

York Place Dental

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Date of Inspection: 21 November 2012

Date of Publication:
December 2012

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	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Richard Hellen
Overview of the service	York Place Dental Practice is situated not far from the centre of Carlisle. The practice provides treatment for about 3500 private patients and also children under a National Health contract. York Place provides dental and hygiene care and also orthodontist treatment. There is a unique membership scheme that people can join to assist with payment for treatment. Information about the practice is available on the web site and also the practice's facebook page.
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:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Safety and suitability of premises	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 21 November 2012 and talked with staff.

What people told us and what we found

We were not able to talk to any people who use the service on the day we visited but the practice undertook patient satisfaction surveys on a regular basis. The specific comments in this report have come from the most recent patient surveys. These included, "I was very nervous and liked the way my treatment was explained to me", and "Nothing could have been done better and I was very happy with the service".

We found that the service was very well run with policies and procedures in place to ensure people who used the service were kept well informed about the treatment that was available to them.

Staff were trained and supported by the management team to provide a high level of service to people who used this dental practice.

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

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 saw examples of a range of patient information literature which was available to people using the service. York Place dental has a general website and a facebook page that gave a wide range of information to people looking to join the practice.

The staff we spoke with told us they always made sure people were fully aware of what treatment needed to be done and where there were different options what these were likely to be.

This practice provided private treatment for adults and children were treated under a National Health Service contract. The cost of dental treatment was always discussed and an estimate of charges was printed out for the person to take away before any treatment was started. If the estimate of costs was likely to change during treatment the dentists made sure that the person was informed straight way.

Although we were not able to speak directly to people who used this service we were able to read some of the comments made on the patient's completed satisfaction leaflets. The comments were all very positive and included, "Your staff are very welcoming and made me fell at ease immediately", and "I was well informed, supported and given every opportunity to contribute to my dental plan".

There was literature available for people to take away that outlined the cost of the various treatments provided and the option was given for people to join a membership scheme to assist with the costs involved.

There was evidence available in medical records that treatment options were discussed with people before the treatment started and consent forms were signed each time a patient started a new course of treatment.

People who used the service were given appropriate information and support regarding their care and treatment. On review of treatment records, and in discussion with staff we found that consent to care and treatment was always obtained in an appropriate manner.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the computerised treatment records held for people. These demonstrated that the medical history of the patients was checked at each examination. Relevant information regarding dental examinations was recorded and there was evidence of completed records which recorded treatment planning, evaluation and assessment of x-rays; preventative dental care and advice, appropriately completed personal treatment plans and information given, as well as showing consent for treatment having been obtained. There was a good understanding of consent around the treatment of children.

Staff training files showed they had attended relevant training and development courses including basic life support, and decontamination. Staff told us they felt supported by the management team and were experienced in the care and treatment they were providing.

We spoke to the dentist, dental nurses and a receptionist and we asked them about their work and how they dealt with different types of people having different types of treatment. We saw written evidence, backed up by patient records and quality monitoring records, that showed that staff working in this service treated people appropriately and as individuals, acknowledging and respecting specific needs. Comments made on the patient satisfaction forms included, "You have restored my faith in dentists and given me back my smile" and "I was very nervous and I liked the way the treatment was explained to me".

We were told that staff were trained in dealing with medical emergencies and saw evidence of staff certificates that confirmed this. The service had emergency equipment available including an automated external defibrillator, oxygen, airways and emergency drugs. We saw, during the visit, that both the equipment and the drugs were checked regularly. The drugs were identified for the type of emergency so that in a crisis situation all equipment and drugs were ready to hand and clearly marked.

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 and they were treated in a clean, hygienic environment.

Reasons for our judgement

The premises were very clean with hand wash facilities, liquid soap, gloves and paper towels present in all clinical rooms. All clinical rooms had relevant sharps boxes (for the disposal of needles) appropriately put together and labelled and clinical waste bins in place. The clinic had a regular waste disposal collection service and relevant notifications were present along with infection control policies, hand hygiene procedures and cleaning schedules.

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. An HTM 01-05 audit had been completed.

We were shown how instruments that required decontamination were processed. The practice had a separate decontamination room. All relevant decontamination processes were demonstrated and all equipment checks were completed regularly as per manufacturer's guidelines and were up to date. The process was completed in line with the HTM 01-05 requirements.

All the dental nurses had responsibility for ensuring infection control and decontaminations procedures were up to date and one of them discussed the processes with us during our visit.

Regular hand washing audits and infection control training was completed by all staff as part of their training programme. Risk assessments were in place for Legionella testing and for the monitoring of water temperatures (to prevent burns and scalds but still ensuring adequate hot water).

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used this service were treated in premises that were suitable to provide the necessary care and treatment.

Reasons for our judgement

York Place Dental was a large Victorian terraced house that had been converted for use as a dental practice. The practice was situated on a main road not too far from the centre of Carlisle.

On the ground floor there was a sitting area for people to use whilst waiting for their appointments and also a reception area where the patient co-ordinator worked.

There were surgeries on the ground and upper floor which meant that treatment was also available to people that might have difficulty climbing stairs. All the treatment rooms were well decorated and fitted with all the equipment required to provide a high level of care to patients. They provided a welcoming and relaxing place for people to receive their prescribed treatment.

On the first floor there was a room designated for the decontamination and sterilisation of instruments that ensured patients were treated with clean, sterile equipment. The space, though small was suitable and ensured that there was no chance of cross infection or contamination.

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 treated by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Everyone we spoke to loved working at York Place and felt supported by the management team. They said they worked successfully as a team and got on well with each other.

Staff told us that staff meetings and clinical meetings were held regularly and arrangements were in place to make sure that if anyone was absent for a staff meeting that they had access to the meeting notes when they returned. Meetings to discuss training and personal development were also held on a regular basis.

Discussion with the practice manager and staff members confirmed they had access to a structured training and development programme. Each person had their own individual continual professional development (CPD) plans. This ensured that the people in their care were being supported by a well trained and competent staff team. .

We saw that personal appraisals were carried out for all staff on an annual basis which were linked to training plans.

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 using the service and others.

Reasons for our judgement

As we were not able to speak to people regarding this outcome we did not receive specific comments about this outcome. However, we were able to read some of the very positive comments recorded in the patient comments folder that was made available for us to read. These comments are referred to throughout this report.

Satisfaction survey forms were available in the seating area and we were able to read some of the completed ones during our visit. We could see from the comments made that people were very happy with the treatment received.

Staff meetings were held every two weeks so that the whole team felt involved in the running of the practice and any issues positive and negative could be openly discussed.

We were told that there had not been any complaints made about the treatment provided and the Commission had not received any from external agencies.

The service had a full set of policies and procedures that were updated when new or appropriate information was received. These were readily available for staff to read.

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.

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