

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

Stramongate Dental Surgery

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Tel: 01539722113

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Stramongate Dental Surgery
Registered Manager	Mr. Quentin Gratrix
Overview of the service	<p>Stramongate Dental Practice is situated in the centre of Kendal. A dental practice has been on the site for over 18 years. It is currently owned by the partnership of Gillian Alder and Quentin Gratrix. The dentists are supported by three dental nurses, who also act as the receptionist, and one receptionist. The practice treats people of all ages and provides a wide range of private dental services and a small percentage of NHS dental services.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 14 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The monitoring of the quality of the service provided by the practice ensured that people received safe and appropriate care from staff who were appropriately trained. We found that the practice had a system in place which enabled them to regularly assess and monitor the quality of service that people received. We saw that staff received appropriate professional development and were able to obtain further qualifications. Staff confirmed they had on going formal supervision and appraisal. One person we spoke with told us; "It is always very easy to get an initial appointment and follow up treatments." The practice had appropriate equipment to support people in the event of an emergency. The practice facilities were clean and well maintained with appropriate floor and surface coverings.

There were 52 responses within the practice's ongoing satisfaction survey. All of these confirmed that the dentist explained all treatment options to them. We saw that people's records were held in a paper format and contained details of people's treatment options and treatment plans. The practice asked for people's views using satisfaction surveys to get an overview of opinion but they also discussed all aspects of care and treatment with people individually. All members of the team we spoke with understood the principles of obtaining consent, including issues relating to capacity.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's 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

We were able to speak with two people who were in the waiting room when we visited. They confirmed that the dentists and the dental nurses always explained what they were going to do. There were a variety of information leaflets available to people both in the reception and around the practice. These included information on making a complaint, general oral hygiene, the prevention of tooth decay, diet, smoking cessation and a practice information guide. The price list for treatments was clearly displayed and people using the practice were also given further information around dental care and pricing during their assessments.

Both staff and people using the practice confirmed that all consultations were conducted in private in the treatment rooms. We saw staff speaking with people in a respectful manner and staff we spoke with understood the requirements for privacy, dignity and confidentiality. The people who spoke with us were able to tell us about their diagnosis and the treatment options available and what they had decided to do. They were aware of the cost of the treatments and what they had come to the surgery to have carried out that day.

They told us that they were "very happy" with the level of information they had received. One person told us; "The staff are very good at explaining, the information discussed is always very clear and all staff give a full explanation of treatment options." The other person confirmed that they were always told of the cost of the treatment and felt fully informed of the reasons why treatment was required.

We saw that the justification for doing, and the quality of, x rays was recorded and this had been explained to people using the practice. If treatment was declined we were told, and records indicated, that any potential consequences of declining treatment had been explained to people. All members of the team we spoke with understood the principles of obtaining consent, including issues relating to capacity. We saw evidence in the records we viewed of discussions regarding diagnostic test results, treatment choices, medical risk assessments and advice given

We found that people were able to express their views and were involved in making decisions about their care and treatment. The practice asked for people's views using satisfaction surveys to get an overview of opinion but they also discussed all aspects of care and treatment with people individually. We looked at the ongoing satisfaction survey results. Responses from this survey were all positive about the care and treatment people received, the cleanliness of the environment, information they received and the attitudes of staff.

Staff whom we spoke with confirmed that regular staff meetings took place at which information and feedback regarding treatments and any complaints or incidents were discussed. Review of staff meeting minutes confirmed this.

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

The practice staff discussed with us how they assessed people for treatment. We found that all people accessing the service received an initial assessment in which their medical history was obtained and these records were kept on file. The people we spoke with confirmed this. We saw that were sample dental products available in the practice for people to try if they wanted to or if recommended by the dental staff.

We saw that people's records were held in a paper format and contained details of people's treatment options and treatment plans. Both of the people we spoke with told us that staff always asked for consent before they undertook any treatment or procedure. They also confirmed that the dentist always checked their medical history at the start of any treatment plans and examination of 13 treatment records, with people's consent, supported this.

There were 52 responses within the practice's ongoing satisfaction survey. All of these confirmed that the dentist explained all treatment options to them. There was also strong agreement that staff were "very professional". When we spoke with one person attending the practice for treatment they told us; "It is a warm and friendly practice. I have been coming to the practice for about 21 years. I find the dentist very gentle."

There were three dental treatment rooms in the practice. The practice is situated in a listed building. Due to the age and the design of the practice disabled access was restricted. The provider should note that information should be made available to inform people of the restricted mobility access.

The practice had appropriate equipment to support people in the event of a medical emergency. The service had an emergency drugs kit and oxygen available for emergency use. There were records of the emergency oxygen cylinder being checked to ensure that it was in working order and that there was a sufficient level of oxygen available. The emergency drugs were readily available and stored with the emergency first aid kit and records indicated that these had also been regularly checked. We saw that the staff at the practice had received training in dental medical emergencies and basic life support.

For out of hours treatment the practice had an agreement with a group of locally based dentists to maintain an emergency rota to cover weekends and used the local NHS

emergency service for evening or night emergencies. Details of the emergency cover were available on the practice's telephone answer machine. The practice also held emergency appointment times on the days when they were open. One person we spoke with told us; "It is always very easy to get an initial appointment and follow up treatments."

We were told, and the records indicated, that one of the dentists acted as responsible persons for the use of x-rays (radiation protection supervisor). We saw that there was a report for the current year that demonstrated compliance with radiological safety and local rules were in place for each x-ray machine. Only individuals who were trained in line with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 took radiographs. All radiographic equipment was tested and certified three yearly. The practice employed an external accredited company for radiological advice.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

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 was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

The practice facilities were clean and well maintained with appropriate floor and surface coverings. Chapter six of the HTM states a separate hand wash basin should be provided as hand hygiene was crucial in preventing the spread of infection and recontamination of instruments and devices. The practice had an up to date risk assessment for the availability of hand wash basin in all rooms where they were required. Where hand wash basins were available we saw that the appropriate hand washing procedure was displayed and the correct soaps, hand cleaning gels and moisturisers were available.

We saw evidence that protective equipment, including eye shields, face masks and gloves were available for staff to use when treating people. People were also given protective equipment to wear during their procedure. Both of the people we spoke with confirmed that staff wore protective equipment during the treatment and that they ensured that the people using the service did the same.

The practice's decontamination policy and cleaning procedures for equipment between people was discussed with staff. They were able to describe to us that they understood requirements which ensured that people using the service were being protected from the possibility of cross infection.

We saw that there was a separate decontamination and sterilisation room. The decontamination area was divided into two areas for dirty and clean processes. There was a light and a magnifying glass available and these were used to examine instruments visually so staff could check that they were clean, functional and remained in good condition. We examined the decontamination room log book and this recorded the equipment cleaning and checks being undertaken by staff. The staff in the practice were responsible for cleaning all treatment rooms and communal areas at the end of a working day and between each person. Cleaning logs were maintained by all members of staff.

We also saw the arrangements for the cleaning and lubrication of hand-pieces (drills). We saw that all wrapped and sterilised instruments were dated with a use by date. An annual service agreement was in place with the suppliers for the maintenance of equipment in use in the decontamination room.

Dental nursing staff had received updated training in decontamination as part of their professional development. We saw that there were infection prevention and control policies and procedures in place.

The practice had a policy and procedures in place for the management and disposal of waste. We saw that all waste was stored safely away from the public within the practice premises and waste disposal contracts were seen for clinical waste and domestic waste. The practice also had a written scheme for prevention of legionella contamination in water pipes and other water lines. We noted there was a system in place for amalgam-related waste to be disposed, with an approved licensed carrier.

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 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 two people using this service but their feedback did not relate to this outcome.

We found that staff received appropriate professional development and were able to obtain further qualifications. Staff confirmed they had on going formal supervision and appraisal.

IN discussion with staff members they confirmed they had access to a structured training and development programme. Each person had the responsibility for 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. The provider may wish to note however, that the system used in the practice for recording and monitoring individual training resulted in this information not being easily identifiable.

Training was either by training sessions, electronic learning or through the local college and deanery. Staff were able to confirm to us that they had undertaken all necessary mandatory training. Staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register. We saw that training and appraisals were discussed as part of the staff meetings.

One member of staff told us; "We are a good team and have worked together for a long while. We have a full team approach rather than a them and us." We were also told as a result of the practice having a small staff team and little staff turnover that there was an open culture for discussing anything of concern and that supervision was an "ongoing continual process".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We spoke with people using this service but their feedback did not relate to this outcome.

We found that the practice had a system in place which enabled them to regularly assess and monitor the quality of service that people received. We did find however, that responsibility for all audits was with the dentists themselves. The provider may wish to note that staff may find it useful if there were designated leads for different areas for audit purposes.

People were asked for their views about their care and treatment and these were acted upon. Staff told us that they consulted with people on an ongoing basis to gain their views about the treatment and service they received and with ongoing satisfaction surveys. We looked at copies of the completed surveys and found many positive comments about the quality of the service provided. All respondents recorded that they were satisfied with the service they received.

We saw that the practice ensured that training was kept up to date and monitored this through ongoing supervision and a yearly appraisal. We did see that although the practice did have the required policy and procedures in place there was no coherent system for organising and updating these.

We found that audits had been undertaken regarding the quality of and usefulness of x-rays, risk and health and safety issues with regards to the premises and for staff and completion of treatment record cards. However, the provider may wish to note that the current system for managing the practice's policies and procedures was not robust and there was duplication of documents to be found within different files within the practice.

The monitoring of the quality of the service provided by the practice ensured that people received safe and appropriate care from staff who were appropriately trained.

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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