

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

Loughborough University Dental Practice

Students Union Building, Ashby Road,
Loughborough, LE11 3TT

Tel: 01509261602

Date of Inspection: 27 November 2013

Date of Publication:
December 2013

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✓ | 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 |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Mr. Minesh Gokani |
| Overview of the service | Loughborough University Dental Practice provides both NHS and private dental care. It is based in Loughborough, Leicestershire. |
| 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'.

| | Page |
|---|------|
| <hr/> | |
| 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 | 5 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Consent to care and treatment | 6 |
| Care and welfare of people who use services | 7 |
| Cleanliness and infection control | 8 |
| Requirements relating to workers | 9 |
| Assessing and monitoring the quality of service provision | 10 |
| <hr/> | |
| About CQC Inspections | 11 |
| <hr/> | |
| How we define our judgements | 12 |
| <hr/> | |
| Glossary of terms we use in this report | 14 |
| <hr/> | |
| Contact us | 16 |

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 27 November 2013, talked with people who use the service and talked with staff.

We had a tour of Loughborough University Dental Practice.

What people told us and what we found

We spoke with six patients and five members of staff. We reviewed six care records, and also saw information relating to six members of staff.

The patients we spoke with told us that their treatment had been discussed and that they were able to make an informed decision about their treatment. One patient told us: "My treatment is explained to me. I always understand what treatment I will receive and consent to this. I am given enough information."

All of the patients we spoke with had high regard about the quality of care and kindness displayed by the staff. One patient told us: "They [the dental team] have been brilliant. They have been absolutely first class: the standard of care is really excellent."

Staff were observed wearing uniforms and other appropriate personal protective equipment. None of the patients we spoke with had any concerns about the cleanliness of the practice.

We saw that all dental treatment was provided by a qualified dentist and the dental nurses who were registered with the General Dental Council (GDC), the professional regulator of dental practitioners.

We also saw that a range of audits, risk assessments and checks were carried out to ensure systems and practices were working effectively.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw six treatment plans and these were all signed by the patients. We also saw three electronic dental records which documented that the treatment plan had been explained and consent gained.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with six patients who had appointments on the day of our visit. We asked them if their treatment options had been explained to them in a way they understood. They told us that their treatment had been discussed and that they were able to make an informed decision about their treatment. We saw that patients had signed their treatment plan. One patient told us: "My treatment is explained to me. I always understand what treatment I will receive and consent to this. I am given enough information." Another patient told us: "I am really happy. They [the dentist] are thorough. They gave me a thorough explanation of the treatment choices."

We spoke with five members of staff and asked them to explain their approach to discussing treatment options and gaining informed consent from the patients who used the service. Their responses demonstrated they understood the need to ensure patients' understanding before gaining verbal and written consent to care and treatment. Whilst the members of staff we spoke to had a good understanding of consent to care and treatment issues, we saw the provider's consent to care and treatment policy incorrectly referred to the Mental Health Act 2007, instead of the Mental Capacity Act 2005. The Mental Capacity Act 2005 gives a framework that staff can use to assess whether people can make decisions about the care and treatment they receive. Since our visit, the provider has confirmed that the current consent to care and treatment policy will be reviewed and updated.

We asked the members of staff we spoke with to explain how they gained consent where people did not have the capacity to consent. Their replies showed they fully understood the rights of people to be involved in the decision making process.

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

There was a variety of information available in the reception area on topics such as the services provided, the cost of treatment available and the complaints procedure. We saw there was disabled access to the premises.

We spoke with six patients receiving treatment on the day of our visit and asked them for their views in relation to the care and treatment they received. All spoke highly regarding the quality of care and kindness displayed by the staff. One patient told us: "They [the dental team] are always polite and there is a good availability to fit people in [for consultations]. They sorted out the problem straight away." Another patient told us: "They [the dental team] have been brilliant. They have been absolutely first class: the standard of care is really excellent." All of the patients we spoke with also told us their treatment was always explained to them and that their medical and medication history was always reviewed in each appointment and changes made where necessary. We saw that patients had signed each update of their medical history.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at six dental records, along with three electronic dental records, during our visit and found that each consultation and any treatment received was recorded and changes to the person's medical and medication history was documented at each visit. We saw that each treatment and any subsequent instruction or information given was recorded in the dental records. People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan.

There were arrangements in place to deal with foreseeable emergencies. We saw that emergency drugs and equipment were easily accessible and that all staff had received the appropriate training in medical emergencies and cardiopulmonary resuscitation. The provider had a system in place for checking the emergency equipment on a regular basis, however there was no system in place for the checking of the emergency drugs. When we checked the emergency drugs, we found one drug had expired in March 2013. We drew this to the attention of a dental nurse and the drug was immediately replaced. A system for regularly checking the emergency drugs was put in place during our visit.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. During our visit we undertook a tour of the premises. The environment was clean, tidy and well maintained. We saw there were processes in place for the cleaning of the environment and the sterilisation of surgical equipment and instruments. We reviewed the comprehensive infection prevention and decontamination policies. During the inspection we observed and spoke with staff; they were able to demonstrate their awareness and knowledge of these policies.

We saw routine cleaning and monitoring checks were carried out and the dental nurse explained in detail the cleaning and checking process. All the daily, weekly and monthly checks were documented and signed by the member of staff carrying out the checks. We spoke with a dental nurse who explained in detail the daily routine for the cleaning of the treatment rooms. We saw records relating to the environment cleaning schedules which included the frequency and detail of the tasks performed.

We visited the decontamination room accompanied by a dental nurse. The dental nurse demonstrated the process for taking dirty surgical instruments, sterilising the instruments, packaging the sterilised instruments and storing the instruments. We observed a detailed sterilising process and procedure was available in the provider's infection control folder. Signs in the decontamination room also indicated the process and procedure.

Staff members were observed wearing uniforms and other appropriate personal protective equipment. We were told that each staff member has responsibility for infection prevention and control practices, though one of the dental nurses took the lead for this. None of the patients we spoke with had any concerns about the cleanliness of the practice. One patient told us: "Everything is clean, out of a packet. The staff always wear gloves, goggles and a mask. I am asked to wear goggles and a tissue is placed on my chest to protect my clothing." Another patient told us: "I have no concerns about infection control."

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 saw the provider had an employment and induction procedure in place.

Appropriate checks were undertaken before staff began work. We saw evidence that a Disclosure and Barring Service (DBS) check had been carried on all staff recently which confirmed their suitability for employment. All the staff we spoke to confirmed that before they were employed at Loughborough University Dental Practice provided their curriculum vitae (CV) and had supplied the names of two referees and their opinion had been sought prior to employment. We corroborated this with the provider who confirmed the referees had been contacted and each staff member had received an interview.

There was also a process for checking and recording professional registration. We saw that all dental treatment was provided by a qualified dentist and the dental nurses who were registered with the General Dental Council (GDC), the professional regulator of dental practitioners. We saw professional certificates demonstrating that the dentist and dental nurses were current with their registration and suitably qualified to carry out their duties.

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

We saw a range of practice policies, which we found to be detailed and up to date. The provider may however wish to note that whilst we found the information contained in the policies was up to date, the majority of the policies were not dated. We also saw that a selection of audits, risk assessments and checks were carried out to ensure systems and practices were working effectively. These included audits on the quality of clinical records and x-rays. The provider assessed the systems in place, for example, infection control, and ensured the key areas of practice were monitored to ensure the safety of people who used the service.

The provider took account of complaints and comments to improve the service. We saw information about the complaints process displayed in the waiting area. We noted that all complaints received were recorded and responded to in accordance with the complaints process in place. We were told that accidents and incidents were reported and recorded.

People who used the service were asked for their views about their care and treatment and they were acted on. We saw a suggestion box in the reception area and questionnaires available for patients to complete at each visit should they wish to. We saw a number of completed questionnaires with positive comments about Loughborough University Dental Practice.

Regular staff meetings were held. We saw the minutes for the meeting in November 2013 and noted that infection control, administration and stock systems had been discussed. The staff we spoke with told us they were able to contribute to these meetings and their views were taken 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 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.
