

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

Sleep Lane Smiles

Sleep Lane, Whitchurch, Bristol, BS14 0QN

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Date of Inspection: 25 October 2013

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November 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	R & A Lampard Limited
Registered Manager	Mrs. Joanna Gilborson
Overview of the service	Sleep Lane Smiles is registered with the Care Quality Commission to provide dental services to the people who used their service.
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'.

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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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 October 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our visit on the 25 October 2013 we spoke with four people who used the service. We looked at five patient's treatment plans of people who had recently visited and were visiting the surgery. People told us, "I've been coming here for many years and staff are very friendly". Other comments included "my husband has said he's very happy, over the moon" and "they were recommended to us and I've now recommended them to others".

Sleep Lane Smiles was based in a purpose built building, offering easy access for those with mobility concerns. There were two clinical rooms, a separate decontamination room and a spacious reception area. We saw that people were spoken with in a friendly and quiet manner and their privacy was maintained.

The practice was clean and well maintained, equipment regularly serviced, treatment plans held securely and staff appropriately trained and qualified.

The service carried out audits of various aspects of the service. This meant that they could be assured of the quality and safety of their service delivered to the people who used 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

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.

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 three people who attended the practice for different treatments. People we spoke with told us that the dentists explained the treatment plan, the alternatives available including doing nothing, the risks and costs involved. One person us "the dentist always ask for my consent before and treatment to make sure I am happy with it. Another person told us "I have had treatment plans with the cost broken down and explained to me. We saw that some patient records were kept electronically and backed up to an off-site server each night. This ensured that updated records and people's personal information were securely kept. We saw people were attending, some for regular check-ups, others for other dental treatments.

During our visit we looked at five patient records. We saw that consent was obtained before they received treatment. We saw consent was obtained from a young person with a medical condition. We saw that the person had a choice to consent or decline the treatment. We also saw that consent was obtained from a person who needed a domiciliary treatment in a community setting.

Staff had received training on Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to assess and obtain consent from people who did not have capacity to make their own decisions. The manager told us that a translation service was available; this helped with explaining about treatments to non-English speaking people.

The manager explained the process they went through when a person needed treatment, how the treatment plan could be broken down and how and when costs were discussed. We saw new patients were given a booklet about the surgery, with a price list included. This showed that people who used the service had appropriate information to enable them to make an informed decision.

We saw information leaflets were available in the reception area to help explain procedures and staff gave people time to make decisions.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The dental practice was for private treatment only and people were given appointments of at least 30 minutes.

Emergency appointments for treatment were available and each day appointment slots were kept free for this purpose. People we spoke with told us "I was seen the same day in an emergency" and "I can always get an appointment when I need one". Another person said, "It's very easy to get an appointment. I'm reminded by telephone call".

We saw that new patients completed a medical history form which stated past and current medical concerns, current medication and known allergies. The manager told us that this was transferred onto the data base system and original paper copies were kept in a locked filing system. Any medical concerns or allergies that could pose a risk to treatments were highlighted on the front page of people's records.

We saw that agreed treatment or options were discussed with the patient during consultation and a letter sent to the patient for major procedures. We saw that all discussions were recorded on the patient's records. This demonstrated that the practice understood their treatment before it was carried out.

We saw that staff greeted people in a friendly manner and spoke quietly on the phone or when discussing treatments or costs in the reception area. We saw that the practice also offered a home visit service to long term patient who was unable to attend the practice. This meant that the practice met people's needs through its flexibility.

There were arrangements in place to deal with foreseeable medical emergencies. We saw a medical emergency kit, including oxygen was available. We saw the emergency medication were in date and the oxygen was regularly tested to ensure it was ready to be used in an emergency, The manager told us the practice had applied for a defibrillator (a life-saving machine that gives the heart an electric shock in some cases of cardiac arrest) but were waiting for a decision. We saw medication was stored appropriately in a fridge or a locked cupboard. This meant that the health and safety of people used the practice was

considered.

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 and 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. During our visit we found the premises, reception area, treatment room, decontamination room and toilet to be visibly clean. Separate sinks were used for hand washing and cleaning dirty instruments.

We saw the practice had a comprehensive infection control policy and regular infection control audits were carried out for each treatment room including, instrument cleanliness. We observed the procedure a dental nurse followed once a person had left the surgery; including cleaning the chair, equipment, spittoon and work surfaces. The dental nurse told us that dirty instruments were put into a locked tray and taken to the decontamination room.

We saw that the decontamination room was clearly marked with dirty and clean areas. The dental nurse explained that instruments were scrubbed and checked for debris under a magnifier, before being sterilised. We also saw that sterilised instruments were bagged and date stamped with the use by date. Instruments that were not bagged were kept in a clean drawer for use the same day; any that were not used were re cleaned.

We saw the cleaning checks were up-to-date and logs were completed for all decontamination equipment. We saw that clinical waste was bagged and stored securely before being collected under contract. Sharps boxes were in use in all clinical rooms.

Policies and procedures were in place for health and safety, infection control, needle stick injuries and hand hygiene. We saw that the practice had a copy of the Health Technical Memorandum 01-05 (HTM) to guide the practice in the process of decontamination and infection control. We observed that personal protective equipment (PPE), such as gloves, aprons and masks were used. This meant that people who used the practice were protected from the unnecessary risk of infection.

We asked to see the maintenance contracts for the equipment at the practice and these were available. They showed clinical equipment was regularly maintained under contract.

We looked at records which demonstrated that the water at the practice had recently been

tested for Legionella disease and had passed all related tests to ensure staff and people were protected from possible infection.

There were contracts in place for clinical waste disposal, autoclaves and compressor were recently purchased and were not due for yearly maintenance. This meant that the practice ensure the practice ensured that people who used the service were protected from the risk of infection.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. People we spoke with told us they had confidence that staff had the skills to do their jobs. One person told us "the staff are very good in what they do".

The practice had more than 2,994 people registered and 2,500 people visited on a regular or annual basis. On the day of our visit there were two dentists present, each with their own dental nurse, there was also a practice manager and receptionist present. The practice employed one hygienist but they were not duty on the day of our inspection.

We confirmed that all clinical staff were currently registered with the General Dental Council (GDC). The dentists, hygienists and the dental nurses had completed Disclosure and Barring Service (DBS) checks.

We saw that staff had received training on safeguarding vulnerable adults and child protection. The manager told us that regular updates on different subjects were discussed at team meetings and safeguarding vulnerable adults and children were part of those discussions. Staff we spoke with demonstrated awareness of safeguarding and child protection.

We saw evidence of recent training undertaken, including cardiopulmonary resuscitation (CPR), infection control, radiography and radiation training. Staff we spoke with demonstrated they had the skills and knowledge to do their jobs.

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 regularly assess and monitor the quality of service that people receive. An effective system was 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 about their care and treatment and they were acted on. One person told us "we are very happy with the surgery".

The manager told us that each patient was asked to complete a survey following their treatment. These were then collated quarterly and audited for comments. This arrangement was confirmed by the people we spoke with.

We saw that an action plan was developed to address any suggestions or comments. The last surveys were in April and August. There were no negative comments. The comments seen in the surveys included "Excellent service, first class facilities". Best practice we have ever used", "complete confidence in all that they do". Wonderful treatment" and "excellent in all aspects of dentistry,

The dental practice conducted regular audits of the correct use, cleanliness and maintenance of clinical equipment.

We saw evidence of the daily, weekly and monthly audits conducted for the cleanliness and decontamination of medical equipment. These audits were for each area of the surgery, including the treatment rooms and the decontamination room.

We saw quarterly audits were carried out on the number of appointments offered, those attended and non-attendance. This allowed the practice to work with staff and people to ensure appointments were offered at the times needed. Quarterly audits were also conducted on the number of x-rays taken and the reason for taking them.

A twice yearly audit was conducted of peoples personal records, including recorded consent, completed medical history forms and specialist referrals. This ensured that all staff followed practice guidelines for recording information. All audits were accompanied by an action plan, to address any problems or inconsistencies that were found.

We saw that the fire extinguishers and other fire safety checks were annually tested, the

latest test was on 16 October 2013. There were health and safety audits which was undertaken every month.

The manager told us they undertook weekly 'spot check' randomly to ensure that staff worked in accordance with the quality ethos of the practice.

The provider had a system in place to take account of complaints and comments to improve the service. We saw that the practice had a complaints procedure however there were no complaints recorded. This meant that the service ensure that quality of the service was regularly reviewed to ensure that people's health and safety was protected.

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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