# Inspection Report

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

# St Leonard's Dental Practice

27 Denmark Road, Exeter, EX1 1SW

Tel: 01392439268

Date of Inspection: 13 August 2013

Date of Publication: September 2013

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

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|---|---|
| **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 |
| **Requirements relating to workers** | ✓ Met this standard |
| **Records** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | St. Leonards Dental Practice Limited |
| Registered Manager | Mr. Clive Pidgeon |
| Overview of the service | The St. Leonard's Dental Practice provides NHS dental treatment to people living in Exeter and the surrounding areas. Some people registered with the practice choose to pay privately for their treatment. There are four dentists and one hygienist. The surgery opens on weekdays with emergency cover outside of normal hours provided by NHS Devon dental. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures<br>Surgical procedures<br>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'.*

## 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 13 August 2013, sent a questionnaire to people who use the service and reviewed information given to us by the provider.

### What people told us and what we found

This was St. Leonard's Dental Practice's first inspection since registering with the Care Quality Commission. During our inspection, we checked and were assured that people using the dental practice had access to examinations in private. We asked people how they were involved in their treatment planning and whether they were invited to give feedback about their experiences.

We met and spoke with staff and checked records. We found patient records were well completed. To protect people using the dental services staff working at the practice were trained to recognise signs of patient abuse and knew how to report concerns to the relevant authorities. We toured the premises and were satisfied people received safe and effective treatment in a clean environment.

Following the visit we contacted, with their permission, some people who had attended the practice the week of our visit. We sent an email questionnaire to people and received 12 responses. People expressed high levels of satisfaction with the practice. Comments included;
"I am fully satisfied with the quality of care I receive."
"I feel able to discuss any problems or treatments with the dentist and he has explained any costs for treatment thoroughly."
"Pleasant and friendly staff."

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 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. We received comments from or on behalf of 12 people registered with the service. They told us they were satisfied with the treatment provided at the practice. They told us the dentists clearly explained their treatment to them. People also told us the dentists asked for their consent before going ahead with any treatment. During our visit, we looked at six patients' records, which included individual treatment. We saw people's consent to treatment had been recorded.

People who used the service understood the care and treatment choices available to them. They confirmed if they required more complex treatment a treatment plan was discussed with them. Patient records showed treatment plans detailed what the course of treatment was and how much they would need to pay. Information displayed in the practice detailed costs for treatments. We saw there was an information leaflet for patients, which included the services available at the practice.

People expressed their views and were involved in making decisions about their care and treatment. People told us that the provider gained feedback by asking them verbally at the end of their appointment if they had any comments or concerns. One person told us, "the receptionist usually asks if everything was ok." Another person wrote, "I have filled out questionnaires in the past." A third person told us the dentist phoned them at home after a course of treatment to give "further information and reassurance."

There was a suggestions box in the waiting room and the provider showed us examples of comments that had been left and where this had led to changes at the surgery. The provider also used surveys to gain people's views. Surveys were carried out annually. We looked at the results of the last patient satisfaction surveys carried out in 2012. The responses were overwhelmingly positive. Patients were asked a range of questions such as; Were your treatment requirements fully explained? Did the dentist discuss with you how to prevent dental disease? Are your dental charges explained to you? A summary of responses was collated and records showed this was discussed at staff meetings in order

to make changes to improve services at the practice. We asked the provider how patients received feedback about the results from surveys. They told us responses were anonymous and we discussed the benefits to publishing a summary of the outcomes from the surveys for patients in the waiting room. This would then show patients how their feedback was used to make improvements.

People told us their privacy was maintained whilst receiving examinations or treatment at the practice. When we visited we saw consulting room doors were kept closed when people were being examined by the dentist on duty. People also confirmed that the staff were approachable. One person wrote "all staff I have come into contact with have been extremely helpful and friendly." Another person told us that although the reception desk was not private, "I believe I would be comfortable in asking for a more private discussion if it was necessary."

**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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us the dentists checked their medical history and any changes to their health before an examination. We looked at six people's records who had recently visited the practice. The records confirmed people had been consulted about any changes in their medical history before their examinations. Dentists' records demonstrated discussion of on-going treatment and oral health advice. For example, dietary advice and assessment of the mouth, gums and teeth and smoking cessation advice for patients that smoked.

There were arrangements in place to deal with foreseeable emergencies. Records showed, and the staff we spoke with confirmed they had completed recent first aid training. The practice had suitable emergency resuscitation equipment. This included face masks for both adults and children and adrenaline in a two pre-loaded dose solutions for use with adults or children as appropriate. Oxygen and medicines for use in an emergency were available at the practice. Records were completed to show that regular checks were done to ensure the equipment and emergency medication was safe to use.

We checked the provider's radiation protection file as x-rays were taken and developed at the practice. We also looked at x-ray equipment in use at the practice and talked with staff about x-ray use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw procedures and equipment had been assessed by an independent expert within the recommended timescales. Equipment and written procedures were maintained in good order.

The reception staff told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. On the day of our visit we heard a request for an emergency appointment. This was accommodated within one hour of the request. This meant people could access treatment when they needed it.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. For example, the provider had assessed the building with regard to people with mobility needs. The practice was accessible for some people with limited

mobility. There was a ramp available for people who were unable to manage the steps to the practice and there was a stair lift for patients to use to get to the consulting rooms, which were all on the first floor. There was an accessible ground floor patient toilet at the practice. The reception desk was at a suitable height for people using wheelchairs to sign their records and speak to the receptionist at eye level. The provider told us domiciliary visits could be requested for patients registered at the practice who had very limited mobility or other relevant health needs.

**Safeguarding people who use services from abuse** ✓ Met this standard

**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

The provider had ensured Government and local guidance about safeguarding people from abuse was accessible to staff and put into practice. We read the practice policies on protecting vulnerable groups. The policies included local processes to follow and contact numbers of lead agencies. Policies were up to date and had been subject to relevant periodic review. The policy information was accessible to all staff. Staff we spoke with knew where to find policies and told us they had read and signed the policies to acknowledge the understanding of them.

Staff knew how to respond appropriately if it was suspected that abuse had occurred or was at risk of occurring. We spoke with staff on duty who told us they had attended training in understanding safeguarding children and vulnerable adults. They showed good knowledge of processes to follow and when 'whistle blowing' would be appropriate. Records showed staff training had taken place in the last 12 months and therefore remained current.

We asked the provider about complaints received in the last 12 months. They told us no complaints had been received. People's email questionnaire responses indicated they found staff at the practice approachable. One person told us if they had a complaint they considered it would "be handled very carefully." Another person wrote, "I would anticipate it being handled sensitively and constructively but I have never had cause to complain."

**Cleanliness and infection control** ✓ Met this standard

**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.

## Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. When we visited the practice we spoke with staff about the cleaning routines and infection control training. Practice staff had undertaken relevant training in infection control within the last year. Staff told us their competencies in the workplace in good infection control techniques were monitored and recorded through clinical supervision.

We read the practice policies and procedures for management of infection control and the provider had given responsibility for infection control to a named member of staff. The provider did not have a copy of the Department of Health's Infection Control Code of Practice guidance but made arrangements to obtain a copy during our visit. This publication is related to the Health and Social Care Act 2008. The provider was aware of supplementary other dental sector guidance documents for management of infection control and had copies of such relevant guidance to inform their policies and practice.

The provider had assessed their facilities at the practice to meet government HTM 01-05 standards for decontamination in dental practices. The provider had completed regular self-assessments in relation to published best practice guidance. The audits indicated the facilities and management of decontamination and infection control was managed well.

We examined the facilities for cleaning and decontaminating dental instruments. We found there were clear flows from 'dirty' to 'clean.' One of the dental nurses showed us how instruments were decontaminated and sterilised. The nurse showed us how they used an illuminated magnifier to check for any debris or damage throughout the cleaning stages. Where instruments were cleaned by hand there was information displayed advising the nurses working in the decontamination room of the maximum water temperature for the effective cleaning of instruments. Vacuum autoclaves situated in a dedicated decontamination room provided sterility of instruments for the recommended 12 months. Equipment checks were carried out during each surgery session and recorded to ensure the equipment was in good working order.

We observed how waste items were disposed of and stored. The provider had an on-going contract with a clinical waste contractor. We saw that the differing types of waste were appropriately segregated and stored at the practice. All waste was labelled correctly with the name of the originator.

We looked at the consulting rooms where patients were examined and treated. The rooms and equipment appeared clean. The nurses explained they had cleaning duties between patients and at the end of treatment sessions. However, one of their cleaning schedules was not developed for the cleaning of children's toys for waiting patients. The provider told us they would write a schedule for their auditing purposes. Each person we contacted to comment on the practice said the practice appeared clean when they visited.

We saw staff members had supplies of gloves, masks and eye protection. We also saw consulting rooms had eye protection supplied for patients. Staff had facilities to wash their hands in dedicated 'clean' sinks which demonstrated good practice in preventing the spread of infection. Staff told us the importance of good hand hygiene was included in their infection control training sessions.

**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

There were effective recruitment and selection processes in place. We looked at the recruitment file for the one staff member who had been employed since the practice registered with the Commission. A job description had been sent to applicants and the position had been appropriately advertised in the local community. However, the provider invited applicants to submit CVs and did not send out a standard application form to people wishing to apply for posts. The provider may wish to note a lack of standard application form could hinder a consistent benchmark being applied when assessing candidates.

Two references were obtained for the successful applicant. The reference request forms asked a range of questions to assess the candidate's suitability for the post advertised. We noted the reference request form did not specifically solicit information from the referee regarding the applicant's suitability to work with vulnerable groups. We discussed this with the provider who took prompt action to amend the practice's reference request forms to include this information in future reference requests. This strengthened the provider's future request for information regarding the candidate's good character.

Appropriate checks were undertaken before staff began work. Photographic proof of newly employed staff was obtained to verify their identity and disclosure and barring checks were undertaken. These showed checks were undertaken to ensure each employee was permitted to work with vulnerable people. There was an interview record to ensure the applicant possessed the right aptitude for the role they had applied for. We found all appropriate recruitment checks had been carried out as required by the regulations.

**Records** ✓ Met this standard

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

## Our judgement

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.

## Reasons for our judgement

Records were kept securely and could be located promptly when needed. We looked at a number of records that the service maintained. We saw these records were stored securely. Patients' treatment records were stored in a lockable facility in a staff only area.

Electronic records were password protected, which meant only staff with authorisation could access confidential records. The electronic records were firewall protected to prevent them being accessed inappropriately. Computer screens used by reception staff faced away from the public to prevent breaches of confidentiality.
People could be reassured their records remained confidential. Provider information made people aware of confidentiality of their records and their rights of access to their personal records. Staff we spoke with understood the need for patient confidentiality; their knowledge was underpinned by the provider's policy documents.

Records relevant to the management of the services were accurate and fit for purpose. We looked at patient survey results and policy/procedure documents. We found these records were well ordered, clear, legible and factual. We spot checked six paper and six electronic patient records, chosen at random. They had been completed contemporaneously and were detailed. All were up to date. Records highlighted important and relevant risks such as allergies or current medical treatments.

The provider had a system for auditing patient records for accuracy and appropriateness of clinical detail. We read a selection of patient record audits carried out by the provider and their dentist colleagues employed at the practice. We saw these records were critically assessed and discussed in staff meetings to ensure clinical governance best practice was maintained.

## 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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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| 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

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