

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

Uppingham & Upperton Dental Practice

193 Uppingham Road, Leicester, LE5 4BQ

Tel: 01162767760

Date of Inspection: 20 February 2013

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

Details about this location

Registered Provider	Uppingham & Upperton Dental Practice Limited
Registered Manager	Mrs. Manisha Mehta
Overview of the service	Uppingham & Upperton Dental Practice is located at 193 Uppingham Road in the New Humberstone area of Leicester, providing primary dental care to both NHS and private patients (on request) .
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 carried out a visit on 20 February 2013, talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We spoke with a number of patients who attended the surgery on the day of our inspection. They all told us that they were very pleased with the treatment they and their families had received at the surgery. They told us that the dentist had explained what treatments were available and that they had made informed decisions about the treatment they chose to receive. Patients told us that they had been given information about fees for treatments before treatment had began.

We received comments from patients "The dentist is very good with me, I have been coming for many years, he always explains the treatment I need and involves me in any decisions." and "I have always been happy here, I would recommend the surgery to anyone, they make me feel comfortable."

We found the practice to be compliant with the regulations we inspected against.

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.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care or treatment, they understood the care and treatment choices available to them. Patients expressed their views and were involved in making decisions about their care and treatment.

One person told us "The dentist always explains the treatment I need and listens to what I have to say on the matter." Another patient commented "I have been coming here for a very long time, they are very good with me the dentist always explains what he is going to do, they always ask me about my medical history when I come."

Prices for treatment are discussed with patient and are displayed on the wall in the waiting room along with procedures for making complaints if necessary.

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

Treatment plans were based on a full mouth assessment that include the length of time until next visit; NHS and private treatment were separately detailed.

Medical histories and risk assessments for patients, reviewed at each appointment.

We saw evidence from records that adverse events have been investigated, and that recommendations had been implemented.

We saw records that showed staff were appropriately trained to deal with medical emergencies that might occur within the practice, including dealing with a collapsed patient.

We saw evidence of cardiopulmonary resuscitation (CPR) training for all staff in the practice.

We saw that emergency drugs and equipment (including oxygen) were regularly checked and recorded, and was available within the surgery at all time.

There was an appointed person for first aid within the practice.

The dentist and staff in the practice were kept up to date in all aspects of dentistry by means of Continuing Professional Development (CPD) from sources such as the General Dentist Council (GDC) and the British Dental Association (BDA)

Patients we spoke with told us that they are able to get treatment when needed and that they understood their treatment plan, costs and what will happen after their appointment.

We received comments such as "This dentist is really good and I am happy with the treatment I receive." Also in a patient survey we saw "Don't change, keep it up" and "Good service, nice staff, friendly practice."

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

Our judgement

The provider was meeting this standard.

People who use 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 two members of staff at the service who had received safeguarding of adult and children training and were able to explain their responsibilities in this regard.

Staff demonstrated a good knowledge of how to safeguard people. They could describe signs and indicators of abuse and were able to explain reporting procedures.

We saw that all staff in the practice had received safeguarding training and this was further evidenced by copies of the course certificates staff had obtained.

We also saw that staff had received training in the Mental Capacity Act 2005 and were aware of its relevancy in dentistry.

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.

Reasons for our judgement

We spoke with staff and found they understood the importance of infection prevention and control, including the decontamination of dental instruments. A nurse described their role and responsibilities within this area which demonstrated that they had a full awareness of infection control and prevention.

Treatment rooms were cleaned to the appropriate standards by the dental nurses between each patient's appointment and before the start of the morning and afternoon session. The provider used the government's guidance on decontamination (HTM 01-05 Essential Quality Requirements) which gave the cleaning and decontamination requirements and standards for dental services.

The practice manager had maintained a schedule of audits and checks to regularly monitor the decontamination of dental instruments, infection control, waste disposal and cleaning standards. Audit documentation was clear, included summaries of findings and highlighted strengths, weaknesses and proposed actions.

The provider had policies and procedures for infection prevention and control which all staff had access to. Staff had received training in infection prevention and control. Staff we spoke with demonstrated a good awareness of both. That was important because it provided an assurance that staff understood and practised their responsibilities in that area.

Staff had suitable changing facilities where they could change into their uniform.

All hand washing facilities had been properly cleaned and were stocked with appropriate hand washing soaps and guidance on hand washing.

Our observations were that cleaning standards were high in the treatment rooms in the decontamination room, waiting room and all staff areas.

We saw evidence that the provider had a contract with a company specialising in clinical waste disposal and that the staff practised safe storage of clinical waste.

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

Patients were asked for their views about their care and treatment through surveys taken at regular intervals, the last one being in July 2012. We reviewed that recent survey and saw that it resulted in positive feedback from patients. Patients also had opportunities to complete surveys or comments slips when they attended the surgery.

We saw comments in the survey one that said "Don't change!! Keep it up." Another comment was "Good service, nice staff, friendly practice."

Patients we spoke with told us that they knew how to raise concerns with the surgery. We saw that the the complaints procedure was on an information notice board, but the provider may wish to note the procedure could be more prominently displayed.

In addition to the patient survey, the provider had an effective process for assessing and monitoring the quality of service. The practice manager maintained a schedule of audits and checks covering key aspects of the surgery. These included infection prevention and control, cleaning standards and patient waiting times. Audits were thorough, well documented and findings were acted upon.

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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