

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

W S Inness & Associates

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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
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. William Inness
Overview of the service	W. S Inness and Associates dental practice operates from a large detached property in the centre of Haxby. The practice treats both private and National Health Service (NHS) patients, from York, Haxby and surrounding villages. There is disabled access and car parking at the rear. Dr William Inness is the registered provider for this practice and there are seven associates.
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 28 January 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

To help us understand the experiences of people using the service, we spoke with people who had attended the surgery at the time of our inspection.

We spoke with four people in private at the practice address. Everyone we spoke to said that they were treated with respect. They said they signed to say they agreed with the treatment and that they had their treatment options explained to them so that they could make an informed decision about their dental care and treatment. Everyone we spoke with said they received a good service from the practice. One person told us that "Overall, this is a very good practice. I would not change my dentist. (Name of dentist) is very good he is A1."

People told us that they had no concerns around the cleanliness of the practice. People described the practice as always being 'spotlessly clean' and 'immaculately clean'.

People told us they did not have to wait long for appointments and that they were always welcomed in a friendly manner. One person said, "If it is urgent they fit you in straightaway and then arrange a further appointment."

We were told by the people we spoke with at this inspection they felt safe and relaxed when receiving treatment.

People told us that they had not had any need to complain; but if necessary they would speak either to the dentist or one of the dental nurses.

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

Everybody we spoke with at the practice made positive comments about their experience when they visited the practice. They told us that their dentist always explained their treatment to them. One person said "He (dentist) always explains everything to me."

People are involved in the planning of their treatment and are given information to help inform their decisions. Everyone we spoke with told us that their consent had been obtained before treatment commenced. One person said, "The dentist always explains the treatment and we sign a treatment plan."

We observed staff treating people with kindness, respect and courtesy. People who had received treatment were very relaxed when we spoke with them about their experiences.

We reviewed the records of people who received treatment on the day of our inspection. People had individualised treatment plans which had been agreed with the dentist and signed by the person receiving treatment. We did not speak with any parents whose children may have been having treatment. We were informed that consent for children is obtained from either their parents or legal guardians. We saw that dentists had made notes about their discussions with patients.

We spoke with both the practice manager and reception manager about treatment and patient choice. They told us that when patients required treatment they were presented with all of the options available, the cost and the implications of each option. It was clear to us that the final decision on treatment was with the patient and with support and guidance from the dentist; they were able to understand their treatment plan.

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 told us that they were very pleased with the care they received and no concerns were expressed about the treatment and service provided. They told us that there were never any problems in getting an appointment. One person said "I always get an appointment straightaway." Everyone we spoke with told us they were all made to feel 'welcome'. One person told us, "I've never had any better service anywhere else." Another said "The dentist always discusses the treatment and explains everything fully." And another person told us "This is an excellent dentist practice. They are always accommodating."

We looked at patient records during our visit. Records are held electronically, with paper copies of consent and agreement to treatment plans which were stored in locked cabinets behind reception. Records we looked at showed that people were involved in the planning of their treatment and that informed consent was gained. People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

Emergency and first aid equipment was seen to be available within the practice. These were stored on each floor, which gave easy access to the equipment if required.

We spoke with one of the dental nurses and the practice manager. They told us what emergency equipment they had and how it would be used, if necessary. They told us they had received training in emergency care in dental practice and that this included first aid. Staff records we looked at confirmed this.

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 told us that they had no concerns around the cleanliness of the practice. They told us that they wore protective glasses and so did the dentist when carrying out any treatment. One person told us the dentist, "Wears glasses, a mask and gloves, and I always wear the glasses and bib."

The practice had policies and procedures in place for the prevention and control of infection. We noted personal protective equipment (PPE) was available for staff and patients when carrying out dental procedures. The dental nurse told us that single use items were disposed of as clinical waste after each patient. Dental instruments, once used, were placed in the 'dirty box' which was sealed prior to transporting the instruments to the decontamination room. The decontamination room had clean and dirty areas and the room was found to be laid out in accordance to guidance from the Department of Health. There were guidance documents placed on the walls detailing the decontamination process and clearly showing the flow of the cleaning process to be followed.

There were nine surgeries which share a dedicated decontamination room. There were x-ray machines in each individual surgery. During our inspection we observed that clinical areas were clean and tidy. Records of equipment being checked were available, including regular recording of the temperatures of autoclaves, which are used to sterilise equipment.

The practice manager told us that the cleaner and the dental nurses had specific routines for cleaning and had daily checklists that they followed. The practice manager regularly audits these, to ensure that good cleaning processes are followed. This makes sure that the dental practice is kept clean on a day to day basis.

We spoke with a dental nurse, the practice manager and reception manager who told us that they had received all of the immunisations required for working in a dental practice, this included Hepatitis B. They told us how they would respond to, needle stick injuries and blood spillage. These met with the current best practice guidance. There were effective systems in place to reduce the risk and spread of infection.

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

People told us that they had confidence in the dentist and the dental nurses. Everyone we spoke with told us they received 'a good service' from the practice.

There is a recruitment and selection process in place and all the staff including the dentists and the practice manager had up to date Criminal Record Bureau (CRB) clearance. We looked at the recruitment records of one newly recruited member of staff, as most staff had worked at the surgery for a long time. This confirmed that appropriate checks were undertaken before staff began work, and helped to ensure that staff were suitable to work in dentistry.

We looked at two staff files. These recorded information about induction training, and appraisals that had been carried out by the practice manager. The files also held copies of training certificates that staff had attended such as fire safety and first aid training. We were also given a copy of the staff training plan. This showed that staff received various training in areas such as basic life support, cross infection, radiology updates, confidentiality, consent and health and safety.

We spoke with one of the dental nurses who told us that they had received regular training at the practice and that they were attending college to obtain a qualification in dental nursing.

The practice manager told us that monthly practice meetings take place where information is shared and discussed with the team and these may also include some training sessions. This makes sure that all staff have up to date information about the work they do. Records we looked at confirmed this.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked people what they would do if they had a complaint about the service. They all said they would speak to "Either my dentist or the nurse."

Information on how to complain was on display on the notice board in the waiting area. 'How to make a complaint' was also detailed in the practice leaflet, which was available to people using the service. People were made aware of the complaints system. This was provided in a format that met their needs.

We were shown the practice's complaints policy and procedure. We were told by the practice manager, how they would work with the patient to resolve their complaint. We reviewed the complaints records which showed us that people's complaints were fully investigated and resolved where possible to their satisfaction. Records we looked at confirmed this.

The practice carries out surveys. The last survey was carried out in December 2012. We looked at feedback from the surveys and were given copies of the results summary. Surveys showed that people had been consulted over such areas as; décor, cleanliness, and patients overall experience at the practice.

Positive feedback and comments had been received by the practice. People had made additional comments. Such as when asked 'what attracts you most about the practice' people said "Accessibility, friendly, helpful staff, good treatment, same staff (no large turnover) good reputation." And "Clean, tidy, friendly, never kept waiting, very efficient." The practice also had a suggestion box in reception, which people could comment anonymously if they wished to do so.

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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