

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

Elmet Dental Care

2 Low Street, Sherburn In Elmet, Leeds, LS25
6BG

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Elmet Dental Care
Registered Manager	Mr. Julian Francis Beamish
Overview of the service	<p>Elmet Dental Care is situated in the centre of Sherburn-in-Elmet. Three dentists provides private and NHS dental services, including dental hygienist support, to the local community. The service can provide ramped access for those people with mobility difficulties and there is car parking close by. The facilities for patients are all on the ground floor. The service is owned in partnership by two of the dentists who work there, Mr Beamish and Mr Britton.</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 12 March 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

We spoke with five people who used the service and three members of staff. All provided positive comments about the service and how it operated.

People told us that they were always consulted about the options available to them and given information to help them make decisions about their treatments.

People told us they were very satisfied with the care and support they received at the service. They said all the staff were friendly, helpful and courteous. Their comments included "The dentist is very thorough. I never feel rushed." And "I've been coming here years. All the staff are friendly and welcoming." And a third said "My dentist is very good at explaining what he's doing, as he goes along. I definitely trust him."

People told us the service was always kept clean and we found there were good systems in place to minimise the risk of the spread of infection.

People told us the staff at the service were competent and skilled. One person commented "They definitely seem to know what they're doing." Staff spoken with felt well supported and thought all the staff worked well as a team.

People told us they knew how to complain, though had never had need to. The service had a robust complaints procedure and welcomed the views of people who used the service. This showed people were able to influence how the service was being run.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with five people who had just seen their dentist. All told us they were satisfied with the way their treatment options were discussed with them. One person said "The dentist fully explained why I needed the treatment. We discussed the best way to go forward, including how much it would cost."

People told us that the staff at the service were friendly, helpful and respectful. One person said "A lot of the staff have been here a long time." Another added "The dentist is fantastic with the children." They added that one of their children had visited a dentist for the first time that day and the dentist's approach had helped their child to remain relaxed and happy during their examination.

We looked at four people's care records and saw these stated that different treatment options had been discussed with the individuals. This enabled people to make informed choices. We saw 'simple' treatment plan records as well as a copy of a complex treatment plan sent to an individual. This explained the proposed treatment and associated costs so the individual could give the proposed treatment due consideration.

We spoke with three members of staff. All said the individual (patient) was given the final decision about whether to have any treatment. One dentist said "It's the patient's choice. We have a responsibility to tell them the benefits of the treatment we recommend, as well as the risks should they decide not to have the treatment. But it has to be their choice."

We found the dentists spoken with had some understanding of how the Mental Capacity Act may affect the care and treatment they offered to vulnerable adults. They recognised that their explanation about a proposed treatment needed to be tailored to the individual, and their level of understanding. And that other people, like relatives and friends, could not give consent on their behalf except in certain circumstances.

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

People we spoke with provided only positive comments about the service and the care they had received. Comments included "This dentist is very good; gentle and thorough." Another told us "You never feel rushed. You get plenty of opportunities to sit up and have a breather during your treatment." A third said "They help you to feel relaxed. We have a bit of a laugh."

We observed that staff were friendly and polite towards people. Many people were called by their first name and people were relaxed when talking with us afterwards, about their experience. We also observed there were leaflets about dental care and other lifestyle choice information, like smoking cessation clinics available in the waiting room. These provided people with information so they can make decisions about their own health and well-being.

We spoke with three staff members. They emphasised the importance of treating people as individuals and ensuring people understood their treatment plan. One told us it was important to ensure people were at ease before starting the treatment as most people, in their view, were anxious when they visited the dentist.

They told us that people's current health status was checked before any treatment was given, and all the people confirmed that this happened at each visit. This meant the dentists were routinely carrying out an assessment of the person's general health before providing any dental care.

We looked at the care records for four people and saw that records detailed the treatment provided at each visit. We noted that on some occasions the dentists had discussed different treatment options. The dentists told us they had information leaflets about specific treatments, which were given to people to read, when appropriate. These helped to make sure people understood and were included in decisions made about the proposed plan of care.

We noted there were arrangements in place to deal with unforeseeable emergencies. All the staff had training in 'managing emergencies' each year from an approved trainer, so that their skills and knowledge in this area were regularly updated. We found staff were

familiar with the emergency equipment and checks were regularly carried out to ensure the equipment was fit for purpose.

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

People we spoke with had no concerns about the overall cleanliness of the service. One person said "The place is always spotless." All the people we spoke with confirmed that the dental staff wore protective equipment. And all said they were provided with goggles and a clothes protector when receiving care. Good infection control measures help to minimise the risk of the spread of infection.

We noted there was infection prevention literature in the waiting room, for people to read, or take away. This included a colouring booklet for small children, which highlighted the importance of always washing your hands properly.

We saw there were effective systems in place to reduce the risk and spread of infection. The practice had policies and procedures in place for the prevention and control of infection. The practice had cleaning and sterilisation processes that followed best practice guidelines and we saw that these were regularly monitored and audited to ensure these processes were maintained.

We spoke with one staff member who was very clear about what they would do should they get a puncture wound from equipment that had been used. They confirmed they were up-to-date with relevant immunisations, which were required to minimise the risk of the spread of infection. We noted the provider kept an immunisation record to be satisfied that the risk of harm to staff in those circumstances was minimised.

Three members of staff also told us all the clinical staff at the service were attending refresher infection control training later that week. This helped to ensure their practice and infection control knowledge was kept updated.

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

People we spoke with told us they trusted the judgements and skill of the dental staff. One said "I definitely trust my dentist. I feel very comfortable with him." Another person told us "A lot of staff have been here a long time. I find them all very nice and efficient." And another person commented "The staff are really good with children."

We saw staff received appropriate professional development. We spoke with three members of staff who told us they were supported to attend training to ensure their practice and knowledge was up to date. We saw evidence of training undertaken by one person in the past year and several staff members told us of the training in infection control practices, which had been arranged for later that week.

Staff told us the providers were approachable, friendly and available for them. They thought all the staff worked well as a team. One person said they had worked at several other dental practices but this was 'the nicest place I've worked'.

We noted monthly staff meetings were held and the work was planned so that all staff could attend. We saw these meetings had agendas and we looked at the minutes from the last three meetings. We saw these were detailed and recorded discussions held about practice issues as well as staff training and development needs.

Whilst we were told there were no one-to-one supervision meetings with the provider, a staff member added that the providers were very approachable and available so she would feel quite comfortable speaking with them on her own, if needed.

The providers also told us that they do not currently carry out annual appraisals, though knew this was an area they needed to develop. Whilst staff spoken with told us they were satisfied with the current support systems in place the provider may find it useful to find out whether all the staff working there are happy with the present arrangement. They could then determine whether or not any changes were needed to the way they supported the staff who worked there.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The people we spoke with told us they had never had cause to complain about the service, their treatment or the behaviours and attitudes of the staff who work there. They said they would have no problems in bringing any concerns to the attention of staff if they needed to. One person said "The staff are very friendly and welcoming." And another told us "Staff are very approachable. I'd have no problem talking to the dentist if I had a concern. But I've never had concerns about this place."

We saw that people were made aware of the complaints system. This was provided in a format that met their needs. The practice had a complaints procedure which was displayed very prominently, and separate from other information that was provided in the waiting areas for people to read. Those people we asked knew the service had a complaints process and knew where the information was displayed. We saw the service also had a suggestions box in the waiting area, which showed the providers encouraged and were open to people making comments about the service.

One member of staff told us how they would respond if an individual raised concerns with them. They told us the service had a complaints policy which would be followed in such an event. We were given a copy of this policy, which stated that complaints would be properly investigated. One of the providers told us they hadn't had any complaints about the service for several years.

We also saw the practice actively sought the views of people using the service. Feedback information was provided in the waiting area from a randomised postal survey to 50 people who use the service. Some changes had been made to the way the service was operating as a result of these comments. This showed the providers had responded to what people had told them.

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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