Inspection Report

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

Purlys Dental Practice

185 Nevells Road, Letchworth Garden City, SG6 4TS

Tel: 01462684350

Date of Inspection: 12 September 2013

Date of Publication: October 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Purlys Dental Practice
Registered Manager	Dr. Nitin Kotecha
Overview of the service	Purlys Dental Practice provides primary care dental services to people who are eligible for NHS treatment and to people who pay privately for their treatment.
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 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 12 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we received positive comments about the quality of the service people received. People told us they were fully satisfied with the care and treatment they received from their dentist.

We found that dental staff had explained the treatment options to people at the beginning of their consultation and that they had been involved in decisions about their oral healthcare.

Care records showed people had been given comprehensive dental plans which clearly outlined their treatment and any associated risks.

All the staff we spoke with said that they felt well supported to do their job and that they received the training they needed.

We found suitable and appropriate infection control processes were in place to ensure people were not exposed to the risks of cross infection and that the appropriate published guidelines had been followed.

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

During our inspection on 12 September 2013, we spoke with three people who were attending the surgery for treatment, spoke to staff and observed one person receiving their treatment.

One dentist we spoke with told us that they held consultations with people in advance to discuss their treatment options and associated risks, alternative treatments and costs. The dentist followed the consultation up with a letter so that people had time to consider what had been discussed before agreeing to treatment. People we spoke with confirmed that they had received adequate explanations from their dentist about what their treatment involved and the options available to them.

We observed that reception and dental staff spoke politely to people as they arrived for their appointments. One person we spoke with told us staff were: "Always very, very nice". Another person told us that staff were: "Fantastic".

We observed one person receiving their treatment and noted that they were treated in a friendly, relaxed and respectful manner by dental staff. The dentist explained what he was doing throughout their consultation and provided information about oral healthcare and what to do following their treatment, including written information to take away with them.

People we spoke with told us that they always saw the same dentist each time they visited the practice and they could arrange appointment times that suited them. People reported that the practice was able to accommodate them at short notice when they required urgent treatment. One person said that they were seen: "Straight away" when they needed emergency treatment.

We noted there were leaflets available in the reception area about the range of services offered by the practice, information about the charges for different types of treatment and posters about oral hygiene.

One person we spoke with was aware of the practice's complaints policy and had seen this on the notice board in the waiting room. People we spoke with said that they would feel able to make a complaint should they need to do so.

We were informed that the practice encouraged patient feedback about the quality of its service via an annual survey. We viewed the results for a patient survey carried out by the practice in May 2013 and noted that the majority of people using the service had rated the service as excellent.

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

We spoke with eight staff on duty on the day of our visit, including the practice manager, dentists, dental nurses, and a hygienist.

Dental staff we spoke with told us that they always asked people about their medical history and any changes to their medication. One dentist we spoke with told us that they asked people they treated if their medication had changed at each consultation even if they had visited the surgery very recently. People we spoke with told us they were always asked about any changes to their medical history at each visit. This meant that people were receiving treatment that was safe.

We were shown the dental plans for five people. People's records included details about their treatment plans and any associated risks involved, the treatment they received, their medical history, and evidence of referrals to other health care professionals where this was required. For NHS patients, we noted that people had signed a treatment consent form to show that they had understood and agreed with the treatment proposed.

We found that there was a plan in place for emergency care to be provided to people should this be necessary. Emergency medical simulations were regularly rehearsed by staff so that they were clear about what to do in the event of someone collapsing or suffering heart failure at the practice. The lead dental nurse for first aid told us that all staff had received training in cardiopulmonary resuscitation and first aid, and that this was refreshed every year.

The practice was equipped for the management of medical emergencies. We checked the emergency medical treatment kit available and found that this had been checked regularly to ensure that it was fit for purpose. Emergency drugs were available to deal with a range of emergencies and all drugs were within date for safe use. The provider may find it useful to note that there was no automated external defibrillator available to deal with any cardiac emergencies, as recommended by the Resuscitation Council's published guidance.

The oxygen canister had been checked daily to ensure it was pressurised correctly and adult oxygen masks were easily available for use. However, the provider may wish to note that staff we spoke to were not sure where they could locate paediatric oxygen masks in

the event of an emergency.

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 practice had a policy in place which detailed how staff would protect children and vulnerable adults from abuse. All the staff we spoke with were aware of this policy and told us there was information available about what to do on the notice boards if they suspected a patient was at risk of abuse. We looked at the information available to staff about who to contact to report any safeguarding concerns and noted this was available in relation to children, but there was no information on display about what to do to protect vulnerable adults from abuse. We discussed this with the practice manager who told us information was available to staff in the practice office but had not been displayed on the notice board.

The registered manager had the lead responsibility for all safeguarding matters within the practice and told us that safeguarding issues were regularly discussed at staff team meetings. He went on to describe a safeguarding incident he had dealt with recently and the pro-active action he had taken to protect the person involved.

Staff we spoke with demonstrated a satisfactory awareness of both child and adult protection procedures and confirmed they had received training in both of these topics recently. Staff training records we viewed also confirmed this training had been undertaken.

Staff had a good understanding of whistle blowing procedures and how they might report the poor practice of a colleague should they witness it.

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.

Reasons for our judgement

The practice had policies and procedures in place in relation to infection control and the decontamination of used instruments. These included detailed guidance for staff on cross infection, hand hygiene, blood borne viruses, sharps injuries and the use of personal protective equipment. There was a designated lead dental nurse for infection control. The practice employed a cleaner and we saw completed cleaning schedules of the tasks undertaken each day.

The appearance of the clinical and decontamination environment was clean, tidy and uncluttered. The flooring in clinical areas was not carpeted and could therefore be cleaned easily. We saw that colour coded equipment such as mops were available to be used to clean different areas of the practice. Staff we spoke with were able to describe how the colour coding worked and which equipment was used for various tasks to reduce the risk of cross infection.

We noted that staff and dentists wore appropriate personal protective equipment (PPE), such as aprons, gloves and eye shields when they provided dental treatment or undertook decontamination processes. We viewed good stocks of latex gloves and disinfectant wipes available for staff to use and we noted that these were disposed of correctly after use. During one person's treatment that we observed, we noted that staff used personal protective equipment and followed hand hygiene practices in accordance with Department of Health (DOH) guidance.

The practice had a strict uniform policy to reduce the risk of cross infection. Staff we spoke with told us that they wore specific uniforms that were only worn inside the practice. We saw that dental staff wore short sleeves and had their hair tied back. They also wore medical type clogs that could be cleaned easily.

The practice did not have a separate decontamination room in which to sterilise used instruments. Decontamination was carried out in the same area as the patient treatment room (or surgery). We saw that surgeries were well laid out with defined clean and dirty areas, easy to clean surfaces and storage space for packaged sterile instruments. Each surgery had one hand washing sink and a separate sink for decontamination work, an ultrasonic cleaner, a rinsing bath with lid, a magnifying glass to inspect clean instruments

and an autoclave machine used to sterilize equipment. The practice manager told us that the provider was considering plans for a separate decontamination room.

We observed that there were clear dirty-to-clean workflow and infection control routines in place to reduce the risk of used instruments coming into contact with decontaminated instruments. Instruments were cleaned immediately after each consultation. We saw that clean instruments were inspected under a magnifying glass before being packaged and sterilised. In between consultations we observed that, surfaces, lights, machines and hand held equipment were wiped with disinfectant.

Records we viewed showed that decontamination equipment had been serviced regularly. However, the provider may wish to note that we did not see any evidence that the practice's decontamination procedure had been audited. DOH guidance states that decontamination audits should have been completed at least every six months to ensure that the correct standards were maintained.

We checked sterilised instruments which were wrapped for storage and noted that staff included the date of expiry of sterilisation on the packaged instruments. We saw that the practice used disposal instruments where possible to ensure that people were protected from the risk associated with cross infection.

Staff we spoke with told us that they had had an injection to protect them against Hepatitis B and staff records we viewed confirmed that staffs' immunisations were recorded.

The checks and the processes carried out by the practice meant that people had been adequately and appropriately protected from the risks of infection.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable equipment.

Reasons for our judgement

We found the premises were suitably equipped throughout. Records we looked at showed that equipment was regularly checked and well maintained. There were autoclave machines in each surgery which appeared to be in good condition.

Servicing and maintenance had been carried out on all sterilising machinery. We saw daily and weekly records that showed the tests had been undertaken for the practice's water lines and autoclave machine to ensure they operated correctly. Staff told us that there were plans to introduce a protein testing kit.

Records we viewed showed that X-ray equipment had been checked and maintained in accordance with the relevant regulations.

Staff told us that there was a routine in place to ensure that the oxygen canister was checked daily to ensure that it was operating at the correct pressure.

There were lockable facilities in the practice to keep confidential information in relation to staff.

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 by suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at personnel files for all members of staff and saw that they contained proof of their identity, professional registration and a satisfactory Criminal Records Bureau (CRB) check. However, the provider may wish to note that one member of staff recruited recently had begun working at the practice before suitable references, and disclosure and barring checks (previously CRB checks) had been received by the practice. This put people at unnecessary risk from receiving their treatment from unsuitable staff. We discussed this with the practice manager who told us that the practice had updated its recruitment policy to ensure that these employment checks were undertaken for all staff before they started work at the practice.

Staff told us their recruitment to the practice had been robust. One staff member told us that she had had an interview and had also come into the practice for a trial session so that her skills could be assessed. She told us her induction had been thorough and her capacity to do the job was fully assessed before she was deemed to be competent for her role.

The practice manager told us that newly appointed dental staff were supervised throughout their induction and appraised after three months to check their competency to do their job. This meant that staff received proper training, supervision and appraisal for their role. Staff we spoke with, that had been recruited in 2013, confirmed that they had undertaken an induction and that their practice had been observed to ensure that they were able to deliver care and treatment safely and to the required standard.

There was a formal appraisal system in place for assessing the competency of dental nurses. However, the provider may wish to note that there was no record of appraisals for dentists or hygienists. We discussed this with one of the practice partners and the practice manager and they told us that dentists and hygienists had the opportunity to discuss their continual professional development and any concerns about clinical practice informally but agreed to put in place a system a formal system of appraisal for this staff group.

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 spoke with said that they felt well supported by the practice manager, dental nurses and dentists at the practice and had received continual professional development.

One dentist we spoke with described in detail a variety of methods he used to keep up to date with the latest clinical guidance, including post graduate study. One of the dental nurses we spoke with told us: "I get the support I need to go to college. They [managers] are fantastic".

We checked staff files for all staff, including dentists, hygienists and dental nurses. Records showed that dental nurses had received the required training for their respective roles and were up to date with all their mandatory training including first aid, resuscitation, patient confidentiality, safeguarding vulnerable children and adults from abuse, and decontamination and disinfection procedures.

We checked the staff files for dentists and hygienists and noted that for some staff there was no record of recent training undertaken, for example on the safeguarding of vulnerable adults and children. We discussed this with practice manager and one of the practice partners and they agreed that action needed to be taken to updated staff files to reflect staff's training.

Staff told us there were quarterly staff meetings and informal meetings on a regular basis where they felt able to raise any issue they might have.

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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