

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

## Dentalangel

61 Highgate, Kendal, LA9 4ED

Tel: 01539722772

Date of Inspection: 24 July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Odontoblanc Limited
Registered Manager	Mrs. Katherine Baytug
Overview of the service	Dentalangel is located in the lake district town of Kendal. Situated on the high street it provides care to mainly NHS patients but is expanding into the private dental care market. The surgery can easily accommodate people with physical disabilities and its modern interior has been designed to support people with sensory impairments.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We were unable to speak with people using the service (patients) on the day of our inspection. However we looked at the most recent customer surveys in which one patient said, "Our family has been coming to this surgery for years, we are always seen quickly and the staff are helpful and caring." Another patient wrote, "The practice is outstanding and I have nothing but praise for all the staff."

We found that before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Patients experienced care, treatment and support that met their needs and protected their rights in a clean, hygienic environment. Staff were supported to deliver care and treatment safely and to an appropriate standard. The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We asked staff to explain how people were asked for their consent at the practice. The staff told us that everyone had their treatment options explained to them before they were treated. Each of the three treatment rooms contained state of the art presentation equipment on which information about treatment could be displayed. This included photographs of the patients teeth, patient's history of dental monitoring and educational videos. Staff told us that people signed a form to say that they had consented to treatment. We saw copies of the form and found that it was comprehensive and fit for purpose. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We asked staff what they would do if a patient did not have the capacity to make their own decisions, for example if they were in the latter stages of dementia. Staff were able to demonstrate knowledge around this and gave examples of how they had contacted other healthcare professionals, for example social workers, when they were unsure or worried about how to proceed. This meant that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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During our inspection we saw polite and courteous staff who spoke to people in a warm and welcoming manner. We were unable to speak with people using the service but we looked at a recent customer satisfaction survey. In the survey people said that Dentalangel was, "An excellent practice" and "Good clean and up to date."

We asked staff about health promotion. Staff told us that they gave advice on how to brush your teeth and maintain good dental hygiene. Advice was given regarding healthy diet for both adults and children. Smoking cessation support was also available if required.

We saw evidence that people's medical history was obtained prior to treatment. This ensured that the staff were able to plan treatment in a way that was intended to ensure people's safety and welfare.

The practice had appropriate equipment to support people in the event of a medical emergency. The practice had an emergency drugs kit and oxygen was available. The appropriate emergency drugs and a defibrillator were available and the list was checked to ensure that drugs were in date. The emergency kit and first aid kit was stored in an accessible space on the ground floor of the building. All the staff had received annual training in cardio pulmonary resuscitation (CPR) and medical emergencies.

Out of hours treatment was available via the local NHS out of hours dental service. Emergency appointments were made available by the practice during the day.

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

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We noted that staff always washed their hands before looking after or treating patients. They always wore protective equipment such as face masks, eye goggles, gloves and patients receiving treatment were always asked to wear protective eye wear and bibs.

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

We found that the practice had effective systems in place to reduce the risk and spread of infection. The practice facilities were clean and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in the treatment rooms.

We saw sharps boxes for the safe disposal of needles, used in injections, that were appropriate and not overfilled, The practice manager explained that they were ordering a new type of sharps disposal bin to meet future requirements. Staff wore personal protective equipment when working in the surgery or carrying out decontamination procedures. We saw evidence that protective equipment, including eye goggles, face masks and gloves were available for staff to use when caring for and treating patients. The cleaning procedures for equipment between patients was discussed with us and identified that they were protected from the possibility of cross infection.

Decontamination and cleaning facilities were available in each treatment room. The practice used automated washing, inspection, lubrication and sterilisation to ensure effective decontamination. During our inspection we were shown the decontamination process undertaken by the nurse. We observed that correct practices for the decontamination and sterilisation processes were undertaken in accordance with HTM01-05 requirements. We also saw satisfactory arrangements for the cleaning and lubrication of hand-pieces (drills). Sterile instruments were bagged and the expiry date was recorded on each bag.

We saw that all waste was stored safely and waste contracts were seen for clinical waste, amalgam waste and domestic waste.

The dentists and dental staff had received updated training in decontamination as part of their professional development. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We found that staff received appropriate professional development. The practice staff met regularly for peer supervision at staff meetings. We saw staff meeting minutes that confirmed this. Staff met with the practice manager annually for a performance development review.

Each staff member had their own individual continual professional development (CPD) plans. Training was either by in-house training sessions, electronic learning or face to face. There was a training record for each member of staff. Staff were able to confirm to us that they had undertaken all necessary mandatory training. Staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register. This ensured that the people in their care were being supported 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

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### Reasons for our judgement

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We found that the practice had an effective system in place to enable them to regularly assess and monitor the quality of service that patients received.

Staff told us that they consulted with patients using the service on an on-going basis to gain their views about the care they received. We saw the results of the most recent customer satisfaction survey. People had made comments about Dentalangel which had been acted upon. For example the practice had worked hard to improve access to appointments.

We saw that the staff at the practice performed regular checks to ensure that the environment was kept clean and hygienic. Checks were also in place to ensure that the washers and disinfectors were being maintained and that instruments being used were correctly dated.

Dentalangel had fire and safety risk assessments in place which were up to date and fit for purpose. Regular audits were carried out on records to ensure that they were accurate and contained the correct consent forms and signatures.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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