

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

Street Lane Dental Implant Clinic

359 Street Lane, Leeds, LS17 6RU

Tel: 01132682500

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November 2012

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

Respecting and involving people who use services	✓ 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	Mr. Paul Roberts
Overview of the service	Street Lane Dental Implant Clinic treats patients over the age of 18. The clinic provides a specialist service in periodontal and dental implant treatment. The practice is located in the Moortown area of Leeds.
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 reviewed all the information we have gathered about Street Lane Dental Implant Clinic, looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who used the service. We also looked at surveys, testimonial letters and thank you cards completed by people who used the service.

People who used the service said they were happy with the quality of care and dental treatment offered by the dental practice. People said they were fully involved in decisions about their treatments and felt they got good clear explanations. They also said the practice and surgeries were always "Spotless". People's other comments included:

"Your professionalism and expertise gave me great confidence."

"Superb quality of work."

"Every step of the way was explained in understandable detail."

"I felt that you treated me with the concern and consideration you would have given your own grandmother."

We saw staff treating people with respect, being polite, helpful and courteous. We spoke with six members of staff who were all able to explain and give examples of how they would respect people's dignity, privacy and confidentiality. Records we looked at showed that people who used the service were involved in any decisions regarding their treatment.

There were effective systems in place to make sure the practice was clean and appropriate procedures were in place to ensure all equipment used was clean and properly maintained.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. People said that they were provided with sufficient information about the dental practice and the services it can offer. They confirmed they received all the information they needed when they first became patients.

People who used the service said they were very happy with the quality of care and dental treatment offered by the dental practice. They said they were fully involved in decisions about their treatments and the dentist was very good at explaining the treatment they received, discussing options and explaining costs. They said they were given time to consider treatment options and everything was always put in writing for them. One person said, "There is so much detail for you, he is meticulous in making sure you know what's what."

All the people we spoke with told us that their confidentiality and dignity was always maintained and respected. Some people who used the service had written testimonial letters or cards to the practice. Comments from these included:

"Every step of the way was explained in understandable detail."

"Information was also given to me in letters so I could go over the ground again in my own time."

"I felt that you treated me with the concern and consideration you would have given your own grandmother."

The practice manager told us that the information on the practice and treatments was not currently available in different formats and languages. However, the practice manager said they would access translation services if needed, for anyone where English was not their first language.

Patients were involved in the planning of their treatment and were given information to help inform their decisions. We spoke with the dentist who told us that when patients

require treatment they were presented with all of the options available to them, including costs and risks and benefits. They said they also gave people time to consider treatment options and didn't expect patients to make decisions there and then on their treatment options.

We saw staff treating people with respect, being polite, helpful and courteous. We spoke with six members of staff who were all able to explain and give examples of how they would respect people's dignity, privacy and confidentiality.

Patients said they were asked to complete satisfaction surveys. We saw that the information from these was used to improve the quality of care. We looked at a number that had recently been completed and could see there was a high degree of satisfaction with the service. The practice manager said they try to respond to suggestions made but it was not always possible. For example a suggestion had been made to change the opening times of the practice which they were not able to accommodate at this time. However, other suggestions such as keeping the car park free of snow and ice in bad weather had been acted upon.

Patients also said they were aware of the suggestions box in the reception area and ways in which they could comment on the service

Staff we spoke with confirmed that regular staff meetings took place at which information and feedback regarding complaints/suggestions or incidents/events were shared with them.

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 and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with two people who used the service. They both said they were happy with their dental treatment and how they had been cared for. They said they were always made to feel at ease and had every confidence in the dentist's skills and ability. One person said, "I am treated very well all the time, with professionalism and courtesy; very pleased with the results of my treatment." Another said, "Superb quality of work."

We also looked at thank you cards, testimonial letters and survey feedback. Comments within these showed people were satisfied with the care and treatment received. People's comments included:

"Excellent treatment."

"Your professionalism and expertise gave me great confidence."

"Spot on."

We looked at four patient records, which showed that patients experience effective, safe and appropriate care, treatment and support. Records looked at contained information about each person's medical history, statements about each patient giving consent to treatment, as well as evidence that a discussion took place about proposed treatment plans and any relevant charges. We saw there was recorded evidence of oral health education and toothbrush use being given.

Before providing treatment, the dentist made sure they had a full medical history and details of the medicines the person was taking. This enabled them to make the appropriate clinical decisions in the interests of the patient. We were told that medical histories were checked at each visit. The provider may find it useful to note that this was not documented in two of the records we looked at.

We saw that emergency medical equipment was easily accessible within the practice and we saw evidence that staff had received the required training to use the equipment. The practice had regular practice meetings to ensure that everyone knew their role and where the equipment was stored if an emergency occurred. The emergency drugs list was checked regularly to ensure that they were in date.

All the staff had received training in first aid, basic life support skills, defibrillation and cardiopulmonary resuscitation (CPR). When we asked staff, they told us that they knew

what to do in an emergency.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with, as well as those who had completed satisfaction surveys and testimonial letters felt that the practice and surgeries were clean and hygienic. They said they were always "Spotless." They said the equipment used in the surgeries was clean. For example eye protection they were given to wear during treatment. They said they always found the surgery and practice to be clean, tidy and well maintained. They had no concerns with hygiene.

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw they were carrying out this audit regularly.

Overall, the practice facilities were clean, modern and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in the surgery rooms. The appropriate hand washing procedure was displayed over the sinks as required and the correct soaps were available. We were told that the separate decontamination area was going to be refurbished in the future to make sure the floor covering and space available was improved.

There were effective systems in place to reduce the risk and spread of infection. A member of staff showed us the decontamination process and discussed the equipment checks that were carried out. Staff demonstrated knowledge and awareness of their responsibilities for infection prevention and control.

There was written evidence, which confirmed that staff check all equipment daily and they make sure that used equipment is cleaned and sterilised before it is used again. The practice has an infection control lead who is responsible for all infection prevention training and implementing of HTM 01-05. The practice undertakes infection control audits. We were shown evidence of hand hygiene audits and general infection control audits. Staff had received infection control training and were aware of the current infection control guidelines and the policy within the practice.

Staff wore clean uniforms and told us that they were supplied with personal protective

equipment when working in the practice.

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

We looked at the recruitment process for four staff who worked at the practice. This included a review of staff records.

We saw there was evidence of proof of professional registration and qualifications with the General Dental Council (GDC) and professional indemnity where relevant.

The registered provider carries out checks on all staff to ensure that they are suitable to work with vulnerable adults and children. All staff working in the practice had an Enhanced Criminal Records Bureau (CRB) check in place.

We discussed the policy on obtaining references for staff. We were told that verbal references were obtained from the staff member's last employer to make sure of satisfactory conduct and competence in their previous employment. However, some records we looked at did not show any evidence that this had been done. The practice manager and dentist said they had obtained verbal references but agreed they had not always recorded this on staff's files. They agreed to do this in future and said they would consider obtaining written references for any future employees.

Staff's training records were held on file and the practice manager had systems in place to make sure updates were given in a timely manner.

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

People we spoke with said they knew who to speak to if they wanted to complain or raise concerns. They said they would feel confident and comfortable to do so.

The complaints procedure was displayed in the practice at reception. This contained details of the different stages and who to contact if people were unhappy with the service.

We asked for and received a summary of complaints people had made and the provider's response. People's complaints were fully investigated and resolved where possible to their satisfaction. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. The practice had only received one complaint over many years.

The practice manager and dentist told us that they were always available to speak to people and try to find solutions to any issues raised with them. They told us of suggestions from people who used the service such as making information clearer on payments for missed appointments and how they had put systems in place to respond to this.

Staff we spoke with were aware of the complaints procedure and could describe how they would respond to concerns or complaints from people who used the service.

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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