

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

Kippax Dental Centre

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Date of Inspection: 14 May 2013

Date of Publication: June 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Howard Bott
Overview of the service	Kippax Dental Centre is a single surgery practice which provides both private and NHS dental services, based in Kippax, Leeds.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	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:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
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 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 14 May 2013, checked how people were cared for at each stage of their treatment and care 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

During our inspection we spoke with six people who used the service to gain their views. They all told us the dentist always discussed and explained the treatment options and acted in accordance with their wishes. One person said "The dentist always explains my treatment options and costs and makes sure I'm happy with what's happening."

We spoke with the dentist who told us he routinely obtained a verbal update on people's medical history, medication and allergies before commencing any treatment. We reviewed five treatment records which contained information about people's past medical history including medication and allergies.

The dentist and dental nursing staff had received training in decontamination as part of their continuing professional development (CPD). They demonstrated knowledge and awareness of their responsibilities for infection prevention and control.

The practice carried audits such as random checks of treatments records to assess and monitor the quality of the record keeping. We saw the practice carried out satisfaction surveys of people who used the service twice each year. The feedback from the questionnaires indicated people were happy with the service they received from the practice.

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

During our inspection we spoke with six people who used the service to gain their views. They all told us the dentist always discussed and explained the treatment options and acted in accordance with their wishes. One person said "The dentist always explains my treatment options and costs and makes sure I'm happy with what's happening."

We saw information about charges for both NHS and private dental treatments were displayed in the reception area of the practice. We spoke with the dentist who described how he routinely explained the findings of examinations with people and discussed their treatment options. He told us parents or guardians were present if children under the age of 16 years required treatment.

We spoke with the two other employees at the practice who worked as dental nurses, and also covered reception and administration duties. They confirmed people always gave verbal consent before any examination or treatment was carried out and this was recorded in the records. They told us treatment forms were used for people who required more complex treatment which included a summary of the proposed treatments and the associated charges. The nurse explained people could sign consent and have treatment immediately or choose to take the information away and consider accessing treatment at a later date.

We looked at five care records which showed treatment had been discussed with people and verbal consent for treatment was recorded. We saw copies of signed treatment plans.

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

We spoke with six people who used the service who all spoke positively about the practice. Five of the six people spoken with had used the service for many years and said they were happy with the treatment they received. Another person told us; "My family have always been happy with the level of care provided here and we are now on our third generation."

We spoke with the dentist who told us he routinely obtained a verbal update on people's medical history, medication and allergies before commencing any treatment. We reviewed five treatment records which contained information about people's past medical history including medication and allergies. The records contained information about any problems the person was experiencing, the findings of the examination, treatment discussed and agreed.

We saw emergency medical equipment was available within the practice. We saw the emergency drugs and oxygen were checked regularly to ensure they were within date. Staff spoken with knew how to access the emergency equipment if an emergency occurred. We saw certificates to show staff had received training on cardiopulmonary resuscitation and first aid.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with six people who used the service who all told us they were happy with the level of cleanliness within the practice. People confirmed staff wore gloves and masks when carrying out treatments.

We saw there were effective systems in place to reduce the risk and spread of infection. The practice had one dentist working in one surgery. We saw there was a separate decontamination and sterilisation room which had recently been refurbished and was found to be clean, tidy and well organised. The two nurses and the dentist explained the process for decontamination and sterilisation.

One of the nurses described the process for ensuring dirty instruments were kept separate from clean instruments. She explained how used instruments were transferred to the decontamination room safely, and how they were washed, rinsed, inspected and sterilised. We saw sterile instruments were bagged, labelled with the date and appropriately stored. Protective clothing such as plastic aprons, disposable gloves, face masks and glasses were available for staff to use.

The dentist and dental nursing staff had received training in decontamination as part of their continuing professional development (CPD). They demonstrated knowledge and awareness of their responsibilities for infection prevention and control. The practice had an infection control policy in place which was up to date.

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

The dentist and two nursing staff explained how they supported each other on a daily basis and told us they worked well as a team. All staff confirmed they discussed work related issues or service developments regularly on an informal basis. We also saw minutes of formal staff meetings which were held six monthly.

We saw evidence that the dentist and both of the nurses completed continuing professional development training on a variety of relevant topics, such as medical emergencies, ethical issues and handling complaints. This showed the staff maintained their knowledge and competency to work to an appropriate standard. However, the provider may find it useful to note the service did not have a process in place to identify when staff required refresher training. This could put people at risk if staff did not access training updates within appropriate time scales to ensure their knowledge and skills were maintained. We discussed this with the dentist and dental nurses who agreed to develop a process of forward planning for training updates to ensure staff skills are maintained.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

All six people spoken with told us they were happy with the quality of the service and knew who to speak to if they had any concerns. One person told us; "Although I moved away from the area some years ago I still travel as this is a good practice." Another person said; "I have no worries about this service and no complaints."

The practice carried audits such as random checks of treatments records to assess and monitor the quality of the record keeping. We saw the practice carried out satisfaction surveys of people who used the service twice each year. The feedback from the questionnaires indicated people were happy with the service they received from the practice. There was a suggestion box in the reception area for people to make comments and suggestions to improve the service. One of the nurses told us they had received only one suggestion which asked for more colouring books and crayons in the waiting room for children. We saw the practice had taken account of the comment and colouring books and crayons were available.

The practice had a complaints policy in place and the complaints procedure was on display in the reception waiting area. One of the nurses told us the practice had not received any formal complaints in the past few years. She explained; "The dentist is very good at explaining and discussing options. Any issues would be discussed and cleared up."

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.

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