

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

Smiles Leicester Limited

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6JH

Tel: 01162661145

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Smiles Leicester Limited
Registered Manager	Dr. Bharat Mehta
Overview of the service	The dental practice is situated on Doncaster Road in Leicester. The premises are on two floors with surgeries available on both floors and disabled access via a back door but no accessible bathroom facilities. The practice provides NHS and private treatment services.
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

We carried out this inspection to check whether Smiles Leicester Limited had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

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 26 March 2013, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

We inspected this location on the 18th December 2012 and returned to check on the improvements since our last visit. The provider had made improvements around the care and welfare of people who use services, infection control and quality assurance standards. We also looked at the staff recruitment standards. This means there were improved outcomes for people who used the service and the services's staff. We saw the provider was monitoring the quality of service that people received on a regular basis, and evaluated the the information about the quality and safety of the care, treatment and support the service provides, and its outcomes.

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.

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

Reasons for our judgement

The provider had made improvements around the care and welfare of people who use services. They had reviewed all their policies and procedures and introduced new policies for example emergency planning and emergency procedures with associated audits now in place. All staff were being trained in the new ways of working at monthly meetings and on staff induction for new staff who had recently joined the practice. We saw the medical emergency kit and checks were being done by regularly by the provider and all the correct equipment was in place. We saw a new computerised system and were told all patients records would be computerised by June 2013. We sampled patients records and saw medical records were being held, reviewed and updated when they were any changes in the patients health. These improvements would ensure effective, safe and appropriate care, treatment and support for people who used services. A dentist and dental nurse told us the changes had improved the service and the practice was running better.

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

A cleaning company had been appointed and was responsible for the cleaning of the surgery. We saw new cleaning policies and procedures were in place and a revised cleaning schedule for the whole surgery. This was supported by a cleaning check list that was monitored by senior staff. We saw improvements in the cleanliness and hygiene of the environment throughout our visit.

The HTM01-05 audit tool has been completed in full and was carried out regularly. These regular checks ensured there were effective systems in place to reduce the risk and spread of infection. We saw a nurse working in the decontamination room. The decontamination room is where nurses wash and rinse the instruments before using the autoclave to sterilise them to ensure they reach the approved level of sterilisation. We saw the nurse use appropriate personal protective equipment (PPE) whilst decontaminating instruments. We saw new signs in place outside the decontamination room and a new bin. We saw cleaned equipment stored, pouched and stamp dated ready for use. We saw checks of decontamination equipment and monitoring checks. Staff told us further decontamination training was planned for April 2013. The provider confirmed the new ethos of the practice was "hygiene" as one of its core values.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

A recruitment drive was underway to employ more staff. We saw new recruitment folders for each staff member had been compiled since our last visit. We sampled staff recruitment folders for two staff who had joined the service recently. They had not received Disclosure Baring Service (DBS) checks or had references taken up. One person had not signed their induction to confirm they had received an induction. However both staff worked on reception so would not present a high risk to patients care. The provider confirmed the recruitment checks were still being completed for these two staff. The recruitment folders did not contain a list of the required checks staff needed before they commenced work. The provider may wish to note a checklist is drawn up with relevant dates; and the staff recruitment policy and procedure be reviewed to ensure robust staff recruitment procedures. We sampled a third recruitment folder for a nurse and found all the relevant checks were in place. The provider confirmed they carried out DBS checks every two years with all staff to ensure they are safe to work.

We saw a training schedule for yearly appraisal and career development plans for all staff to start the end of April. All staff training had been reviewed particularly around decontamination practice. The staff group spoke a range of community languages and told us they used these skills regularly with patients to explain the plan of care treatment and support available. Senior staff were given responsibilities for different aspect of work at the practice decontamination, meeting the Care Quality Commission (CQC) standards. This would ensure patients care and welfare needs were met by competent staff.

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 who use the service and others.

Reasons for our judgement

The provider had introduced a range of health and safety audits to ensure compliance with regulations and good practice. We viewed a range of new audits that were detailed and branded with the new name of the practice. We saw one audit around fire safety and noted information around escape lighting was left blank. The provider may wish to note this aspect should be followed up with the relevant professionals. Staff told us monitoring systems were now part of everyday practice. These audits will enable the provider to identify, monitor and manage risks to people who use, work in or visit the service.

Patient surveys will be carried out twice a year. The most recent one was January 2013. Comments were received from patients around improvements in the waiting areas. The provider had acted upon this and is in the process of decorating the waiting room areas, installing drink machines, providing magazines, display staff photographs and other information around patients care. Staff confirmed there was a suggestion box in reception to receive patients comments and feedback. These systems will help the provider identify key areas of improvement to be made. We saw the complaints procedure folder and a recent complaint that had been dealt with by the provider. However a copy of the complaints procedure was not available during our visit. The provider may wish to note a written complaints procedure is made available to patients and copies kept in the complaints folder.

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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