

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

Glenlyon Dental Healthcare Limited

188 Whalley Road, Accrington, BB5 5AB

Tel: 01254232518

Date of Inspection: 30 May 2013

Date of Publication: June 2013

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 |
| Safeguarding people who use services from abuse | ✓ Met this standard |
| Cleanliness and infection control | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Glenlyon Dental Healthcare Limited |
| Registered Manager | Mrs. Leona Anderson |
| Overview of the service | <p>Glenlyon Dental Healthcare provides a wide range of dental treatments to private patients, with a small NHS contract for children. As well as routine dental care, there are some cosmetic treatments available. A dentist, a practice manager and a dental nurse were employed at the practice, and self employed dental hygienists provided a full time service. The practice is situated on a main road near the town of Accrington and there is 'side street' parking nearby.</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> |

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'.

| | Page |
|---|------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 4 |
| Our judgements for each standard inspected: | |
| Respecting and involving people who use services | 6 |
| Care and welfare of people who use services | 7 |
| Safeguarding people who use services from abuse | 8 |
| Cleanliness and infection control | 9 |
| Staffing | 10 |
| Assessing and monitoring the quality of service provision | 11 |
| About CQC Inspections | 12 |
| How we define our judgements | 13 |
| Glossary of terms we use in this report | 15 |
| Contact us | 17 |

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 unannounced 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 30 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people using the service (patients) and three members of staff, including the practice manager. We also spoke with the dentist.

Patients felt all the staff treated them in a pleasant and respectful manner, and were good at making them feel comfortable and at ease. One patient said, "The staff are lovely, really friendly and caring". Another said, "I'm always treated really well".

People's right to private discussions/consultations was upheld and these took place in the dentist's surgery or another room if necessary. Patients felt they were given enough information about treatment options, and the relevant fees, which enabled them to make choices about the best option. They said the dentists discussed these things properly with them. One person said, "Everything has been thoroughly explained to me".

Patients told us they were very satisfied with their dental care and treatment. One said, "I have always been very satisfied with everything" and "I always feel comfortable and at ease". Another patient said, "I'm very satisfied with the service; I must be, I've been coming for many years". People confirmed they could see the dentist at short notice and that the appointment system enabled them to see their dentist as needed.

People also thought the facilities and the premises were pleasant, clean and hygienic. They had also observed the staff undertaking correct hygiene procedures such as hand washing and wearing gloves and clean uniforms.

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 rights to respect and dignity were upheld and they understood the treatment choices available to them.

Reasons for our judgement

Patients were treated with respect and their right to privacy was upheld. People we spoke with told us staff were respectful, pleasant and friendly, and that they were good at making them feel comfortable and at ease. One patient said, "The staff are lovely, really friendly and caring". Another said, "I'm always treated really well". These comments were borne out in our observations during our visit to the practice when we saw staff in conversations with patients.

People's right to private discussions/consultations was upheld and these took place in the dentist's surgery or another room if necessary. Patients felt they were given enough information about treatment options, and the relevant fees, which enabled them to make choices about the best option. They said the dentist discussed these things properly with them. One person said, "Everything has been thoroughly explained to me". In the reception and waiting area we saw there were information leaflets about dental care, an information folder about the practice and the facilities and up to date fees. We were also told new patients received an introductory letter summarising information about the practice and that there was a web site under development.

Patients were also asked to give their views about the service in patient questionnaire surveys. The results would be analysed and used to develop services and facilities if need be. The most recent survey last year showed a high level of satisfaction with all aspects of the service, and words such as, 'welcoming', 'relaxing' and 'friendly' appeared on a number of questionnaires we saw.

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 treatment and support that met their needs.

Reasons for our judgement

We found patients' treatment was planned and delivered safely according to their needs. Glenlyon dental practice offered a range of services to meet these needs. These services included dental treatment from the dentist, and treatments from hygienists.

The (electronic) records we looked at showed all patients had a completed medical history, a full "mouth assessment" and a treatment plan which detailed all the treatment required and/or undertaken. These treatment plans included the fees for every part of the treatment and also some conversations with patients about choices/options and other matters. The treatment plans, the medical history and mouth assessments were updated as required.

Patients told us they were very satisfied with their dental care and treatment. One said, "I have always been very satisfied with everything" and "I always feel comfortable and at ease". Another patient said, "I'm very satisfied with the service; I must be, I've been coming for many years" and "I've never had any complaints".

People confirmed they could see the dentist at short notice and that the appointment system generally enabled them to see him as needed. There was also an appointment reminder system to be used when deemed necessary.

The staff we spoke with also told us there were procedures, and on going (annual) training, to ensure all staff responded correctly and effectively to 'medical emergencies', such as the need for resuscitation. The practice had emergency equipment and emergency drugs available for this purpose. People's medical history identified anyone who may require emergency intervention. This showed there was an efficient and coordinated approach to medical emergencies.

All the staff we spoke with had some knowledge of the underpinning principles of the Mental Capacity Act (MCA) and of what to do if there were concerns about people's ability to understand their treatment options and what was in their best interests. Staff also had written information and guidance for staff to follow to help them seek the right support for people in making decisions about treatments. This should help ensure people's rights and best interests are protected and upheld.

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

Our judgement

The provider was meeting this standard.

People using the service were protected from abuse because the provider had taken reasonable steps to identify possible abuse and put in place measures to prevent it from happening.

Reasons for our judgement

Patients had no concerns about their safety or any poor practice. They all felt they received a high standard of dental care from skilled and competent practitioners. One person said, "I feel comfortable and safe". Another patient said, "I have every confidence in the dentist".

We saw there were policies and procedures regarding child protection and the protection of vulnerable adults. Both sets of procedures were in accordance with national and local guidance for dental practices and gave staff guidance on what they needed to do if they had concerns. There was also a 'whistle blowing' procedure (reporting poor practice) which told staff how to report any concerns about colleagues. In addition staff had undertaken training on safeguarding.

Staff we spoke with knew what to do if they had any concerns about their patients and/or if they witnessed any kind of poor practice. During the inspection they demonstrated a good knowledge of safeguarding matters which should help ensure the correct action would be taken to protect patients.

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 the correct guidance and procedures were followed.

Reasons for our judgement

Patients spoken with felt the premises, including the surgeries, were clean and hygienic. One person said, "It always looks clean and tidy to me". Patients said they thought staff always used the right protective clothing such as gloves, masks and "goggles". On the day of the visit we found the practice to be clean and well maintained. The surgeries we saw looked clean, bright and spacious. We saw the cleaning schedule for the premises and saw that this was completed properly. The practice manager checked all areas to make sure they were cleaned properly.

We discussed infection control and the sterilisation of equipment and instruments with the practice manager who was also the lead person for infection control in the practice. We were told she and the dental nurse were responsible for, and trained in, these procedures. We saw staff prepared and cleaned the surgery between patients. This included wiping all surfaces, including the dental chair, ensuring covers were in place on all touch areas and ensuring all used items/equipment were either disposed of or decontaminated and sterilised after each treatment. We saw necessary personal protective equipment, for example gloves and masks, was used as required.

The practice had a separate room for the decontamination and sterilisation of reusable instruments. This room had all the necessary cleaning and sterilisation equipment advised in the Department of Health (DH) guidance document on decontamination. The correct processes were followed in accordance with this DH guidance, and the practice had written policies and procedures that underpinned these processes. These systems ensured used and contaminated equipment and instruments were cleaned and sterilised properly and made fit for use.

We also saw the practice regularly audited (checked) the infection control processes and facilities according to DH guidance. We also saw records of the checking and maintenance of the equipment, and records of the checking of the effectiveness of the decontamination and sterilisation processes. These checks made sure the equipment was kept in working order and that instruments were properly sterilised before being reused.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with at the practice were confident they were having treatment from skilled and qualified practitioners. In addition to the dentist there was a team of dental hygienists. Through rota planning and reciprocal arrangements with other local dentists the service at Glenlyon was maintained through periods of holidays and sickness.

The records we looked at showed staff had the necessary qualifications and skills to do their work. Practitioners were registered with the General Dental Council (GDC) which was evidence of their qualifications and competence. Staff had individual programmes of continuous personal learning and development (CPD) as required by the GDC. Through CPD staff had annual training updates in such matters as medical emergencies, infection control and radiography, and could also attend other courses to enhance and update their skills, such as in safeguarding.

We also saw there was a suitable induction programme for new members of staff and that staff could work under supervision until they felt confident in their roles. The staff we spoke with told us they felt trained and confident for their work, and that there was good support from the dentist and the practice manager who had worked together for a considerable period of time. This helped to maintain good relationships with patients and good continuity of treatment.

There was a programme of supervision and appraisals to ensure good practice and to identify any shortfalls and training needs.

Staff confirmed there were frequent informal staff meetings that were used to share knowledge and information and also gave an opportunity to undertake some training together, for example discussions about the MCA. This helped to ensure staff were kept up to date in their roles and responsibilities.

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 people receive.

Reasons for our judgement

At our visit to the practice we found there were effective systems to regularly assess and monitor the quality of service people received. People were asked for their views about the practice's service and facilities through questionnaire surveys, and through talking to staff.

The practice carried out a variety of audits (checks) to ensure people had safe treatment of a high standard. These audits included checks on, patient records, infection control, radiology, the emergency equipment and drugs and staff records. We saw the records of some of these audits and also saw evidence of action when areas for improvement had been highlighted. This showed the audits were effective in helping to maintain a high standard of service and in ensuring improvements.

We were told there had been no complaints for a number of years but the dentist told us how the last complaint had been investigated and resolved. Records of this had been maintained and we were confident that the practice would take seriously and properly investigate people's concerns and/or complaints if they arose.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
