

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

Alpha Dental Studio Kirkbymoorside

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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
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Alpha Dental Studio Fairfield
Registered Manager	Mrs. Karen Haresnape
Overview of the service	<p>Alpha Dental Studio Kirbymoorside is part of the Alpha Dental Group. This location is a general dental practice, providing mainly NHS treatment. The practice has three dental surgeries, one of which is located on the ground floor for easy access. At the time of this visit the practice employed four general dentists, supported by two qualified dental nurses, three trainee dental nurses, a therapist, practice manager, receptionist and three head office management staff.</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>

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 24 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People told us that they had been consulted about the different treatment options available and had been involved in decisions about their treatment. People were happy with their treatment and the way they had been treated by staff. Treatment records showed that people's treatment had been appropriately planned and recorded. Comments made to us by people who used the service included "He (the dentist) was very informative, told me what the problems are, what he recommends to be done, what the costs will be" and "Very thorough, I'm impressed really."

Procedures were in place for the prevention and control of infection and any medical emergencies that arose. For example, ensuring that equipment was appropriately decontaminated and sterilised. Staff were aware of recent changes to good practice guidance, were able to describe decontamination procedures and had been appropriately trained in the prevention of infection and first aid.

Staff support and training systems were in place and people told us that staff had always been professional. Comments made to us included "She (the dentist) gives you confidence in what she's doing, I'm quite happy to put my teeth in her hands" and "Put me straight at ease, asked if I was comfortable."

Appropriate arrangements were in place for gathering feedback from people who used the service and for dealing with complaints. This included asking people about their experiences and responding to complaints in an appropriate way.

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

People told us that they had been informed about their different treatment options and had been involved in making decisions about their treatment. Comments made by people who use the service included "They have explained everything really well" and "He (the dentist) was very informative, told me what the problems are, what he recommends to be done, what the costs will be. I thought they were very good, I think I know what to expect."

We spoke with a dental nurse, dentist and the practice manager. We were told that when patients require treatment they are informed of the treatment options available to them and that treatment is not carried out without the person's consent. The dental records we looked at confirmed that different treatment options had been discussed with people and that people's decisions had been recorded. Treatment plans had been signed by patients, to show their agreement and consent to treatment.

The staff we spoke to were able to tell us how issues around consent would be dealt with for children and adults who may lack capacity. They also told us that they had received training on the Mental Capacity Act and the training records we looked at confirmed this. This ensured that people's legal rights were protected.

During our visit we saw that patient advice leaflets were available and could be given to people regarding dental procedures and treatments. We also saw that information about the practice, including the fee structure and different dental plans available, was available in the waiting area. There was also a website making information about the practice available. This helped to ensure that relevant information was available to people.

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 told us that they had been treated well by the staff and were happy with the way their treatment had been carried out. Comments made to us by people who use the service included "Very thorough, I'm impressed really", "Put me straight at ease, asked if I was comfortable" and "They go out of their way to accommodate my mobility needs, using the downstairs surgery."

We looked at a number of treatment records during our visit. The records showed that people's treatment needs had been assessed and planned, and that people had been involved in making decisions about their treatment. Each person had completed a medical assessment, which had been reviewed regularly to make sure that the information was up to date. This enabled the electronic recording system to flag up important information, such as allergies or mobility issues, so that appropriate treatment could be provided.

Emergency and first aid equipment was available. This included emergency drugs and first aid equipment, such as a defibrillator and oxygen. Records showed that the first aid kit and emergency equipment was checked regularly, to make sure that stock was in date and equipment was working correctly. The practice manager and nursing staff we spoke with confirmed that staff had been trained in cardiac resuscitation, use of the defibrillator and responding to medical emergencies. The staff training records confirmed that appropriate emergency aid training had been provided for staff. This helped to ensure that emergencies would be responded to appropriately.

During our visit it became apparent that the emergency drugs were stored in the decontamination room, which was very warm and not secure. This was raised with the management during our visit, due to the risks of medication being stored outside of the recommended temperature parameters and the need to review security. The management have since informed us that the medication has been moved to reduce these risks.

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

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

People who used the practice told us that they had always found the surgeries to be clean and tidy. People also confirmed that in their experience staff had always used appropriate personal protective equipment, such as aprons, gloves and masks. Comments made to us by people who had used the service included "Immaculate really", "Always spotlessly clean" and "Very, very clean."

The practice had policies and procedures in place for the prevention and control of Infection. Staff were aware of the recent changes to good practice guidance regarding the decontamination of equipment and the group's policies and procedures had been updated to reflect this. The dental nurse we spoke to was able to clearly explain the different stages of the decontamination and sterilisation process and had a good understanding of infection control. The staff training records we looked at confirmed that training on infection control and decontamination procedures had taken place.

We saw records of equipment being checked and maintained regularly. These records included regular monitoring of the autoclave temperatures and maintenance contracts for the decontamination and sterilisation equipment. A waste disposal contract was in place for the disposal of clinical and hazardous waste. Infection control audits had been carried out regularly at the service. These showed that any issues had been identified and acted upon, to ensure that the practice was implementing safe procedures.

Staff talked us through the cleaning schedules for the individual surgeries and the records showing what cleaning had taken place. These showed that appropriate cleaning took place between patients and at the end of each session. During our visit we saw that the treatment rooms and other areas of the practice were clean and tidy. However, the provider should note that we did observe one swivel chair that needed maintenance to its upholstery. Since our visit we have been informed by the management that this has now been arranged.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people who use the service told us that they were happy with surgery's staff and had no concerns about their competency. People felt that they were treated well and put at ease during treatment. Comments made to us included "She (the dentist) gives you confidence in what she's doing, I'm quite happy to put my teeth in her hands", "I'm very, very impressed" and "They make you feel relaxed."

We discussed staff support and training with the practice manager, a dentist and dental nurse, and looked at some staff training records. The staff we spoke to confirmed that they had access to training and opportunities for professional development. They also told us that they felt well supported by the Alpha group. Staff comments included "I think they are very supportive, they listened to your views" and "they are very supportive and very interested."

The records showed that staff were provided with appropriate training and support to maintain their professional competence and registration. For example, there were regular staff meetings, development days and yearly appraisals of staff performance. Records were also available to show that staff were registered with the appropriate professional body.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The people we spoke with told us that they had not had the need to complain about their service. They also said that, although they were not aware of the formal complaints procedure, they would feel comfortable bringing any concerns to the attention of staff if they needed to. Comments made to us included "I would feel able to raise concerns if needed, but it hasn't happened" and "I'd be able to ask."

The practice had a complaints procedure and during our visit we saw that information about this procedure was available in the reception area. Information about the service was also displayed on the large television screen in the waiting area. During our visit we looked at the complaints record. This showed that any formal complaints had been appropriately investigated and responded to by the practice.

The practice also regularly seeks feedback from its customers, through customer surveys and a comments book located in the waiting room. At the time of our visit the latest survey results were on display in the waiting room. This showed that people were provided with opportunities to give feedback about their service.

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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