

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

## Cleveleys Practice Limited

2 Brighton Avenue, Cleveleys, FY5 2AA

Date of Inspection: 28 May 2013

Date of Publication: June 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Cleveleys Practice Limited
Registered Manager	Mr. Andrew Whitham
Overview of the service	<p>Cleveleys Dental Practice is registered to provide the regulated activities surgical procedures, treatment of disease, disorder and injury and diagnostic and screening procedures. The practice provides a full range of dental care and treatment for people who are paying privately. The practice is fully accessible with wheelchair access and ground floor treatment rooms. The practice treats a wide range of individuals including children.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 unannounced 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 28 May 2013, talked with people who use the service and 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 any patients at the time of the visit. However we spoke by telephone with five patients who had recently received treatment. We also spoke with the practice manager and the receptionist who was also a dental nurse. This enabled us to gain an overview of what people experienced when visiting the dental practice.

Every person we spoke with expressed satisfaction with the service provided and spoke highly of the dentist and the wider staff team. We were told that staff were always welcoming, reassuring and sensitive to individual needs. One person told us, "I think they do exceedingly well in reassuring people and I feel their man management is really super. The dentist explained what he was doing all the way along and the dental nurse held my wife's hand. This helped the anxiety and kept the fear at bay. I am very pleased with the treatment and the individuals involved".

We talked to people about respect and if staff treated them with dignity. People also told us that they felt that confidentiality was always maintained. When asked, the people told us that they felt safe when visiting the dental practice and that staff were, "Good communicators".

Another person told us, "I have no concerns what so ever. I have been terrified of dentists in the past but I have been back on a number of occasions so I must feel more confident and safe". People also commented on the environment saying that it was always spotless and very clean.

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

**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

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### Our judgement

The provider was meeting this standard.

People views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

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### Reasons for our judgement

Although we did not actually see a copy at the time of the inspection, we were told that a practice information brochure was given to each new patient that detailed the range of services provided. This gave people important information such as surgery hours, the complaints procedure and relevant telephone numbers. The people we spoke with confirmed that they had been given written information about the practice. This reinforced the verbal information sharing and allowed people to read important information at a time to suit themselves.

We were told that the practice brochure could be provided in an alternative format such as large print for people with a visual disability. Facilities were also available to provide the brochure in different languages. This helped to ensure that as many people as possible received important information in a way they preferred. The majority of staff had also undertaken a sign language course. This showed that importance had been given to communicating with people in a way that was appropriate to them.

People spoken with told us they were provided with good information both about the treatment options and the cost of different treatments. People also said that they had realistic expectations of the procedures they were having. One person commented, "The dentist is first class. I have no complaints. Everything is explained in a way I can understand, in plain English. Options are always discussed including the pros and cons. We also talked about alternative treatments if my first choice did not work. I always have enough information to make a decision".

General advice patient information leaflets were available. These were supplemented by specific treatment advice leaflets that reinforced the verbal information provided by the dentist. A price list of different treatment was also freely available for people to access.

We were told that a range of policies and procedures were in place, which outlined the importance of privacy, dignity and diversity. Staff had also received training in the maintenance of these values. This showed that people using the service were treated with

respect and were given opportunity to make informed decisions.

We saw that patient satisfaction surveys had been provided to a sample number of people as part of the practice's own quality assurance procedures. These could be completed anonymously and left at reception. We looked at the outcomes of the most recent surveys. Comments were all positive. We saw that outcomes had been collated. A report was provided highlighting positive comments. We were told that less positive comments would also be recorded and that all comments would be shared with the staff team. This enabled positive comments to be noted and less positive comments discussed so that best practice could be promoted and lessons learned.

**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.

People received care and treatment that met their needs and protected their rights.

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**Reasons for our judgement**

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People spoken with told us that appointments were flexible to meet their needs. A medical history was taken prior to any examination or treatment that the patient signed to confirm accuracy of the record. This was then updated at least annually to ensure the information remained accurate.

We were told and shown records of consultations that included a full dental history, examination and treatment plan. Records clearly indicated the routine checks that had taken place, things the dentist needed to look out for at the next examination and the information given to the patient. This included the treatment options discussed and the cost that each treatment would incur. Also recorded as discussed with the patient, included the chances of success and other options to consider if required at a later date. The benefits of each treatment were explained along with any risks associated with the options discussed. Once a course of treatment was agreed, a cost estimate was given and a treatment plan devised. This was then signed by the patient confirming their understanding and acceptance of the proposed treatment.

One person told us told, "The dentist was marvellous and could not have been more explicit about the options. I was told that if we did this, this would happen but if we did that then that would happen. He (The dentist) also went into great detail about the cost of each option. I then was given time to go away and think about it before making my mind up".

We also noted that people were asked for their comments on the treatment already undertaken and we saw evidence of a referral to a specialist dental service for further treatment. This demonstrated that alternatives were offered that enabled people to receive the most appropriate treatment.

Records were well organised and clear to follow. These showed that care had been taken when planning and recording patients' treatment, by the use of individualised computer files and treatment plans.

Records showed that all staff had received a wide range of training, including the management of medical emergencies and basic life support. This training helped staff to deal with any unexpected incidents, should the need arise.

The service was well managed. It was clear that policies and procedures had been developed in the best interests of those using the services of the dental practice.

A member of staff spoken with told us that all staff took a great deal of pride in the company and patients' care. We were told, "There are good systems in place and care is taken when people are anxious. We try and show them that we understand their anxiety and try to reassure them".

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

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**Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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Policies were in place, supported by flow charts, outlining the action to be taken in order to protect people using the service. The practice manager demonstrated a good understanding of safeguarding children and vulnerable adults. We saw that there were written policies and procedures in place in relation to safeguarding children and vulnerable adults. This included a safeguarding vulnerable adult and children policy and a whistle blowing policy. These policies helped to protect people and provided clear guidance to staff. All members of staff had received safeguarding training provided by an external training organisation. The training certificates seen supported the training undertaken.

We were told that there had been no safeguarding concerns. However staff were trained to spot the signs of abuse and were skilled in talking about things such as any marks observed, with children. Staff knew who to report to but in the first instance would speak with the practice principal and the dentist before taking any action. Contact details of safeguarding leads were clearly displayed in an area only accessed by staff.

We also saw training certificates to confirm that staff had received Mental Capacity Act (MCA) training in April 2012. The MCA code of practice was available on line for staff to access. This helped to protect people by ensuring that prior to any treatment staff were clear about whether the individual had capacity to give informed consent to the proposed treatment.

It was also confirmed through observation of disclosures that all staff had an enhanced criminal records bureau disclosure. This helped to protect people by ensuring that only people, who had been properly vetted, were employed at the practice.

**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.

People were protected from the risk of cross infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We spoke with the practice manager who explained the procedures in place for the prevention and control of infections. We asked about how staff prepared the treatment rooms between patients. They told us that there was a structured procedure in place that staff followed to reduce the risk of cross infection.

We were shown how instruments that required decontamination were processed. The practice had a designated area for this process. Used instruments were transported in a lidded box to a designated decontamination room. There was a clear procedure for the decontamination of equipment so that infection control measures were not compromised.

We saw appropriate personal protective equipment was available and in use. Patients spoken with confirmed that protective goggles, apron, mouth wash and tissues were always provided and that the dentist and dental nurse always wore protective gloves, eye goggles and masks during examinations or treatments.

A range of infection control audits were routinely undertaken on a daily and weekly basis. We were also shown evidence of regular, routine testing and maintenance of equipment. In addition, we saw evidence of a recent infection control audit that had been completed. Outcomes were recorded and improvements noted.

The corporate infection control policy and procedure and health and safety policy and procedure were on clear display in the decontamination room along with a needle stick injury flow chart and contact details for advice. This provided staff with clear instruction on how to maintain good practices so as to eliminate or reduce the possibility of cross infection.

## 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 in place to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that clinical audits and checks had been completed and this included areas such as emergency drugs, infection control and radiography control measures.

Out of hours arrangements and contact details were provided in the practice's information brochure that was given to new patients. This included emergency cover for practice hours. We were told that if at all possible people were offered an appointment the same day. This was confirmed by a patient spoken with who described how his first visit to the surgery was by way of an emergency appointment. For an out of working hours' emergency, a message was left on the answer phone detailing the arrangements in place. This helped to ensure that no patient was left in pain for an over long period of time.

The service also completed regular checks of all the systems used to ensure the operation ran as smoothly as possible. We saw good records in place proving that checks were made, that equipment was regularly maintained and that all the specialist safety checks were made. We saw that service contracts were in place in respect of equipment. Up to date fire risk assessment and practice risk assessments were also available. Systems were in place for the disposal of sharps and clinical waste. This helped to protect people and keep them safe.

We were shown evidence of a structured complaints policy and procedure. This included the named person in respect of complaints, the process of investigation and the time scale for a response. A copy of the complaints procedure was on display in the reception area. We were told that only one complaint had ever been received. This was thoroughly investigated using the complaint procedure. The matter was concluded.

## 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

### 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)

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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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