

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

Rothwell Dental Surgery

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Date of Inspection: 23 January 2014

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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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Rothwell Dental Surgery
Registered Manager	
Overview of the service	Rothwell Dental Surgery is situated in the centre of Rothwell on the outskirts of Leeds. The dental practice comprises of a reception and waiting room, two treatment rooms, a decontamination room and a toilet facility. They provide a service to NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 23 January 2014, talked with people who use the service and talked with staff.

What people told us and what we found

People told us they were very happy with the care and treatment they had received. One person said, "I know my teeth are being well looked after. They carry out all the checks, give them a clean and polish, and advise me how to keep them clean." Another person said, "The dentist is really good at her job."

People were complimentary about everyone who worked at the practice and said they were treated with respect. They told us their confidentiality and privacy were always maintained. One person said, "They are lovely and welcoming. You see a smiling face whenever you come here." Another person said, "The staff are courteous, polite, never rush and are very efficient."

Staff told us the practice provided a good service and people's needs were appropriately met. They said patients received support which was planned to make sure it met their individual circumstances and were confident any issues would be dealt with appropriately and promptly. The provider did not have a clear procedure for reporting concerns within the workplace.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider had an effective system to assess and monitor the quality of the service that people received. They had identified there were a number of systems they needed to introduce to ensure they were effectively identifying, monitoring and managing risks to people who use, work in or visit the service.

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 privacy and dignity were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We spoke with five people who used the service and they all said dental staff had explained the care and treatment choices available to them. One person said, "It's a really good practice. Things are explained very well and appointments are arranged at my convenience." Another person said, "Me and my family have been coming for years and would never want to go anywhere else. After appointments I feel satisfied with the service and understand what the dentist has discussed with me." Another person said, "I'm definitely happy. The dentist is really easy to talk to and will answer any queries. She will go through the options and then check to make sure I'm happy with everything."

People we spoke with were complimentary about everyone who worked at the practice and said they were treated with respect. They told us their confidentiality and privacy were always maintained. One person said, "They are lovely and welcoming. You see a smiling face whenever you come here." Another person said, "The staff are courteous, polite, never rush and are very efficient."

People who used the service were given appropriate information about their care and support. People said they received a treatment plan and details of costs if they needed any work doing. When we visited the service a range of information about dental care was available. A patient leaflet contained information about the services provided by the dental practice. The provider's website also has information about the practice.

We spoke with both dentists who work at the practice, the trainee practice manager, two dental nurses and a trainee dental nurse. They said people who used the service were involved in the planning of their treatment and were given information to help inform their decisions. They said good systems were in place to make sure people's privacy, dignity, and confidentiality were maintained, and gave examples of how they did this. One member of staff said, "Everything runs smoothly. We make sure the patient is well looked after."

Staff we spoke with confirmed that communication within the practice was effective and they discussed patient care. We looked at some practice team minutes which showed topics relating to patient care and quality had been discussed.

The provider asked people who used the service to comment on their experience. We looked at some of the provider's surveys which contained positive feedback about the service they had received. For example, patients said the dental team had talked through different options available, questions were answered clearly and the dentist asked about the reason for the visit and listened carefully to the patient.

The provider had a range of policies and procedures that detailed the arrangements in place at the practice. These included customer service, diversity and human rights, and patient involvement.

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 and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with five people who used the service and they told us they had experienced appropriate treatment and care when they visited the practice. Everyone said they were very happy with the care and treatment they had received. One person said, "I know my teeth are being well looked after. They carry out all the checks, give them a clean and polish, and advise me how to keep them clean." Another person said, "They always do a good general assessment and if I need any work they sort it out promptly. The dentist is really good at her job."

Staff we spoke with had a clear understanding of their roles and responsibilities within the team. Staff told us the practice provided a good service and people's needs were appropriately met. They said patients received support which was planned to make sure it met their individual circumstances.

People's needs were assessed and care and support was planned and delivered in line with their treatment plan. Treatment and support was planned and delivered in a way that ensured people's safety and welfare. The practice used a computerised and paper record keeping system. We looked at five patient records. Paper records contained signed consent forms and medical histories. Computerised records had information about each person's treatment and any relevant charges, and any special requirements. We saw people were advised about oral hygiene.

Staff told us that they knew what to do in a medical emergency and appropriate equipment was available, stored securely and accessible to staff. Training records showed staff had received medical emergencies training.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used 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

Staff we spoke with said they were confident people who used the service were protected from abuse. They said staff treated people well and were confident the provider would deal with any issues appropriately and promptly. Staff were aware they should report concerns if they suspected any abuse or a patient made an allegation of abuse.

The trainee practice manager and dentists had received safeguarding children and vulnerable adults training. All other dental staff were booked to attend safeguarding training a few weeks after the inspection. We saw evidence that staff had been asked to review information and answer questions about safeguarding at a 'staff interactive meeting' in July 2013.

The dental practice had policies and procedures for safeguarding both vulnerable adults and children. They had contact details for reporting any safeguarding concerns that related to children but did not have the contact details for reporting any safeguarding concerns about vulnerable adults.

The provider's safeguarding policies and procedures made reference to reporting concerns but they did not have a 'whistleblowing' policy which covered reporting concerns within the workplace. The provider should note that there should be clear and accessible contact details for reporting safeguarding concerns and procedures for reporting concerns within the workplace. This will ensure staff understand how to respond to and raise concerns with the right person when any signs of inappropriate practice are noticed.

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

We spoke with the two dentists, the trainee practice manager, two dental nurses and a trainee dental nurse. They said people who used the service were supported by suitably skilled and experienced staff. Staff told us they received all the information and training they needed to perform their job well.

Most staff had worked at the practice for a number of years and there was a low turnover of staff. Two staff had been recruited in the last year. The practice had procedures which covered recruitment and selection. This identified a process to follow but did not cover all the essential steps for effective recruitment and selection of staff. For example it did not cover all the necessary checks that should be carried out prior to employment.

We spoke to two staff about recruitment. They confirmed they had submitted a Curriculum Vitae (CV), attended an interview and had been asked questions which were specific to their role and had discussed their relevant experience.

The trainee practice manager said they checked General Dental Council (GDC) registration and criminal records although they had only recently applied for two of the checks with the Disclosure and Barring service (DBS) and were waiting for these to be returned. Staff said their immunisation status and (GDC) registration was checked. We looked at staff files which confirmed these checks were carried out. However, we noted files did not contain all the relevant information. For example, there were no references to show conduct in previous employment was checked. CVs did not always contain a full employment history.

The provider should note that they are required to have information available that is specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which includes satisfactory evidence of conduct in previous employment, proof of identity including a recent photograph and a full employment history. This helps ensure people who use the service benefit from staff who are fit and suitable for their role.

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 assess and monitor the quality of the service that people received.

Reasons for our judgement

People who used the service and staff were asked for their views about the care and treatment and they were acted upon. People who used the service and staff said Rothwell Dental Surgery provided a safe quality service. People said they were asked if they were satisfied with the service. Everyone we spoke with said they did not have any concerns or complaints about the practice.

The trainee practice manager told us they had a range of systems to gather people's views which included having patient satisfaction surveys in reception, a comments section on their website and the NHS choices website. The practice asked people who used the service to comment on their experience and their feedback was then used to help assess their performance. We looked at some patient satisfaction surveys which showed people were very satisfied with the service they had received, however, we could not establish if these were recent because they were not dated.

The provider took account of complaints and comments to improve the service. The principle dentist who is also the registered manager told us they had not received any formal complaints for a number of years. They talked to us about a recent negative comment that had been received via the NHS Choices website. This had only just been posted so the provider had not had the opportunity to respond but said they would be doing so shortly. They explained that they had reviewed the feedback to establish any learning although it had proved difficult because some of the information was generalised.

Staff we spoke with said there were effective systems in place to monitor quality and safety. They said the provider monitored staff training and supervision to make sure staff received appropriate support. One member of staff said, "We provide a good dental service. We get good guidance and are an experienced team."

The principle dentist and staff we spoke with told us regular checks and audits were carried out, which included health and safety audits and clinical audits. They said risks to people who used or worked in the service were identified, monitored and managed.

We looked at a number of records and audits which showed some checks were being carried out. The practice had risk assessments which covered the patient journey and a number of other areas relevant to the practice. These were up to date. However, we noted that some checks were not always being carried out on a regular basis and this had not been picked up through the provider's auditing system. For example, there were inconsistencies in the timings of sterilisation of equipment but the reasons for this had not been explored. The provider should note that their auditing systems should be appropriate for gathering, recording and evaluating accurate information about the quality and safety of the care, support and treatment the service provides, and its outcomes. This will ensure risks to people who use, work in or visit the service are identified, monitored and managed.

The trainee practice manager told us they had identified there were a number of systems they needed to introduce to improve and develop the practice, which included introducing quality audits and some new policies and procedures, and providing more individual supervision and support for staff. They were also introducing lead roles for dental nurses and had identified that a decontamination lead was a priority. The trainee practice manager had recently commenced her post and had started a practice management course which covered the role and responsibilities of practice management.

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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