

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

## Temple Practice

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4LA

Tel: 01132392543

Date of Inspection: 10 April 2013

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2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</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
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Leeds Dental Team
Registered Manager	Mrs. Deborah Kendall
Overview of the service	<p>Temple Practice is situated in the Chapel Allerton area of Leeds. The practice comprises of a combined reception and waiting area. There are two treatment rooms, in which decontamination areas are incorporated and there is a separate decontamination room. The practice has disable access and a toilet facility. The practice provides a service for both NHS and private patients. This includes preventative and restorative dentistry. The practice also provides a service to people in their own homes.</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

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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 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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We observed staff treating people with respect, being polite and courteous. There was a supportive atmosphere between staff and the people who used the service. One person told us, "They always discuss and embrace what you are asking them to do." Another person told us, "I always feel involved."

People experienced care, treatment and support that met their needs and protected their rights. We spoke with five people and they all told us they were more than happy with the care and treatment they received. One person told us, "I feel it is good care, the dentist is aware of my nervousness and he is considerate." Another person told us, "Care is good and professional."

People were treated in a clean, hygienic environment. The people we spoke with told us that they had no concerns with the hygiene. One person told us, "My first impression of hygiene is fine." Another person said, "Hygiene is good."

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks had been undertaken before staff began work.

There were quality monitoring programmes in place, which included people giving feedback about their care and support. This provided a good overview of the quality of the service's provided.

We found that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained and stored. One person told us, "I have no concerns about my records."

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

**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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We looked at the information available to each person. A practice information folder was available in the waiting area for people who used the service to read if they so wished. The information included opening times, fees, finance plans and cold sore awareness, policy detail and teeth whitening. The care provider's website also had information about the services provided by the practice. The information included the range of treatments and staff team.

People who used the service understood the care and treatment choices available to them. People were given appropriate information and support regarding their care or treatment. People were able to express their views and were involved in making decisions about their care and treatment. Two members of staff we spoke with told us, the dentist would always offer a choice of treatments to each person and explain to them any future plans of treatment if needed.

People said they were fully involved in decisions about their treatments and the dentist was very good at explaining the treatment. People told us the dentists gave them information about the treatment options and the costs were explained. They told us they felt comfortable asking questions about the treatments available if they wished to do so. People we spoke with told us that their confidentiality and dignity was always maintained and respected. One person told us, "They always discuss and embrace what you are asking them to do." Another person told us, "I always feel involved." One person said, "The dentist always explains things to me." Another person said, "The dentist explains things to my daughter so she can understand."

We spoke with five people who told us that they did not have to wait long to be seen by the dentist. However, if the dentist was running late people told us they were kept informed about the delays. The practice manager told us that if necessary they offered to rebook the appointment if the person was unable to wait. A member of staff and the practice manager told us they had emergency appointment slots each day and a 'sit and wait' service to

make sure no-one was left in pain.

People's diversity, values and human rights were respected. We observed staff treating people with respect, being polite and courteous. We spoke with two members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and confidentiality. The practice had policies on confidentiality, data protection, equality and diversity and consent. Staff had signed to say they had read and understood these policies.

The practice had feedback questionnaires to obtain the views of people who used the service. The practice manager told us that any comments or suggestions would be looked at and considered. We saw copies of the questionnaires although we did not know when these were received because they were not dated. These showed there was a high level of satisfaction with the practice. The majority of the scoring in the questionnaires showed positive comments and outcomes. The practice manager told us that all future questionnaires would be dated.

**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.

People 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 five people who used the service. They told us they were happy with the care they received and no concerns were expressed about the treatment provided at the practice. One person told us, "I feel it is good care, the dentist is aware of my nervousness and he is considerate. He puts me at my ease." Another person told us, "Care is good and professional." One person said, "I have no concerns, I feel safe and comfortable." Another person said, "I am always very satisfied. He is a caring dentist. I am well looked after."

The practice used both an electronic and paper based record keeping system. We saw that information about the patient such as medical history and allergies had been completed in all records. We could see that the notes contained detailed information about patient attendances and treatments. Consent to treatment forms were also present in each person's record. Members of staff told us that medical and dental history was checked by the person at every visit and the person confirmed the information was up to date. People's needs were assessed and care and treatment was planned and delivered in line with their individual care needs and in a way that ensured people's safety and welfare. People's care and treatment reflected relevant research and guidance.

We observed people who used the service being greeted as they arrived in the practice and saw evidence that staff communicated with people in an appropriate, respectful, friendly and welcoming way.

The practice manager told us that staff meetings were held on a six weekly basis and specific topics of information were discussed and recorded. This ensured that all members of staff were kept informed of any relevant and important information.

There were arrangements in place to deal with possible emergencies. The practice had an emergency drugs kit, a defibrillator and oxygen available. There were records of the oxygen cylinder being checked daily to ensure that the flow meter was in working order and that there was a sufficient level of oxygen available in the event of an emergency. Records showed that the defibrillator was checked on a daily basis to make sure it was working properly and the emergency drugs list was checked on a weekly basis. The emergency equipment and first aid kit was stored securely and accessible to staff.

Staff had received training in first aid, medical emergencies and cardiopulmonary resuscitation. When we asked staff, they told us that they knew what to do in an emergency. The practice manager told us staff had received training in the past 12 months and training records we looked at confirmed this.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the practice had both surgeries located on the ground floor. This enabled people with limited mobility to have access to treatment. One person who used the service told us, "It is easy to move around."

The practice had a number of policies in place. Staff signed to say they had read and understood the policies. We saw the policy folders located in the practice and these were easily accessible to staff.

**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.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. In 2009 the Department of Health published a memorandum called Decontamination in primary care dental practices. The memorandum is designed to assist all registered primary dental care services meet satisfactory levels of decontamination. We found evidence of the practice having undertaken audits and demonstrating compliance with standards.

Staff confirmed they had received immunisation against Hepatitis B and this was recorded on staff files.

During our inspection we asked a member of staff to show us the decontamination process. We saw that there was an area in each treatment room dedicated to carrying out decontamination and a separate room was also used for decontamination procedures. There was a clear dirty to clean route through the areas. However, we saw that the decontamination room was also used for the storage of equipment. The practice manager told us the decontamination room was going to be refurbished and this was due to be completed by the end of July 2013. One member of staff was able to talk us through the decontamination process and they showed us the records to support their work in this area. This included an explanation of the autoclave processes. Staff also told us that equipment checks were carried out using test strips and daily tests were completed. We saw that sterilised instruments were pouched, dated, stored and rotated appropriately. However, the provider may wish to note that to maintain effective infection control procedures and to keep people safe from infection the decontamination room should not be used for other purposes.

We saw that the treatment rooms were tidy, spacious, organised and well laid out. The practice facilities were clean and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in the treatment rooms. The appropriate hand washing procedure was displayed over the sink as required and the correct soaps, gels and moisturisers were available.

We saw the practice had daily 'morning set up' and 'end of day set down' procedures which included turning equipment on and off and cleaning procedures. We also saw daily

and weekly cleaning routines that included drain compressor, autoclave and distiller. We observed staff working at the practice, they all wore clean uniforms. Staff were able to confirm that they were supplied with the correct personal protective equipment when working in the practice or carrying out decontamination procedures. One member of staff told us, "There is always ample protective equipment."

Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were infection prevention and control policy and procedures in place that were up to date. These included policies on decontamination procedures for cleaning instruments manually, hand hygiene, waste disposal, cross infection and dealing with split blood and other infective materials. We saw evidence that all staff received annual training in infection control.

The people we spoke with told us that and they had no concerns with the hygiene. One person told us, "My first impression of hygiene is fine." Another person said, "Hygiene is good."

All clinical waste was disposed off appropriately. This included the use of orange clinical waste bags and sharps bins.

## 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.

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

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We spoke with two members of staff who told us when they were recruited they completed a Curriculum Vitae (CV), attended an interview where they were asked questions which were relevant to their role and had their qualifications checked. The practice manager told us effective recruitment processes were in place and all staff who worked at the practice had a Criminal Record Bureau check. They told us they used an external company when recruiting new members of staff. The company provided advice and examples of recruitment documentation. They also told us that they obtained references for new members of staff. Appropriate checks were undertaken before staff began work.

The practice had recruitment policies and procedures that the provider used when employing new members of staff. We looked at three staff files. These contained training records, job descriptions and general dental council registration. We saw evidence of references that had been followed up.

The practice manager told us the practice used an induction training programme for people starting work at the practice that included a probationary period. The programme included a range of training courses, ways of the surgery, roles and responsibilities and policies and procedures.

## 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 people received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

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### Reasons for our judgement

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We looked at how Temple Practice gathered information about the service they provided. Records of monitoring that had been undertaken confirmed that a programme was in place.

We saw evidence of several audits that had been conducted. These included infection control, water testing and weekly equipment checks. These included compressor, forceps, fire alarm, hearing loop and distiller. The manager conducted bi-annual unannounced audits and these included surgeries, stock, cleanliness and paperwork. They told us that any identified issues would be addressed immediately.

We saw risk assessments were in place with reviews dates identified. These included autoclave, biological agents, injuries, fire and manual handling. A legionella test was conducted in February 2013 by an external company. We saw that action plans were developed which identified actions and recommendation, with ongoing monitoring and completion dates.

People who used the service were asked for their views about their care and treatment and they were acted on. The practice manager told us that any comments or suggestions would be looked at and considered. We saw evidence that the practice manager held staff meetings on a regular basis. Actions were considered and taken following each meeting. The practice manager told us as a result of a comment on one of the patient questionnaires regarding the height of the chairs in the waiting area; six new chairs had been ordered.

We spoke with the practice manager regarding how they monitored complaints. They explained the complaint's procedures and confirmed they had no ongoing complaints. They also said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the service. People told us if they had any concerns or complaints they would discuss them with members of staff, the practice manager or the dentist.

We saw that up to date policies and procedure were in place. These included complaints and health and safety.

The quality monitoring showed that people who used the service benefited from safe quality care, treatment and support.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## Reasons for our judgement

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We inspected the service in April 2013 as part of the Care Quality Commission's programme of inspection and also to follow up information we had received, which indicated that people's records were not secure or safe.

We looked at five care and treatment plans during our inspection. All the care and treatment plans we looked at contained up to date information; key information was recorded clearly. People's personal records including medical records were accurate and fit for purpose. One member of staff we spoke with told us patient paper files were kept secure and locked in a cabinet in a locked room. The also told us that they always logged out of the computer when they were not using it.

The practice manager told us that the computer system was backed up twice a day. They said they used an external contractor for any computer system failures but patient information would not be accessible to the contractor.

The people who used the service we spoke with told us, "I have no concerns has long as they are kept locked in the cabinet." Another person told us, "I have no concerns about my records." One person said, "I have no concerns about security."

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The practice manager told us that staff meetings were held on a six weekly basis and minutes were produced. The organisation provided a comprehensive manual of policies and procedures for staff to refer to and this was easily accessible.

All records were kept securely and could be located promptly when needed. We saw staff had received training in secure handling of confidential information and information governance in March 2012. The practice also had an up to date data protection policy.

Records were kept for the appropriate period of time and then destroyed securely. The practice manager told us that they archive records from time to time. There were suitable systems in place to make sure that records were handled and stored in an appropriate manner that complied with legal requirements.

## 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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