

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

Lemon Quay Dental Care

The Treatment Centre, Tinnars Court, Back Quay,
Truro, TR1 2LL

Tel: 01872241955

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2013

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

Respecting and involving people who use services ✓ Met this standard

Consent to care and treatment ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Staffing ✓ Met this standard

Details about this location

Registered Provider	The Treatment Centre Ltd
Registered Manager	Dr. Anna Lois Taylor
Overview of the service	This predominantly NHS practice is based in Truro town centre and offers a full range of preventative and cosmetic dentistry undertaken by four dentists and a hygienist. The practice is accessible to people with mobility issues via a lift.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 30 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

We spoke with seven people who attended the dental practice. People told us they were happy with the practice and felt they were treated with respect and dignity by the dentists and staff at the practice.

People made positive comments about staff and indicated they felt safe and well cared for. One person told us, "I am very happy. I wouldn't change my dentist". We saw people were kept informed and consulted about their dental options and treatment plans. There were robust systems in place to gain consent for treatment.

People told us, and we saw, evidence that high standards of care and welfare were operating at the practice. Staff were trained appropriately to deal with medical emergencies and necessary emergency procedures were in place alongside current stocks of emergency medications and oxygen cylinders.

We looked at three sets of patient notes held on the practice computer system. We observed these included a medical history and were regularly updated to ensure they accurately reflected treatment discussions and choices.

The premises were clean and well maintained. Decontamination procedures were aligned with Department of Health guidance on decontamination in primary dental care. There were arrangements for infection control checks and daily cleaning tasks as well as auditing processes in place. Staff were knowledgeable regarding infection control and decontamination procedures. There was documented evidence that equipment used had been maintained and inspected by specialist contractors.

We saw there were sufficient numbers of suitably qualified staff employed at the practice to support people.

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 privacy, dignity and independence were respected. 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 spoke with seven people who attended the practice for dental services. People reported they were happy with their treatment and the care and attention they received at the practice. One person commented, "I couldn't really ask more of a dental practice, they are friendly, professional and caring. In the time I have been a patient here I have been very happy and had no reason for complaint".

On arrival at the practice people were invited to wait in a comfortable reception area which had a stock of reading material available. The general atmosphere was relaxed and professional. We spoke with one person who received treatment on the day of inspection about the open plan lay-out of the practice, in particular if they felt there was sufficient privacy during treatments. They told us they were happy with the physical lay-out and felt their privacy was respected at all times.

The practice was accessible to people with mobility difficulties and people who used a wheelchair via a lift. The practice had suitable toilet facilities for people who used a wheelchair. There were four treatment areas, all of which could accommodate a wheelchair if necessary.

We saw a patient information leaflet which included information about the range of treatments available at the practice as well as general information about opening times and emergency procedures. Information about costs for treatments were displayed in the practice and were available to patients upon request. The practice had a complaints procedure and where issues arose people were asked to put their complaint in writing and it would be investigated promptly.

The practice had feedback options about the quality of services provided at the practice to people and encouraged patient feedback via a 'compliments and complaints' form available in reception. We looked at an audit of survey results gathered during 2012 which

demonstrated high levels of patient satisfaction. The practice Vocational Trainee dentist also undertook a full analysis of their own patient satisfaction scores. This was last undertaken in January 2013 and demonstrated where issues were raised regarding the practice, prompt remedial action was taken to ensure improvements were made.

New people to the practice were provided with a comprehensive medical history questionnaire to be completed prior to receiving treatment and changes to medical status were regularly checked and updated on the electronic record system.

People who attended the practice told us they felt involved at every stage of their treatment, and had sufficient information from the dentist in order to come to a decision about the best course of treatment for them.

We observed the dentist during a treatment. We saw clear explanations of diagnostic findings were given to the person who underwent the treatment and a range of options were provided about the best treatment for the person. The dentist took time to ensure the patient was comfortable and relaxed prior to beginning treatment and regularly checked the person was happy to continue.

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Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with seven people who received dental services from the practice. People told us they were provided with written and verbal consent opportunities to provide consent to treatment.

We reviewed three sets of patient records which demonstrated patient involvement in a consent process. The practice provided consent to dental treatment forms which covered the purpose of the procedure, expected benefits and complications and cost implications of treatment. These were signed and dated by the patient and dentist, and scanned onto electronic patient records which also included detailed patient treatment plans and notes of discussions held.

The practice had a policy and procedure for gaining consent. This included a protocol for gaining consent in accordance with the Mental Capacity Act (2005) for people who did not have the mental capacity to fully understand or consent to treatment. This included use of advocates and best interest meetings where required. There were suitable arrangements and procedures for gaining consent to treatment for children.

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

We reviewed three sets of patient dental records. These showed risk assessments were carried out and included people's' medical history, current medication and any known allergies.

People confirmed their individual treatment needs were addressed and treatment options discussed with their dentist. People told us they were always given time to ask questions and consider alternative treatment options. One person commented, "I am very happy with the treatment I get here. My dentist is excellent". Another person said their care had been "first class".

There were arrangements in place to refer people to specialist services, such as orthodontic and sedation services when required.

There were daily emergency appointments available and we observed these were fully utilised on the day of inspection. People told us they were able to see a dentist at short notice when required. Information about out of hours emergency dental care was provided upon request at the practice and via the telephone answering system when the practice was closed.

Children were encouraged to attend for preventative check-ups regularly and were invited to learn how to care for their teeth through diet and oral hygiene measures. A range of leaflets providing information promoting dental health were available at the practice.

The practice had emergency equipment available including an automated external defibrillator machine (AED), an emergency drugs supply and oxygen cylinder. These were accessible and regularly audited to ensure the contents were in date. We saw evidence that staff were being regularly trained in emergency procedures.

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

Our judgement

The provider was meeting this standard.

People who use 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.

Reasons for our judgement

We spoke with seven people who used the service. Everyone we spoke with told us they felt comfortable and safe receiving treatment at the practice.

The practice had a designated person responsible for co-ordination of child protection and vulnerable adults policies at the practice. There was a practice policy in place which covered the process of how to raise concerns where required. An informative procedure was available to staff which provided advice and support for safeguarding concerns, this included contact telephone numbers for the multi-agency referral unit.

We spoke with practice staff and confirmed they were aware of how to recognise the signs of potential abuse and neglect of children and adults. Staff also understood the implications of the Mental Capacity Act (2005) and the processes to follow where there was doubt about a persons' ability to provide informed consent to treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We observed all areas of the premises were clean. The practice had a policy on infection control procedures as well as a designated person with clinical responsibility as the infection control lead.

Staff we spoke with were aware of the importance of infection control. We saw that staff had undertaken infection control training as part of their induction into the practice and had regular opportunities to update their skills in this area via continuing professional development. All clinical staff had received appropriate vaccinations required when working in decontamination areas.

We found the decontamination of instruments was conducted in a designated decontamination area. Decontamination is the process by which reusable items are rendered safe for further use and for staff to handle. The decontamination room was well set out in accordance with the principles set down in the Essential Quality Requirements of Department of Health Technical Memorandum (HTM01-05): Decontamination in primary care dental practices. In addition, the practice had a detailed practice plan for development of decontamination services to best practice standards as detailed in HTM01-05.

We saw the practice had undertaken decontamination audits from the Infection Prevention Society/Department of Health audit tool at regular intervals and improved decontamination procedures in line with audit results.

Clinical waste was stored securely and disposed of appropriately through waste disposal contract arrangements.

Records were reviewed which showed the compressor and autoclave machines were checked and maintained in line with the manufacturer's requirements.

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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

We spoke with seven people who attended the practice. Each person remarked positively about the staff group who worked at the practice. Typical comments included, "The staff are very friendly, very professional" and "I have no complaints. I would recommend this practice".

There were twelve core members of staff who worked at the practice. This included four dentists, six dental nurses and a hygienist. The practice also had a practice manager.

We looked at staff records which confirmed that clinical staff were appropriately registered with the General Dental Council to undertake clinical work. Staff were provided with a range of in-house training opportunities including training in emergency first aid, infection control procedures and fire training.

We spoke with five members of staff on the day of inspection about their work. Each person spoke positively about their experiences of working at The Treatment Centre. One person remarked, "I feel very lucky to work here. It is an excellent practice and I have benefitted from lots of training opportunities. We are a close team and I feel supported in my work here".

The practice held regular practice meetings to discuss issues pertinent to the practice. We saw minutes from a number of meetings and noted where issues pertinent to the practice running were identified these were acted upon promptly.

Staff took responsibility for their own continuing professional development and we observed that all clinical staff had undertaken a wide range of courses to develop their professional skills.

There was a staff policy which outlined the supervision and appraisal system at the practice. From our discussions with staff it was clear that supervision and appraisals were regular, and formalised staff supervision procedures were in operation at the practice.

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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