

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

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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
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Dr. David Ian Llewellyn
Overview of the service	<p>Dr Ian Llewellyn's practise is located in a residential area of Runcorn. It provides general dental treatment to NHS patients. One dentist and one hygienist works at the practice from two separate treatment rooms.</p> <p>The practice facilities cannot facilitate patients using wheelchairs as the treatment rooms are located on the first floor. Outside they have some steps leading into the practice. The practice patient leaflet advises that they can recommend a nearby practice if necessary that is fully accessible. Close to the practice is a small accessible car park.</p>
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

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 18 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service.

What people told us and what we found

We spoke with a sample of patients who had visited the practice during our inspection.

Patients told us they were given various information about their treatment and knew what to expect. Most of the people we spoke with had been at the practice for many years. They all explained that they felt the level of service was overall very good. Everyone stated they were always consulted and they gave full consent about their treatment and check-ups. Everyone told us they were happy with the level of service and care offered.

Comments included:

"They are really friendly and give good advice"; "There's always staff looking after you, I can't fault them" and "I've always been happy with my treatment."

Patients told us that whenever they visited the service was always "clean" and "spotless."

Outside the practice they had some steps leading into the building. The patient leaflet was clear in advising people that the current building was not accessible for people in wheelchairs. However they advised people they could make alternative arrangements with another practice in Runcorn that offered accessible access. We noted that the premises and treatment rooms offered standard facilities and one of the treatment rooms led into the area for decontamination (cleaning of utensils). The provider advised that in time he was hoping he could eventually move to fully adapted facilities however they had not yet been able to carry out those wishes.

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, dignity and independence were respected.

Reasons for our judgement

We spoke with a sample of four patients who had visited the practice on the day of the inspection. They said that they had no complaints and they were happy with the service provided.

Patients told us they were given various information about their treatment and knew what to expect. Some of the patients we spoke with had been at the practice for many years. Overall they were all very positive about the service. They provided various comments such as:

"All the staff are very friendly"; "He tells you beforehand what the cost is then it's up to you, he doesn't force you into it" and "The staff are very nice."

Two patients told us that all their family came to the practice and that they were all really happy with the standards offered. Everyone stated they were always consulted and they gave full consent about their treatment and check-ups. Most people were aware of their costs and what to expect.

The practice had two separate treatment rooms on the first floor where treatments took place. Each one had doors with glass provided in windows to the treatment rooms. We discussed the visibility into the treatment rooms while patients were being treated with the provider. The provider explained that he chose to design the doors in this way to ensure he could observe areas within each of the treatment rooms. Patients told us they had no concerns about the visibility into the treatment rooms.

Staff told us how they always maintained people's confidentiality by ensuring they only discussed personal information within the treatment room.

They showed us protective equipment which they always used for their patients dignity to help keep them safe and comfortable including the use of masks and protective covers for clothes.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Most of the patients we spoke with told us that the care they experienced was good and that they had no problems. Everyone told us they were happy with the level of service and care offered.

Comments included:

"They are really friendly and give good advice"; "There's always staff looking after you, I can't fault them" and "I've always been happy with my treatment."

We looked at sample of dental notes for patients and saw that their relevant medical history was recorded. We saw records of consent recorded when patients agreed to various treatments and that health promotion advice had been given. One patient told us about how they had successfully given up smoking following advice given by the dentist. Another patient told us about the advice offered to her after having a baby and how the dentist had time to talk to her regarding her queries and questions and advice given regarding her baby's teeth.

The practice uses diagnostic x-ray equipment in one of the treatment rooms and we saw that local rules for its use were displayed in this room. We saw that updated maintenance reports were in place for this equipment which helped to show how it was safely maintained.

We talked to members of staff about emergency procedures; they were knowledgeable and familiar with them. Staff had received basic life support training in 2013 and they knew where the emergency equipment was kept. Emergency equipment was readily available and included emergency drugs a first aid box, a defibrillator and oxygen. Staff showed us contractor checks that they had organised for the oxygen which helped to show some checks being in place for the use of oxygen if needed.

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 cared for in a clean, hygienic environment.

Reasons for our judgement

Patient's told us they were happy with the cleanliness of the practice and the treatment rooms.

When we visited the practice we observed all parts of the environment and had a tour of the building. The service has an open plan waiting area on the ground floor and two treatment rooms located on the first floor.

We looked at various policies covering for example: infection control and decontamination (cleaning of dental equipment) procedures. We also looked at a sample of audits and checks on the equipment and facilities used at the practice.

We noted that one infection control audit was last recorded as 2011 with four identified recommendations. The department of health advises that these checks should be carried out at least annually to show what actions and compliance had been made in regard to national guidance for the management of infection control. The provider advised a more recent check had been carried out by an external advisor and that he would try to locate a copy of this review.

We recognised that the practice was limited in terms of space so within their current provision they had to access their 'decontamination' area via entering one of their treatment rooms'. Staff explained their procedures for carrying out the processing, storage and transfer of instruments to the decontamination room. The systems in place ensured that clean and dirty instruments did not contaminate each other. The clinic had a system in place for testing the autoclave each day and after each cycle. Staff also demonstrated to us the manual checking of instruments with their magnifier. In speaking to staff about the procedures it was clear that they were fully knowledgeable regarding their role and in regard to their good practices irrespective of the current facilities.

We noticed that the practice had suitable access to hand washing facilities, liquid soap and disposable towels were provided throughout the practice.

We noted that staff wore uniforms and were seen to be wearing personal protective equipment at times. Staff told us that they always provided protective equipment such as

disposable masks and glasses/eye guards.

Staff discussed their roles in maintaining good practices and procedures for preventing cross infection. They advised that when each patient was seen in the clinic that they had specific tasks in cleaning the clinic area in between every patient's appointment.

People should be cared for in safe and accessible surroundings that support their health and welfare

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 premises.

Reasons for our judgement

When we visited the practice we observed all parts of the environment and had a tour of the building. The service has an open plan waiting area on the ground floor and two treatment rooms located on the first floor.

Patients told us they were more than happy with the facilities and had no concerns or complaints about the practice.

Outside the practice they had some steps leading into the building. The patient leaflet was clear in advising people that the current building was not accessible for people in wheelchairs. However they advised people they could make alternative arrangements with another practice in Runcorn that offered accessible access. We noted that the premises and treatment rooms offered standard facilities and one of the treatment rooms led into the area for decontamination (cleaning of utensils). The provider advised that in time he was hoping he could eventually move to fully adapted facilities however they had not yet been able to carry out those wishes.

We looked at a sample of risk assessments and maintenance certificates for the service. These checks are necessary to help show appropriate management of the facilities to keep people safe and to ensure all equipment was regularly maintained and safe to use. We noted that not of all these records regarding risk assessments were up to date. Updated records and regular reviews help to provide up to date evidence in showing how risks were managed.

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 a system in place to assess and monitor the quality of service that people receive.

Reasons for our judgement

A survey of patient's views to gain people's perception of the staff and services provided had been recently carried out. In addition to this voluntary system the patient leaflets also advised patients they could always speak to their receptionist at any time. We looked at a sample of the surveys which overall were very positive regarding the practice. We also looked at feedback left by patients on the 'NHS choices' website. Again the feedback left was very positive about the service provided.

Policies and procedures were in place for assessing and monitoring the quality of the service on a regular basis. This included audits being carried out with regards to infection control, x- rays and checks on equipment. We noted some records to be kept up to-date especially checks and records regarding the management of x rays. However some policies and checks would benefit from more recent and regular reviews to ensure up to date information and evidence being in place.

We saw that a complaints procedure was in place and referred to in the patients information leaflet. Whilst none of the patients we had spoken with had needed to complain, most said they would be able to talk to the staff or dentist if they were unhappy about any aspect of their treatment. One patient advised they were unsure were they would formally make a complaint if they ever needed to.

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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