

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

Glen Dental Clinic

11 Stretton Court, Stretton Road, Great Glen,
LE8 9HB

Tel: 01162593386

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2013

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

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

Details about this location

Registered Provider	Dr. Jyoti Sejpal
Overview of the service	Glen Dental Clinic is a private Leicestershire dental practice. The surgery is situated in the village of Great Glen, eight miles from Leicester. The building is on the ground floor and has a portable ramp for wheelchair access.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 27 February 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

People told us the care and treatment they received was good. One person said, "The dentist is exceptional and I am very happy with all the work she has done on my teeth." Another commented, "All the treatment I have had has been necessary and of a very high standard. I would recommend this dentist to anyone."

People told us the staff were efficient, knowledgeable and polite. One person said, "All the staff are superb, from the receptionist to the dentist. This is a very professional practice and standards are high. We only get the best here." Another person commented, "I am always welcomed with a smile and made to feel comfortable and relaxed. It's a lovely atmosphere here."

People told us they thought the surgery well-run. One person said, "They are very efficient. When I arrive they are expecting me, my records are available, and the dentist knows my history." Another person commented, "It runs like clockwork here – I have no concerns."

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us the care and treatment they received was good. One person said, "The dentist is exceptional and I am very happy with all the work she has done on my teeth." Another commented, "All the treatment I have had has been necessary and of a very high standard. I would recommend this dentist to anyone."

People said the dentist consulted with them before proceeding with any treatment. One person told us, "The dentist always discusses options with me and tells me what she can and can't do. She is very fair and honest and knows her job inside out."

People also said they didn't have to wait long for an appointment or for treatment when they visited the surgery. One person told us, "I hardly ever have to wait and if I do it's only for a couple of minutes. The staff seem well-organised and the surgery is well-run."

To help people understand their treatment options the dentist told us she provided a clinical explanation. She also used a computer programme to provide a visual explanation of what, for example, a crown or a root filling might entail. BDA (British Dental Association) leaflets were also made available to patients as were 'case studies' showing individual patient's treatments from beginning to end.

Records showed that people's needs were assessed and care and treatment planned and delivered in line with their individual treatment plans. Those we sampled provided evidence of the dentist discussing treatment with each patient and informing them of likely outcomes.

People were asked to fill in a health declarations when they visited the surgery and asked if there had been any changes to their health at subsequent appointments. If they had any underlying health conditions these appeared on both computerised and paper records as 'health alerts'. This helps to ensure that staff at the surgery are aware of people's medical background and can take action as necessary. Staff told us that every two years people were asked to complete new health declarations to bring all records up to date.

All the people who used the service were asked to sign a consent form prior to treatment commencing. This was a clear, user-friendly document which included a diagram of the teeth, the proposed treatment, and a breakdown of the costs involved. People's care and treatment reflected relevant research and was based on best practice guidance issued to all dental practices.

Records showed that at each appointment the dentist did a full examination of the patient which included examining their teeth, jaw, and the nodes in their neck. This is in keeping with BDA best practice guidelines. If there were any concerns about a person's health they were referred to a local hospital. If patients wished, referrals were also made for more specialised treatments, for example orthodontic treatment.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

People told us they would talk to the dentist if they had any concerns about their treatment or any other aspect of the service. One person said, "I'd tell the dentist if I had a complaint but it's never happened so far." Another person said, "If I wasn't satisfied with my treatment I'd speak to the dentist. She would definitely want to know and I am confident she would sort things out."

The surgery's complaints procedure was displayed on the wall in the waiting room. It asked patients to raise any concerns they had with the dentist and also advised them they could take their complaint to the Dental Complaints Service if they weren't satisfied with the outcome.

Records showed staff had had training in adult and child protection, and the surgery had a policies on this. We discussed this with staff who were aware of their responsibilities in this area and knew what to do if they had concerns about the well-being of any of the people who used the service.

The dentist had been trained in the Mental Capacity Act/Deprivation of Liberty Safeguards and understood her responsibilities in this area, although the surgery did not yet have a policy for this. The dentist may find it useful to put one in place. The British Dental Association (BDA) has said dentists should also have an understanding of the Mental Capacity Act and its relevance to their work.

The BDA has issued the following advice to its members, "The [Mental Capacity] Act is accompanied by a Code of Practice that provides guidance to those working with people who may lack capacity. As a dentist, you have a legal duty to consider the Code. Accordingly, you must be familiar with it and follow its guidelines. If you choose not to follow them, you must have a convincing reason for doing so. It is recommended that you obtain and read a copy of the Code. Physical restraint of a patient should very rarely happen in primary dental care, and where you find evidence that restraint has been used, you should seek further information on the circumstances. Patients who are difficult to treat in a conscious state would usually be referred to the Secondary Care Dental Service."

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 cared for in a clean, hygienic environment.
vacuum autoclave, autoclave and x-ray machines

Reasons for our judgement

People told us they thought the surgery was always clean, and that staff wore the correct protective clothing. One person said, "The surgery is always spotless, as is the waiting area." Another commented, "The staff give me a clean bib and protective glasses when I have treatment. Everywhere looks clean and sterile to me."

The decontamination area, where dental instruments were cleaned, was a separate room in the surgery. One of the dental nurses showed us how used instruments were cleaned and sterilised. This involved placing them in a enzymatic bath, washing and rinsing them, and checking them under an inspection light for debris. They were then put through a vacuum autoclave for sterilisation. Finally they were stored in sealed packaging and date stamped according to national guidelines. The nurse provided a clear and detailed account of this process.

The staff we spoke with understood government guidance on contamination. They were aware of the importance of infection prevention and control and were able to describe their own roles and responsibilities in this area. Appropriate policies and procedures for infection prevention and control were in place and visible. Key procedures were displayed in the decontamination area where staff could easily see them. During the inspection we monitored staff competence in the application and understanding of these policies. We saw that appropriate infection prevention and control procedures and techniques were in place in all the areas we inspected.

The treatment room was cleaned by one of the dental nurses before and after each patient. Records showed that infection control risk assessments were in place and checked on a regular basis, as were appropriate waste disposal arrangements. Technical dental equipment such as the vacuum autoclave, autoclave and x-ray machines were regularly checked and serviced by appropriate persons. These measures will help to ensure the surgery provides and maintains a clean and appropriate environment.

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 the staff were efficient, knowledgeable and polite. One person said, "All the staff are superb, from the receptionist to the dentist. This is a very professional practice and standards are high. We only get the best here." Another person commented, "I am always welcomed with a smile and made to feel comfortable and relaxed. It's a lovely atmosphere here."

The staff team was established and included the dentist, a part-time hygienist, two nurses, a receptionist, and a business manager. Records showed they had been safely recruited with CRB (Criminal Records Bureau) checks and references in place. All new staff underwent a probationary period to help ensure their work was up to standard.

The dental nurses were registered with the General Dentist Council and their continuing professional development was monitored so they were kept up to date with good practice in the field of dental nursing. They underwent regular 'essential training', for example infection control, first aid and medical emergencies.

The staff team worked closely together to share best practice and cover all aspects of patient care from the time people arrived at the surgery to the completion of their course of treatment. Monthly staff meetings incorporated ongoing training, and two monthly staff appraisals were also carried out. These help to ensure everyone in the staff team has the skills and knowledge they need to carry out their duties effectively.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us they thought the surgery well-run. One person said, "They are very efficient. When I arrive they are expecting me, my records are available, and the dentist knows my history." Another person commented, "It runs like clockwork here – I have no concerns."

The surgery was accredited with the British Dental Association's Good Practice Scheme. This means they have met the standard of good practice set by their professional association. This accreditation involved the continual monitoring of the surgery's processes to help ensure they met the required standards. The dentist told us the surgery's accreditation was now in its sixth year and the surgery was subject to annual checks to maintain accreditation.

The surgery also carried out its own patient satisfaction surveys every two to three months. All patients were invited to take part in this and forms were available in the waiting area. The dentist told us that as a result of patient feedback a number of improvements had been made to the way the surgery was run. These included extended opening hours, including some evenings and Saturdays by appointment, and changes to the health declaration form to make it more user-friendly. This demonstrates that the surgery listens to patients' views and takes them into account.

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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