

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

Hessle Grange Dental Care - Southgate Hessle

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2013

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

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Hessle Grange Dental Care Limited
Registered Manager	Mrs. Helen Marie Stone
Overview of the service	Hessle Grange Dental Care Limited provides general dental treatment at premises in Hessle in the East Riding of Yorkshire. It has a majority of NHS patients. The waiting area, surgeries and disabled toilet facilities are on the ground floor with parking at the rear of the building. There is a disabled access ramp at the side of the building.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 25 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Hessle Grange Dental Care Limited had five dental surgeries, five dentists and accompanying staff. We were able to speak with staff and six patients who attended appointments during our visit.

Patients who received treatment at Hessle Grange told us that they were very happy with the care and treatment they received and they had confidence in the staff. Patients also told us "The service has been fantastic" and "It's very good".

Patients told us that they were impressed with the efficient service, that the staff were "Very obliging" and they felt the hygiene and cleanliness of the practice was good. One patient said "It's fine for cleanliness, one of the better ones I've been to".

The dental nurses said they worked together well as a team and that they felt they were supported by the dentists and the managers. They also said that the company ensured that they were able to access training as part of their ongoing professional development when they needed to.

Staff could tell us who they would contact if they were concerned about child protection issues or abuse of patients. The patients stated that they were confident that if they did have any concerns or complaints they would be able to raise them and that they would be dealt with appropriately. The provider had systems in place to assess and monitor the quality of service that people received.

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

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.

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

Reasons for our judgement

We were able to speak with a dentist, two dental nurses, the practice support manager and the manager during our visit. We also spoke with six patients who attended appointments. We looked at treatment records and associated documents to check whether care and treatment needs had been met.

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

Discussion with patients indicated they were extremely satisfied with their dental care. One patient said "I have found one I am happy with". Another patient told us "The dentist explained exactly what I needed and why".

We looked at the treatment records for eight patients. The practice held notes on the computer and where required provided paper copies for patients. We saw that x-rays were digital and held on the computer. We saw that information about the patient such as a medical history, current medications and any allergies had been obtained. There was a comprehensive medical questionnaire which patients completed if they were new or had not attended the surgery for more than a year. At other times there was a shorter medical form to complete. We also observed the receptionists asking patients about their medical histories during their visits. Patients told us that this was done each time they visited the dentist.

The treatment records contained information about patient attendance and follow on visits and the dental treatment each person had received. When further treatment was needed we saw there were treatment plans with the cost of care included. The patients and staff told us that any treatment options were explained beforehand and included any costs. We saw copies of two treatment plans and estimates that had been signed by patients.

The dentists and all other staff attended yearly updates on cardiopulmonary resuscitation (CPR) and medical emergencies. This training was carried out by an external trainer, but

the sessions were held within the practice. The staff we talked with explained the procedure they would follow if anyone needed emergency treatment and we saw evidence of their training in the staff files.

We were shown the equipment the practice had for dealing with emergencies and saw that this included an emergency drugs kit, portable oxygen and a defibrillator. These were checked by two staff, one of which was a dentist, on a daily basis to ensure the equipment was in working order and the listed emergency medications were available and in date. We were informed that the appointed first aider was the lead receptionist.

Discussion with the practice support manager and checks of the accident book and incident logs showed there had been two incidents in the previous 12 months. These had been appropriately recorded and the practice support manager understood about their role and responsibilities with regard to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

In the waiting area there were health education posters covering such areas as gum disease, how to floss your teeth and prevent tooth decay. There were also items available to purchase to aid teeth cleaning. This encouraged people to improve their oral health.

There was information in the practice, on appointment cards and on the telephone answer machine about what emergency/out of hours arrangements were in place for patients when the practice was closed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with a dentist, two dental nurses, the practice support manager and the manager about safeguarding of children and vulnerable adults during our visit. We looked at records and documents relating to safeguarding practices. Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The staff we spoke with told us that they had received training in safeguarding of children and vulnerable adults and we saw evidence of this in their staff files. Most staff records indicated they had received level 1 and 2 child protection training and safeguarding vulnerable adults training in 2012. Staff demonstrated their understanding of child protection responsibilities, of the signs and symptoms of abuse and the types of abuse that could occur.

The staff had access to policies and procedures for reporting any incidents relating to safeguarding of children and safeguarding of vulnerable adults. The staff we spoke with told us they would contact a manager with any concerns who would then make alerts to the appropriate local authority safeguarding team.

We spoke with the manager about enhanced criminal records bureau (CRB) checks (now known as the Disclosure and Barring Service checks) as part of the safeguarding measures within the practice. Checks of the staff files showed that the dentists and all other staff had CRB certificates in place.

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.

Reasons for our judgement

We were able to speak with a dentist, two dental nurses (one of which was the infection control lead for the practice), the practice support manager and the manager about maintaining hygiene standards and good infection control within the service. We looked at records and systems on infection control practices and spoke with six patients about their experiences within the practice. We saw written evidence in the staff files that the dentists and dental nurses had completed infection control training.

Patients were cared for in a clean, hygienic environment. Our observation of the practice found the environment to be clean, tidy and well organised.

Discussion with patients indicated that they were very positive about the cleanliness and hygiene of the practice. All patients we spoke with said the dentist and dental nurses always wore protective equipment such as gloves and masks when giving care. Patients also commented on the cleanliness of the environment. Their comments included "I think its spotless, even the reception" and "The cleanliness is fine".

The service used the Department of Health's "Technical Memorandum (HTM 01-05): Decontamination in primary care dental practices, 2013 Version" for assessing the practice against recognised national best practice. This provided guidance for the decontamination of dental instruments and infection control in general dental practice. The service had two specific decontamination rooms with a hatch between to transfer from the "Dirty" room to the "Clean" room. Both rooms also had sealed flooring to make it easier to keep clean.

The practice had two separate sinks in the 'dirty' room: one for washing hands and cleaning and one for rinsing dental instruments. The instruments were then put into an ultrasonic bath for a further cleaning process. We were told that the practice normally used a washer disinfectant (which is best practice) but it was awaiting repair. Instruments were then checked for any remaining debris under a light magnifier. Once they were deemed clean they were transferred through the hatch before being placed in to the autoclave steriliser.

A dental nurse described the sterilising process which included the use of personal protective equipment such as wearing specific gloves and aprons for the different stages

of the handling of instruments. She showed us how the bagged instruments were dated and stored in the practice. She was aware that following sterilisation, instruments could only be stored for a fixed period of time to ensure they remained safe to use. When we checked the dates on a sample of bags we found they were correctly dated.

The dental nurse told us how the machines were regularly checked to ensure that they were working correctly. We saw checks that were carried out on a daily, weekly and monthly basis and included test strips, residue and protein checks. There was also a data logger for the autoclaves and the ultrasonic bath. These were stored as quality assurance checks. We saw these records had been kept by the dental nurses and the data loggers by the practice support manager.

We saw the maintenance book and contractor records for when the equipment had been tested and maintained as per the manufacturers' instructions. We were informed that dental instruments which were for single use only were disposed of in the surgery as clinical waste. We saw that sharps were disposed of in a separate container. Amalgam waste was collected and stored in sealed containers. Both clinical waste and amalgam waste were collected by a dedicated contractor to be disposed of safely.

We saw there were appropriate policies and procedures in place which included the control of infection, decontamination, sharps injuries, inoculations and disposal of clinical waste. We were shown cleaning schedules for the practice which were signed when completed. We noted that colour coded cleaning equipment was available and colour coded labels were used to identify areas and the equipment to be used for cleaning those areas.

We saw the records indicating that all staff had been immunised against Hepatitis B. However, the provider may wish to note that some staff that had been inoculated in 2000 and 2001 had not had any further blood tests to ensure they were still protected against the disease.

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

We spoke with a dentist, two dental nurses, the practice support manager and the manager about their training experiences and opportunities and we looked at continuing professional development and training records.

Staff received appropriate professional development.

Each dental nurse and the dentist had their own training records which identified what subjects had been completed and how many hours of study had been carried out to meet their continuing professional development (CPD) and professional registration criteria. External trainers were also used to deliver CPR and management of medical emergencies training within the practice environment. This training had been done annually and we saw the most recent certificates.

Discussion with the dental nurses indicated that the staff felt they worked as an effective team. The dental nurses said they received good support from the provider and were able to discuss any issues as a team or on a one to one basis as needed. We saw evidence from staff meeting minutes that training and other issues were regularly raised and discussed amongst the staff.

We saw evidence from staff files that they had an annual appraisal and they all had personal development plans linked to their CPD. Dental nurses also had competency reviews approximately every 3 months. Staff told us they were well supported with basic training. The dentist and dental nurses told us that this included discussing CPD to maintain their professional registrations and to identify any other training needs.

We noted that no staff had received training in the Mental Capacity Act (MCA) 2005. However, discussions with the dentist indicated they were aware of the MCA and how a patient's capacity to make decisions may change. The manager told us that she was booked on some training regarding the MCA in May 2013 and would cascade this to other staff members.

We saw evidence of current registration with the relevant professional bodies, for example the manager held records of the registration details of the dentists with the General Dental

Council.

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 patients received.

Reasons for our judgement

Patients who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

There was a practice policy statement about quality standards that patients could expect on display in the waiting area. Staff told us how they regularly assessed and monitored the quality of care and treatment. We saw evidence of a number of different ways that quality was checked and improved including audits of record keeping, patient questionnaires and Infection Prevention Society (IPS) audits.

Staff told us that staff meetings had taken place on a regular basis and that they had regular supervision. Staff felt that their views and concerns were listened to. Staff said "I feel well supported" and "In staff meetings we discuss things that we need to improve on. We can air issues as we all get on well". A member of staff told us that because they were part of a very large company they felt that there were not always the opportunities available to influence the way the surgery worked.

The treatment plans contained evidence that they were reviewed every time a patient attended the surgery, both in terms of dental treatment and any changes to medical history or medications. This helped ensure the correct dental care and treatment was given.

The staff ensured they were up to date with best practice. They told us they received information from the provider and from their professional bodies. The dentists held support meetings two to three times a year where they discussed clinical practice.

The provider took account of complaints and comments to improve the service. The practice support manager told us that patient satisfaction surveys were usually carried out at least twice a year, the next one was due in May 2013. We were told these surveys were handed out over the course of a few days and aimed to get a cross section of patients who had seen each of the dentists. We saw that the practice had surveyed patients in 2012 and the results had been analysed and presented to patients in a large poster displayed in the waiting area. We noted that 160 patients had responded and that 96% were either

satisfied or very satisfied with their visit and 78% felt they had an opportunity to discuss any concerns with the dentist.

The practice had a suggestions box at reception which the manager told us was emptied every week and the comments sent to Head Office for analysis and action. All staff received feedback about the comments in the monthly staff newsletter. We saw the most recent comments which included "Gates broken for too long, it's an inconvenience". The electronic gates to the car park had been broken and for a time could not be opened. On our visit we noted that they had been repaired. There was also a patient feedback form available for patients to complete.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints patients made were responded to appropriately.

Reasons for our judgement

We spoke with a dentist, two dental nurses, the practice support manager and the manager during our visit. We also spoke with six patients who attended appointments.

Patients were made aware of the complaints system. Patient's complaints were fully investigated and resolved, where possible, to their satisfaction.

There was a complaints policy in place which had been updated in April 2013 and the complaints procedure was clearly displayed in the reception area for patients who used the service or their relatives to see and act upon if required. The practice support manager told us they tried to resolve concerns / complaints at practice level where possible. We saw examples of these and noted they were dealt with appropriately. These concerns had been logged on patients' records but not recorded separately. The provider may wish to note that the manager may have been unable to monitor any trends over time and act upon them.

The patients we spoke with expressed confidence that if they did raise any concerns they would be dealt with appropriately. One patient who spoke with us said "I think there is a procedure, but I would rather speak to someone". Another person said "It's all been very good, I don't have any problems. It's got a good reputation; you get the treatment you need".

The staff said that they tried to treat everyone in a respectful manner and chatted with all the patients. They felt this relaxed approach enabled them to discuss any minor issues with patients before they became a complaint.

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.

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