

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

## Hesslewood Lodge Dental Practice

The Lodge, 95 Ferriby Road, Hessle, HU13 0HX

Tel: 01482642736

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Hesslewood Lodge Limited
Registered Manager	Mr. Michael Fuller
Overview of the service	Hesslewood Lodge Dentist Ltd comprises two dentists, a dental hygienist, dental nurses and reception staff. Overseeing the running of the service is a practice manager who was previously also a dentist.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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The patients told us that they were always provided with information and options about any treatment the dentist may recommend. They told us they were happy with the service provided, had been with the practice for many years and some patients travelled from another country to attend the practice.

Patients told us they felt their personal information was treated confidentially and staff always treated them respectfully. We observed that there was a good rapport between patients and staff reflecting a respectful relationship.

The dental nurses told us they had worked in the practice for some time and enjoyed working there. They had undertaken training and continued to do so to ensure their professional development. They told us that consent was always sought from patients and they had a good understanding of protecting patients from harm.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We spoke with the practice manager, one dentist and two dental nurses. Additionally we spoke with three patients, reviewed patient files and documents within the service.

We observed that there was a variety of information available to patients within the waiting area of the dental practice. This information included how to make a complaint and about the different schemes available for the paying of dental care. There were signs in makaton to assist patients who did not use words to understand information in the service. Additionally there were 'spare' pairs of glasses to assist anyone who had forgotten their glasses. Patients were able to use these to ensure they could read and understand any information provided to them at the practice. There was an information folder available to patients and an audio file. Additionally there were white boards in the surgeries that the dentists used to explain treatment options to patients.

Patients told us they felt they were always given the correct information about their treatment and this was in the correct format so that they could make an informed choice about the treatment that was best for them. All patients confirmed that they had been involved in the planning of their dental care and if necessary they had sought additional advice from the dentist. When we asked, patients they told us they felt respected when they visited the practice and that their information was kept confidential.

Patients told us they had seen their treatment plan and also signed this on behalf of their children when necessary. The practice manager told us how consent was gained from patients prior to treatment. This was verbally for routine treatment and examinations and in written format for larger treatment plans.

When we spoke with staff they told us how the dentist explained all treatment plans to Patients. If a person refused their treatment the dentist would discuss this with them.

Before patients received any care or treatment they were asked for their consent and the

provider acted in accordance with their wishes

People should get safe and appropriate care that meets their needs and supports their rights

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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We spoke with the practice manager, one dentist and two dental nurses. Additionally we spoke with three patients, reviewed patient files and documents within the service.

When we spoke with patients they all told us they were happy with the service they received and felt that it had met their dental needs. Patients told us they had never had to make a complaint and felt all the staff was "Excellent" and that if there was ever a problem they were "Very accommodating". They told us that when necessary they had been referred to other dental or health professionals and had been guided by the practice when needing to seek additional separate treatment. Patients told us how they had been patients at the practice for a number of years. One family told us how they now lived in another country but returned to this practice for any dental treatment.

We saw that paper records were kept for each patient. These included the person's medical history, a record of any treatment, a record of the equipment used and consent forms.

We saw that there was emergency equipment available within the practice to support patients should a medical emergency occur. We noted that the storage of some of these items was not secure and the provider completed a new risk assessment for this on the day of the visit. However the provider may wish to note that they must ensure that these items remain easily accessible to ensure there is no delay in the treatment of medical emergencies.

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

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

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### **Our judgement**

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The provider was meeting this standard.

Patients who used 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.

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### **Reasons for our judgement**

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We spoke with the practice manager, one dentist and two dental nurses. Additionally we spoke with three patients, reviewed patient files and documents within the service. We reviewed the policies and staff training and knowledge in relation to safeguarding of patients from harm.

We saw there was a safeguarding children and adults' policy available on the wall of the surgery. This included the telephone numbers of the patients to contact should an allegation of harm be raised.

When we looked at the staff training records we saw that staff had completed courses on child protection and the safeguarding of vulnerable adults (SOVA). All staff had provided a Criminal Records Bureau check (CRB) which recorded if the person held a criminal conviction that would prevent them from working with vulnerable patients.

When we spoke with staff they were aware of the signs and symptoms of abuse to look out for whilst treating patients. They were also clear on the actions they would take should a concern of this nature be raised.

Patients who used 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.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with the practice manager, one dentist and two dental nurses. Additionally we spoke with three patients, reviewed patient files and documents within the service. We were assisted by the practice manager to complete a tour of the surgery and to view the processes for ensuring equipment was clean and sterilised.

When we spoke with patients they all confirmed that staff always wore protective equipment for example, gloves and that staff had good hand hygiene.

Our observation of the practice was that it was clean throughout.

The practice manager informed us that the practice had been audited against the Health Technical Memorandum (HTM 01-05): Decontamination in primary dental practices 2009 by a private consultant the previous month. They had been informed they were working beyond best practice.

The practice manager and one of the dental nurses explained the cleaning and sterilisation process for equipment used within the surgery. Records were kept of all equipment and the dates these were last sterilised, with stored equipment being dated to ensure it was used within the appropriate timescales. Additional records were kept of all audits of machinery and ongoing maintenance to ensure that these remained in the correct working order. This included wash testing, protein testing swabs and cycle numbers.

Systems were in place to deal with spillages, disposal of amalgam, disposal of drugs and mercury spillage kits.

We saw there were hand wash audits undertaken within the practice with photographs of this process for each member of staff, to help ensure that staff continued to undertake this to an acceptable standard.

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We spoke with the practice manager, one dentist and two dental nurses. Additionally we spoke with three patients, reviewed patient files and documents within the service. We looked at staff recruitment and training files.

When we looked at staff files we saw that the majority of staff had been employed within the service for a number of years. Although there were no application forms in patients' files the practice manager informed us blank copies of these were available for any future recruitment.

We saw that patients' files included evidence of their identification and CRB checks that confirmed that they did not hold a criminal conviction that may prevent them from working with vulnerable patients. References had been obtained to ensure the person was suitable for their role and staff completed an induction into the practice. This included training in relation to risk assessments, protective equipment, emergencies in the practice and safety.

Certificates had been obtained which recorded that staff were eligible to practice and evidence of verifiable continuing professional development was also seen. This recorded that professionals undertook training to ensure they remained up to date with and were aware of the latest best practice guidelines.

We saw that staff had undertaken a variety of training and this included dealing with emergencies, safety and first aid.

Appropriate checks were undertaken before staff began work

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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When we spoke with patients they told us that although they had not completed a survey or questionnaire they were always asked if they were happy with the service.

We saw there were questionnaires regarding the service available within the waiting room for patients to be able to complete. The practice manager informed us that they had designed a monthly competition around the completing of the questionnaires to encourage patients to complete these.

We saw that adverse events were recorded and acted upon. This helped to prevent a re-occurrence and logs were kept of any adverse events.

There was a complaints policy held in the surgery that recorded the timescale for dealing with complaints. The practice manager confirmed that no complaints had been received.

Risk assessments were in place and up to date to help ensure that patients remained safe whilst attending the surgery.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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