Inspection Report

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

Kendal Dental Care Limited

56 Stramongate, Kendal, LA9 4BD

Tel: 01539720302

Date of Inspection: 16 January 2014

Date of Publication: February 2014

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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Kendal Dental Care Limited
Registered Manager	Mr. Bruce McLoughlin
Overview of the service	Kendal Dental Care provides a range of private dental services to adults and NHS dental services to children under 18 years of age. The dentists in the practice are assisted by a practice manager, dental nurses, dental hygienist, a dental nurse trainee, a decontamination technician and receptionist staff. The practice is situated on a main street in Kendal, Cumbria.
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'.

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 16 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with people who used the service and they told us they were happy with the care they received:

"They tell you exactly what is needed; they are very thorough and concerned"
"They are very good, I have never had any complaints"
"They are excellent, all the staff are very good, very caring".

We found that people were given good information about their care and were involved in decisions about their dental care. People experienced care and support that met their needs and received treatment in a clean and hygienic environment. The provider had quality assurance systems in place.

Staff told us that they felt supported and that the provider was, "A very good employer, very approachable and amenable". We saw that there were good training and development opportunities for staff and good teamwork.

The practice facilities were very well maintained and equipped.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

People we spoke with during the visit told us that they had received very good explanations about the dental care options that were available and what their treatment involved. One person told us that they had received "Very good explanations about what was needed and what their treatment would involve" and another person said that, "Explanations were very good...very thorough".

People who used the practice were given appropriate information and support regarding their care and treatment. We saw a range of patient information literature that was available including information about the practice and the treatments that were available. A practice leaflet was available in the waiting room for patients to read and this contained details of of the dentists and staff, treatments available, how to make an appointment, payment options (the practice uses Denplan) and opening hours. There was reference to the practice website that had further detailed information about the practice and treatments. We saw that staff had been trained in disability awareness and that patient information was available in appropriate formats for people with visual or hearing difficulties. There was also a Denplan leaflet which gave detailed information about the payment scheme and what was covered.

The cost of individual treatments was made available to people following their dental assessment in the form of a treatment plan which detailed full information about the care they were to receive and what it would cost.

Staff who we spoke with told us that they always made sure patients were fully aware of what treatment needed to be done and where there were different options, what these were. We saw the dental records of three people who had been treated and saw that they had given written consent to their treatment and that this record had been scanned into the

computerised dental records. We saw that the process for obtaining and recording consent was appropriate, fit for purpose and that the provider acted in accordance with people's wishes.

We looked at the policies and procedures that the practice had in place and noted that there was a consent policy and protocol that referred to adults and children. All staff were required to confirm in writing that they had read these documents. There was information about what to do if people did not have the capacity to make their own decisions. This meant that where people did not have the ability to consent, the provider acted in accordance with legal requirements.

A wide range of information leaflets were available to people regarding specific types of treatments and these were made available on an individual basis depending upon the needs of each person and or the treatment to be carried out.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We saw that people's dental records were held on the computer system and that this had 'password protected access'. The records contained very detailed information relating to medical history, assessment, X-rays, photographs and treatment plans. These were completed each time a person attended for assessment and or treatment and a copy of their treatment plan was given to each person. We saw on the practice website that illustrated patient information and hand mirrors were available to help with the explanations of treatments (as necessary) thereby ensuring that people were provided with information in a format they could understand in order to make choices about their treatment.

The practice had arrangements in place for patients to access emergency treatment outside of normal working hours which included a rota with other local dentists. Emergency and or urgent appointments were available each day with each dentist. Two patients we spoke with told us they had accessed emergency treatment, "I rang up and the dentist came in and opened up the practice" (this was an evening). "I rang up and was seen on the same day, no problem".

During our inspection we saw and heard polite and courteous staff who spoke with people in a professional and welcoming manner. We spoke with four people who received treatment and they were each very complimentary about the dentists and staff. One person said, "The staff are all very professional and caring". Another person said, "I am more than happy with my treatment...everyone is very good".

We saw a range of health promotion information in the waiting rooms including leaflets about smoking cessation, prevent a child losing a smile, first aid and teeth whitening. Dental hygiene products were available to buy in the reception area and there were also toothpaste samples that were given to patients.

The practice had appropriate resuscitation equipment available to support people in the event of a medical emergency and the items available complied with the recommendations of the Resuscitation Council (UK). We saw that the automated external defibrillator was checked each day and the oxygen cylinder was checked weekly. All other equipment was

checked monthly by the dentist and the drugs were also checked monthly to ensure they remained in date and safe to use. These checks ensured that the equipment remained available and in working order.

We saw that all staff received training in life support and medical emergency treatment every nine months. Six of the nine staff were qualified in first aid. There were policies in place relating to emergency collapse and resuscitation procedures.

On a tour of the premises we saw that there was appropriate equipment available in each of the two surgeries which the dentists would need to provide dental treatments.

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 protected from the risk of infection because appropriate guidance had been followed and they were cared for in a clean, hygienic environment.

Reasons for our judgement

We found that the practice had effective systems in place to reduce the risk and spread of infection. The practice facilities were very clean, tidy and well maintained with appropriate floor and surface coverings. There were hand wash facilities, liquid soap, paper towels and hand lotion available in each surgery and hand washing instructions were displayed over each sink. The practice had a regular waste disposal collection service including for the removal of clinical waste, amalgam and domestic waste. Relevant records relating to the removal of such waste were present. We saw sharps boxes for the safe disposal of needles in each surgery and saw that these were being used appropriately and were not over filled. Infection control policies, hand hygiene procedures and cleaning schedules were available.

We saw that there was appropriate personal protective equipment (PPE) including face masks, bibs and protective glasses available for staff and people being treated. Appropriate PPE was also available for staff when carrying out decontamination processes.

There was a separate well proportioned decontamination and sterilisation room located on the first floor. The practice employed a decontamination technician who worked full time and was the practice lead for decontamination processes. A manual and automated washing, inspection, lubrication and sterilisation system was in place to ensure decontamination. There was an illuminated magnifier glass available which was used to examine instruments to ensure they were clean and in good condition. Sterile instruments were bagged and the date of expiry of sterilisation was recorded on each bag. Checks of the washer and autoclave equipment were completed by the technician and these records were examined and found to be up to date. Appropriate PPE was available for staff when carrying out decontamination processes. A contract was in place for the maintenance and servicing of the equipment used for decontamination and sterilisation and we saw records that confirmed that such checks were up to date.

The cleaning and decontamination procedures were discussed and demonstrated and we saw that these were done diligently and in accordance with the practice's cleaning and decontamination protocol. Staff we spoke with had been trained and assessed as

competent to undertake decontamination processes and were able to describe that they understood the practice's protocol. There were appropriate arrangements in place to cover any absence of the decontamination technician. We saw records that confirmed that all relevant staff had undertaken decontamination and infection control training.

We noted that a decontamination audit was undertaken in January 2013. The audit covered all aspects of the decontamination process and detailed that the processes had been assessed as being carried out safely and in accordance with HTM 01:05. We were told that such audits were undertaken annually, however the provider may wish to note that HTM 01:05 recommends that such audits be carried out every six months.

Decontamination processes were being carried out in accordance with the best practice requirements of Health Technical Memorandum 01:05: Decontamination in primary care dental practices (HTM 01:05). These requirements are designed to assist all registered primary care dental services to meet satisfactory levels of decontamination of equipment.

The cleaning procedures undertaken in each surgery between each patient were discussed and confirmed that persons using the service were protected from the risk of cross infection. We noted that personal protective equipment (PPE) including gloves, face masks, protective glasses, visors and aprons were available for staff and persons using the service.

We spoke with people who used the service but their feedback did not relate to this standard.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we talked with said that they enjoyed working at the practice and felt very well supported by the provider. One member of staff said that the provider was, "The best boss I've had" and the work environment was, "Close knit and everyone helps each other out". Another person said they felt, "Absolutely supported".

We saw that staff meetings were held every six weeks and that minutes were maintained in a staff meeting folder. Arrangements were in place to ensure that any member of staff who had not been able to attend the meeting had access to the minutes. We saw minutes of a recent meeting and that issues relating to sharps bins, prescription pad security, patient satisfaction surveys and training were discussed.

We looked at staff records and saw evidence that staff had received mandatory training, for example, relating to decontamination, basic life support and fire procedures. We saw that a range of updates and other training were provided, for example, safeguarding, dental impression taking and radiography. Staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register and records were available to demonstrate how they met this. A member of staff told us that there was, "A pro-active approach to training".

All staff had received an appraisal and we saw the template used for this purpose and that individual learning objectives were set as part of this process. A system was in place to monitor the progress of staff by the provider. A documented induction programme was in place for newly recruited staff and a staff member told us that their induction had been, "Very good". We saw individual training records for each staff member. Staff told us that they were able to talk to the manager and provider freely about their development and opportunities for training.

Staff had attended safeguarding training and a designated lead person for the practice was in place. Staff we spoke with were well informed of the process to follow if they had concerns about vulnerable adults or children.

The above measures ensured that patients were being cared for by a well trained and

competent staff team.

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 effective systems to regularly assess and monitor the quality of service provided and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We found that the practice consulted with patients annually to gain their views about the service they received. We saw the result of a patient satisfaction survey collated in October 2013 which reported on the comments of more than 100 patients. The overall impression was that people were very happy with the service and felt involved in decisions about their care. Comments seen from patients included, "Dentist very kind and caring. Felt at ease"; "Very good"; "Felt involved with my treatment plan from the outset, consultation was un-rushed, professional and friendly" and "Lovely not to dread my appointment". The practice was to commence their 2014 patient survey in the week commencing 20th January 2014. In addition there were 'patient feedback forms' in the waiting areas on the ground and first floor for patients to make suggestions or comments. A complaints policy was in place and information about this was displayed in the waiting rooms and detailed in the patient booklet. There had been no complaints received in the last 12 months.

We saw that staff at the practice monitored the standard of cleanliness to ensure the environment was kept clean and hygienic. Contracts were in place to ensure the cleaning and sterilising equipment was being serviced and maintained in good working order. In addition, in-house monitoring was undertaken to ensure equipment remained fit for use.

There were records in place that demonstrated that the building was kept in a very good state of repair. We saw records that electrical items and the electrical system had been tested for safety by an external approved contractor. Fire risk and health and safety risk assessments had been undertaken. We also saw records of risk assessments relating to the whole premises and possible occurrences (for example, lone working and work experience placements) which outlined the risks identified and how these had been (or would be) addressed. Audits of the standard of record keeping, medical history taking and radiographs were carried out annually. There was a business continuity plan that detailed the action to be taken should there be a major incident.

We noted that staff had been trained in basic life support, first aid and decontamination.

We saw a range of policies and protocols that covered the operation of the practice. These were dated to show when they had been compiled and had dates of review when they had been updated to reflect latest guidance and or legislation. There were policies in place relating to the protection of children and vulnerable adults and staff were knowledgeable about the actions to take should there be any concerns in this respect. We saw that staff were required to confirm in writing that they had read the policies and procedures.

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

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