

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

## Whinmoor Dental Care

46 White Laithe Approach, Whinmoor, Leeds,  
LS14 2EH

Tel: 01132731792

Date of Inspection: 15 May 2013

Date of Publication: June  
2013

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

## Details about this location

Registered Provider	Mrs. Ana Claudia Campos Freitas Silva Guedes Caprichoso
Overview of the service	Whinmoor Dental Care provides dental care and treatment for private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

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

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## 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 15 May 2013, talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

Patients spoke highly of the staff and the care and treatment they received. One person said that the provider was the "Best dentist I have ever had." They also said that she was "Very good, she puts you at ease." and was "Patient and listens.

They told us that the provider took time to explain their treatment options to them and that they were given enough information about their treatment options to enable them to make an informed decision.

The provider carried out full assessments of people's dental needs and where appropriate referred patients for specialist investigation and advice. Patients told us that the provider always checked for any changes to their medication and carried out a thorough dental examination. Patients had individual treatment plans and were given information about the risk, benefits and costs.

The provider's premises were clean and well maintained. The patients we spoke with told us that the surgery always looked clean. The provider had put in place systems and procedures to protect people from the risks of healthcare associated infections. Good practice guidance had been followed.

The provider regularly monitored the quality of the service, sought the views of patients and assessed the risks to the health safety and welfare of staff, patients and others who visited the surgery.

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](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

---

### Our judgement

---

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

---

### Reasons for our judgement

---

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We spoke with two patients who used the service. They told us that the provider took time to discuss their treatment options with them. One said that the provider was "Patient and listens." They told us that the provider explained the risks and benefits of the various treatment options and checked that they understood what had been explained to them. The said that they were given as much time as they needed to make an informed decision about their treatment.

We looked at the treatment records of three patients. We saw that the patients had signed a consent form each time that they had attended for treatment. We saw that they had been given, and had signed, treatment plans explaining their treatment options and the estimated cost.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was aware of the requirements of the Mental Capacity Act 2005. We saw that there was a practice policy which explained; which decisions required consent, what was required to gain consent, how to assess people's ability to give consent and what to do if the person lacked capacity to give consent.

The provider told us that they had treated patients who lacked capacity to make some decisions about their dental care but that they were always accompanied by a family member or carer. The provider told us that they would not carry out treatment unless they were satisfied that they had the appropriate consent and that the patient was willing to cooperate with the proposed treatment.

**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**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We asked the provider to explain how people's needs were assessed. The provider described the hard and soft tissue areas of the mouth and face that were routinely examined and showed us where the information was recorded in each patient's notes. We saw that the provider had carried out full mouth assessments and given advice on oral hygiene. The two patients we spoke with confirmed that the provider carried a full assessment of their dental needs and gave them a written summary of the treatment required.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The patients we spoke with told us that the provider checked their medical history and asked them about any recent changes in their medication each time they had treatment. We saw that this information was clearly recorded in each patient's treatment record. One of the treatment records we looked at included a referral letter to a specialist at the local Dental Hospital for examination of a skin lesion which had been noted during a routine assessment.

We saw that the provider's X-Ray and autoclave maintenance and service records were up to date and well organised. Appropriate advice and guidance had been followed on the safe use of X-ray equipment.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that when the provider had renovated the practice premises they had taken into account the needs of patients with disabilities. The practice was accessible to people with mobility difficulties and the dental treatment chair and room were designed to be able to accommodate people in wheelchairs.

The provider had considered the needs of patients whose first language was not English. We were told that between them the staff were able to communicate in five different European languages. We were also shown a healthcare "Communication aid for patients" which contained pictures to help people show the provider where they had a problem and common phrases such as "How bad is the pain" and "When did it start" in 15 different languages.

There were arrangements in place to deal with emergencies. The provider and staff had attended first aid training, including training in the administration of cardio pulmonary resuscitation. The staff were able to describe the signs that a person was unwell and understood what to do in the event of an emergency. The provider had a supply of emergency medicines and oxygen ready for use in an emergency. The medicines were those recommended by the UK Resuscitation Council. We saw that the medicines and their expiry dates were checked every week and signed records kept to show who had carried out the checks.

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

There were effective systems in place to reduce the risk and spread of infection. The dental surgery appeared clean, well maintained and in good decorative order. The patients we spoke with told us that the dental surgery always looked clean.

Personal protective equipment (gloves, masks and eye protection) was available. The patients we spoke with told us that the provider and dental nurse always wore clean gloves and face masks. They said that they were also provided with eye protection when they received treatment.

The provider had a named infection control lead and a written policy summarising the arrangements to manage and control the risk of infection. The provider had followed recommended guidance and carried out an audit of the practice's compliance with the Essential Quality Requirements as described in Health Technical Memorandum 01-05.

Health Technical Memorandum 01-05 (HTM 01 05), which was issued by the Department of Health for use by primary care dental services, describes the actions providers should have taken to progressively raise the quality of general hygiene and decontamination within dental practices. The guidance describes Essential Quality Requirements which all dental providers should have attained and Best Practice Standards which they should aspire to.

The provider had used the findings from the audit to develop a plan to achieve best practice standards. The practice staff had received training in infection prevention and control and were clear about their responsibilities in reducing the risk of infection. The provider had records to confirm that all members of staff had had their Hepatitis B status checked.

We saw that the provider had prepared an "Environmental Cleaning Policy" and had put in place schedules describing the cleaning requirements for each area of the surgery. Separate colour coded cleaning equipment was used to clean clinical and non-clinical areas so as to reduce the risk of cross contamination.

There were documented procedures for the decontamination of the dental instruments.

Because of space limitations used dental instruments were decontaminated in the treatment room. The provider explained that the decontamination procedure was not undertaken when patients were receiving treatment.

We saw that there was a clear separation between dirty and clean areas. Used instruments were washed, rinsed and examined before being placed in the autoclave for sterilisation. Sterilised instrument were labelled, dated and stored for use in rotation. The provider kept auditable records of the cleaning, decontamination and sterilisation procedures.

The provider had followed recommended guidance and had implemented procedures to reduce the risk of cross contamination and infection of patients.

## 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

---

Appropriate checks were undertaken before staff began work. The provider told us that the dental nurses and receptionist had all worked at the practice for over ten years. We were told that the original recruitment records had been retained by the previous owner of the practice. However, we saw that each member of staff had their own personal file which included a copy of their contract of employment, a recent (April 2013) criminal record check, certificate of professional registration and a record of each member of staff's Hepatitis B status.

There were effective recruitment and selection processes in place. Although no new members of staff had been recruited the provider had prepared a recruitment policy. The policy described the recruitment procedure, the information that applicants would be required to provide, such as proof of entitlement to work in the UK and references to establish that they were of good character.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

---

### Reasons for our judgement

---

People who used the service, their representatives and staff were asked for their views. The provider had carried out surveys of the views of people who used the service in 2011 and 2012. We looked at the results of the latest survey. We saw that 95 questionnaires had been completed. The responses were overwhelmingly positive. The responses showed; that people were very satisfied with their experience at the practice, that the provider listened to them, answered their questions and that the patients were confident about the quality of treatment they received. Some people who used the service had written "Really like this dentist, she is very thorough and very professional. Always explains treatment carefully." and "Excellent treatment as usual."

The provider had taken steps to assess and manage risks to the health, safety and welfare of patients, staff and visitors. Assessments had been completed of the risks arising from spillages, the operation of dental equipment and cleaning chemicals used at the practice. Those most at risk had been identified and measures implemented to minimise the likelihood of an injury occurring or reduce its impact. For example we saw that an assessment had been undertaken of possible injuries sustained whilst handling sharps (e.g. needles). The provider had then introduced measures such as; ensuring that staff received appropriate training, the wearing of heavy duty gloves and controls on the re-sheathing of needles.

The provider had arrangements to deal with complaints about the service. We saw that the provider had a policy which described the procedures to be followed when dealing with complaints. There was also a notice on display in the reception area informing patients how to make a complaint. The patients we spoke with both told us that they were aware of how to make a complaint and would be confident to do so if necessary. We looked at the provider's complaints records and saw that there had been no complaints in the previous five years.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---