**Inspection Report**

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

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**Dentistry@130**

130 Cross Gates Lane, Leeds, LS15 7PH  
Tel: 01132648344

**Date of Inspection:** 15 May 2013  
**Date of Publication:** June 2013

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

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<td>✓</td>
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# Details about this location

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<th>Crossgates Lane &amp; Chapeltown Road Dental Practice Partnership</th>
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<td>Registered Manager</td>
<td>Mrs. Adele Pauline Smith</td>
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<tr>
<td>Overview of the service</td>
<td>Dentistry @130 has three surgeries and a waiting area. One surgery is on the ground floor. It provides a range of dental services to both NHS and private patients.</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 May 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People's privacy, dignity and independence were respected. We observed staff treating people with respect, being polite and courteous. One person told us, "The dentist is good and explains everything. You can go away and think about the treatment options and come back with your decision." Another person said, "The staff are approachable and the dentist puts you at ease."

People experienced care, treatment and support that met their needs and protected their rights. We spoke with three people and they told us they were very happy with the service they received. We looked at the feedback from satisfaction questionnaires the practice sent to people between February and April 2013. These showed that people reported very high levels of satisfaction with the practice.

People were treated in a clean, hygienic environment. The people we spoke with told us that they had no concerns with the hygiene within the practice. One person told us, "The practice is always clean and tidy."

People were cared for, or supported by suitably qualified, skilled and experienced staff. Appropriate checks had been undertaken before staff were employed by the practice.

There were quality monitoring programmes in place, which included people being asked to provide feedback about their care and treatment and regular audits. This provided a good overview of the quality of the service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone
number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the information the practice provided for people. The practice had an information leaflet that was given to people which contained information regarding the services provided, access to emergency care, opening hours, complaints and confidentiality. The registered manager told us that they would access a translation service for people if this was required.

We spoke with three people who used the service during our visit. They all told us they understood the care and treatment choices available to them. People said they were fully involved in decisions about their treatments and the dentist was very good at explaining the treatment they received. People told us the dentists gave them both verbal and written information about the treatment options available, the costs, aftercare treatment and advice. One person told us, "The dentist is good and explains everything. You can go away and think about the treatment options and come back with your decision."

People who used the service told us they felt comfortable to ask questions about the treatments available if they wished to do so. One person said, "The staff are approachable and the dentist puts you at ease." People were able to express their views and were involved in making decisions about their care and treatment.

We looked at eight people's case records. All the records we looked at had a 'Treatment Plan' and 'Consent Form'. These were signed by the person or in the case of a child, by the child's parent. We saw that choices people were offered were documented as were the benefits and risks of each choice. People's treatment decisions were recorded in the case records.

The practice had three surgeries, one of which was located on the ground floor for people who were unable to use the stairs. People's diversity, values and human rights were respected. We observed staff treating people with respect, being polite and courteous. We spoke with four members of staff who were able to explain how they maintained people's dignity, privacy and confidentiality. All three people we spoke with who used the service
told us that their privacy, confidentiality and dignity was always maintained and respected.

People we spoke with told us that they were very satisfied with the care and treatment they received. One person told us, "I've been coming here since 1960. I am happy with the dentist; I wouldn't have stayed if I wasn't."

People we spoke with told us they rarely had to wait to see the dentist. One person said they had contacted the surgery that morning to make an emergency appointment and had been seen straight away.

The practice manager told us they handed out 50 surveys to people on a monthly basis. The survey covered areas such as; length of time to get an appointment, cleanliness and level of involvement regarding decisions about dental care. We looked at the feedback from surveys which people had completed over the previous three months. These showed that people reported very high levels of satisfaction with the practice.

The practice manager told us that survey results were analysed on a monthly basis and any suggestions would be looked at and considered.

We saw that there were up to date policies and procedures in place, these included consent, confidentiality and equality and diversity.
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

We looked at the records of eight people who used the service. The practice used an electronic based record keeping system. Some information that required people's signature was kept in their individual paper case file, for example, consent to treatment forms. We saw that information about the person such as their medical history and allergies had been completed in all the records we looked at. We could see the records contained detailed information about people's attendance and treatment plans. Health promotion advice the dentist had given to people was documented in their records for example, smoking cessation and dietary advice.

In one person's record we looked at, it was documented that the person was, 'very, very nervous' about visiting the dentist. We saw a plan had been agreed with the person aimed at reducing their anxiety so they would feel more comfortable attending the practice. The plan identified appropriate action to be taken if the person failed to attend which made sure the person would remain a patient within the practice.

The system had an alert box on the front of each person's record which contained information about allergies or important medical information for example, medication a person was prescribed. We could see the notes contained detailed information about people's attendance and treatment.

Members of staff told us that people's medical and dental history was checked at each visit. We spoke with three people who all confirmed they were asked about their medical history at each visit. One person told us, "They check my medical history and I have brought in my prescriptions so they know exactly what I am taking."

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

There was a system in place to ensure all staff were made aware of any drug or medical device alerts issued and action taken.

There were arrangements in place to deal with possible emergencies. The practice had an emergency drugs kit, oxygen and a first aid kit available which was stored securely and
accessible to staff. We saw evidence these were checked on a regular basis to make sure they were in working order. The registered manager described emergency situations they had, 'set up' as practice sessions for staff to assess how they would respond in a real life emergency. For example; managing a fire or helping a person who had collapsed.

There was a system in place to make sure the emergency drugs and equipment were replaced before their expiry date.

All the staff had received training in basic life support skills and cardiopulmonary resuscitation (CPR) training. Staff we spoke to were able to give us examples of what they would do in an emergency situation.

We observed people who used the service being greeted as they arrived at the practice. We saw evidence that staff communicated with people in an appropriate, respectful, friendly and welcoming way.

All the people we spoke with told us they were happy with the care they received and no concerns were expressed about the treatment provided at the practice. One person told us, "It's easy to get appointments. I've just transferred my children to this dentist because the staff are so friendly." Another person said, "The staff are approachable and friendly. I've nothing to complain about with this dentist."

The practice had a number of up to date policies in place which included; infection control, confidentiality and consent.
Cleanliness and infection control

Met this standard

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.

Reasons for our judgement

We spoke with three people who all told us the practice was always clean, tidy and they had no concerns about the hygiene. One person told us, "The practice is always clean and tidy." Another person said, "The staff always wear goggles and gloves."

We looked at the survey results for the previous three months. These all showed that people were very happy with the level of cleanliness in the practice.

There were effective systems in place to reduce the risk and spread of infection. During our inspection we asked a member of staff to explain the decontamination process to us. This included an explanation of the ultrasonic bath and autoclave process. We saw there was the appropriate equipment needed to decontaminate and sterilise items used. Daily test strips were used to make sure that equipment was sterilised properly. We saw that sterilised instruments were pouches, dated, stored and rotated appropriately. There were systems in place to ensure the equipment used was monitored and checked regularly to make sure that it met infection control standards. The practice carried out regular infection control audits in line with national guidance. These were checked by the registered manager and any issues were addressed.

We looked at the cleaning schedule for the practice. This included morning set up, between patient cleaning and end of the day cleaning. The schedule's we looked at were all signed by staff. The registered manager told us staff were responsible for ensuring the practice was kept clean and tidy. Staff we spoke with told us they had enough time to do this. There were appropriate cleaning schedules in place. These were checked and signed by the registered manager weekly and any issues were addressed immediately.

We observed staff working at the practice, they all wore clean uniforms. Staff were able to confirm they were supplied with the correct personal protective equipment when working in the practice or carrying out decontamination procedures. People we spoke with confirmed staff always wore protective clothing, masks and gloves.

We saw that the treatment rooms were tidy, spacious, organised and well laid out. The practice facilities were clean and well maintained with appropriate flooring and surface coverings. There were dedicated hand washing facilities with elbow controlled taps in the
treatment rooms. The appropriate hand washing procedure was displayed over the sinks
and the correct soaps, gels and moisturisers were available.

Staff were able to demonstrate knowledge and awareness of their responsibilities for
infection prevention and control. We saw evidence that all staff received annual training in
infection control. Staff confirmed they had received immunisation against Hepatitis B and
this was recorded in staff files.

Staff meeting minutes we looked at showed that infection control issues were regularly
discussed at these meetings.

There were infection prevention and control policy and procedures in place which were up
to date. We also saw policies for management of body fluid exposure, needle sticks, cross
infection and waste disposal. All clinical waste was disposed of appropriately. This
included the use of yellow clinical waste bags and sharps bins.
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

The practice had effective recruitment and selection processes in place. We spoke with three members of staff who told us that before they were recruited, they had completed an application form and attended an interview. The practice manager confirmed staff were recruited by interview, using competency based questions and references were requested.

We looked in eight staff files. We saw that appropriate checks were undertaken before staff began work to make sure that they had the relevant experience and skills for the role.

The practice had appropriate recruitment policies and procedures in place. The staff files we looked at contained a Criminal Record Bureau check, copies of training certificates and professional qualifications, an induction programme specific to the role and record of appraisals and supervision.

Staff we spoke with told us that they had completed an induction training programme. The programme included policies and procedures, a range of training courses, shadowing and responsibilities of the role. Staff told us that they felt the surgery supported their Continued Professional Development. Staff said that staff meetings regularly took place and they felt their work was supervised well. They told us that if they had any suggestions to improve the service, these were considered and they felt comfortable discussing any issues they may have with the practice manager. One member of staff told us, "The manager is really approachable."
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

We looked at how information about the service was gathered by the practice. There were records of monitoring that had been undertaken which confirmed that a monthly audit programme was in place.

We saw evidence of several audits that had been conducted for example; record card audits and infection control. We looked at records which showed that emergency equipment such as the oxygen and emergency drugs pack were checked on a daily basis.

Accidents and serious untoward incidents were documented at the time of the event and any follow up action was completed. Business safety risk assessments were conducted annually by an external company. This included fire, electrical safety and health and safety.

The practice sent out surveys to people regularly to gain feedback on people’s views and experiences. The registered manager told us they reviewed the survey results on a monthly basis and discussed them with staff in the team meetings. We could see evidence from the team meetings that this was the case. They told us that any suggestions or comments people made would be looked at and considered. This demonstrates that people who used the service were asked for their views about their care and treatment.

We spoke with the registered manager regarding how they monitored complaints. They explained the complaint’s procedures and confirmed they had no ongoing complaints. We saw evidence which showed a past complaint the practice had received was resolved to the person’s satisfaction. The complaint had been in relation to a person not being able to register at the practice as there had been no vacancies at the time. The person was offered treatment at a different practice which they had not accepted. This showed that the complaint was fully investigated and action was taken to resolve it. The provider took account of complaints and comments to improve the service. People told us if they had any concerns or complaints they would discuss them with members of staff, the practice manager or the dentist.

We looked at the staff meeting minutes. We could see that incidents, audits, patient survey
results, complaints and updates on practice issues were discussed in these meetings. Staff we spoke with told us they felt able to raise any issues they had in the meetings.

We saw that up to date policies and procedures were in place. These included complaints, infection control and significant events.

The quality monitoring showed that people who used the service benefited from safe quality care, treatment and support.
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:

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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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<td><strong>Phone:</strong></td>
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| **Write to us at:** | Care Quality Commission  
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| **Website:** | www.cqc.org.uk |

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