

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

## Sidcup Dental Surgery

150 Halfway Street, Sidcup, DA15 8DG

Date of Inspection: 05 July 2013

Date of Publication: August 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>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr Clifford John Wetton
Overview of the service	Sidcup Dental Surgery offers both NHS and private dental treatment for children and adults and is situated in Sidcup Kent.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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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 5 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People we spoke with said they were very happy and satisfied with the service provided by the surgery. They said they always found the surgery to be clean whenever they visited. One person we spoke with said that they had been with the surgery for many years. They told us that they could always access appointments easily and as they travelled quite a distance this was very important to them. We were told by people that staff were always polite that they were given appropriate information and the procedures were always explained. Another person told us "excellent care and the staff are very kind".

We found that there were suitable procedures for planning and delivery of care, staff were well supported and given training updates as required. There was appropriate guidance for staff on cleanliness and infection control and these procedures were followed. Records were stored securely and there were appropriate safeguarding measures in place.

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

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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.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. We reviewed four sets of dental records which held signed agreements to treatment plans, the plans detailed the treatment and the cost involved of the care.

People who use the service were given appropriate information and support regarding their care or treatment. People told us they were given verbal and written quotes regarding the treatment to be undertaken and adequate time to discuss the choices available to them. People told us that where complex treatments were required they were provided with adequate explanations.

People we spoke with told us that there was flexibility regarding booking an appointment and staff were always able to accommodate the majority of requests. People told us they were able to change appointments to suit their personal requirements. Staff told us that they recorded particular preferences regarding appointments onto the computerised record system and that if requested would call people on the day of their appointments to remind them. People told us they were happy with their care and had on occasions been asked for their views. There was also a suggestion box in the waiting area for people to give feedback. We reviewed some of the comments which confirmed that they majority of people were very happy with the environment, treatment and staff at the practice.

**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 experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at seven dental treatment records which were a combination of paper and computer records. The records documented people's relevant personal details, diagnosis, related conditions and medical history. Both the paper and electronic care records included information with details of examination findings. We were told by staff that details of people's medical history were obtained at the first visit and checked verbally thereafter and recorded on the computer system. People we spoke with remembered being asked whether there were any relevant changes to their general health and there was documentary evidence to support this. This ensured that any changes to medical history were available to all staff.

Staff told us that the computer record system was set up to ensure important medical information which included latex and medication allergies. This information was flagged up to alert staff prior to and at the appointment. This meant that the provider had systems in place to ensure that people's needs were assessed and treatment planned and delivered in line with their individual treatment plan. People we spoke with told us that they were very happy with the care they received and that staff were very kind and gentle when providing treatment.

There were procedures in place for dealing with unforeseen emergencies. All dentist and nursing staff had received training in cardiopulmonary resuscitation (CPR). However, the annual update for CPR training was due but this had not been arranged at the time of our inspection. Staff we spoke with were aware of emergency treatment protocols and where the emergency equipment was kept. An emergency drug kit was available and there was a record of regular checks. The principal dentist told us that the surgery received reminders to alert them a month prior to expiry and showed us the alerts. This demonstrated that treatment was planned and delivered in a way that ensured people's safety and welfare.

**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 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.

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### **Reasons for our judgement**

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The provider took appropriate steps to ensure that only suitable people were employed at the clinic. Appropriate checks, including obtaining references and criminal record checks had been undertaken on the staff employed. We found that confirmation of registration documents were on file as well as copies of criminal record checks for the majority of staff which included both supervised and unsupervised staff. We noted that one employee was awaiting confirmation from the disclosure and barring service as the criminal bureau record (CRB) record on file was from the previous primary care trust. We were provided with an email as confirmation of the application and staff told us that the associate dentists were always accompanied by the dental surgery assistants whilst seeing patients. Policies were available for staff regarding safeguarding of children and adults and there was a whistle blowing policy. There was also a folder with information on Safeguarding adults and children. The safeguarding policy dated 2013, contained a flow chart to ensure staff knew who to contact, this included the local authority and the designated child protection lead for the borough of Bexley. Staff told us they had access to the folder and had received training within the last two years.

Staff we spoke with understood the reporting process and told us they would discuss any concerns with the lead for safeguarding and where necessary report any concerns to the local authority or the safeguarding lead for the borough. This ensured that people received care in a safe environment and their rights were protected. Staff we spoke with told us how they would respond to an allegation of abuse and they were also aware of the whistle blowing process.

**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 infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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The provider had in place effective systems to ensure that patients, staff and others were protected from the risk of infection. The treatment rooms, waiting room and the decontamination area of the dental practice were clean and tidy at the time of our inspection. The practice had policies on infection control, minimising blood borne virus transmission, decontamination, cleaning, hand hygiene and use of personal protective equipment. There were suitable procedures for the segregation and disposal of waste.

There was a cleaning schedule in place and designated areas noted regarding cleaning responsibilities. For example the work surfaces in the treatment room were allocated to the dental surgery assistants to ensure that these were kept clean and tidy at all times. Cleaning materials and equipment were stored in an area at the rear of the practice which was not accessed by patients.

There were designated clean and dirty areas within both surgeries which was compliant with HTM01-05 Department of Health guidelines. A staff member talked us through the process followed for the cleaning and decontamination of used instruments. There was a clear flow from dirty to clean area and staff used an instrument disinfectant and magnifying device with task lighting to check that all debris had been removed. Staff used a separate sink for hand washing. Staff wore appropriate personal protective equipment, including disposable aprons, eye protection and suitable gloves.

The appropriate checks were undertaken to ensure that decontamination equipment was working correctly and records were kept which confirmed this. The practice held a current Legionella testing certificate dated April 2013.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development, suitable support through training, and regular formal and informal meetings. Training included training such as safeguarding of children and adults and cardiopulmonary resuscitation were provided by external trainers and certificates were held on personal records which confirmed this.

Staff told us that most meetings were informal and issues were discussed on a daily or weekly basis as the team was small and minutes were not taken. The meetings discussed topics such as patient feedback, equipment, policy and practice updates and usually occurred at lunchtimes. The provider may wish to consider that future staff meetings are documented to ensure that an accurate record of the discussions was accessible to staff that were not present.

Staff we spoke with told us that there was an induction process in place and new members of staff were supervised until deemed competent, although the majority of staff had been working at the surgery for a number of years. Staff received annual appraisals, which also reviewed their continuous professional development (CPD) and training requirements. We saw evidence that dentists and staff were accessing CPD externally and submitting this for verification to their professional body. This ensured that staff were supported to deliver care and treatment to an appropriate standard. Staff told us that they felt supported by the principal dentist and the team they worked with.

## 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 to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who use the service were asked for their views about their care and treatment. The provider reviewed the comments made by people using the service between June 2012 and December 2012. There were approximately twenty responses which identified suggestions such as providing more toys reviewing the waiting times, which was undertaken, however the majority of people were happy with the service.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider's quality assurance systems included undertaking a patient satisfaction and auditing the care patient's received. The surgery had undertaken audits to monitor practice which included infection control, waiting times and the information provided in referring patients to the dental hygienist. The infection control audit completed in November 2012 showed that there was 92.5% compliance. We noted that an issue relating to the instrument disinfectant was identified and saw records to confirm that the fault had been rectified. This ensured that instruments were appropriately cleaned as part of the decontamination process. The waiting time audit showed that people did on occasions experience delays of up to seventeen minutes due to some of the dentists running late. The satisfaction survey also confirmed that people were not always kept informed of the delays. The action plan to address this issue included improving the communication between the staff in the surgeries and the reception staff. This enabled reception staff to be able to keep people informed of any delays and gave them the option to re-scheduling their appointment.

The provider had policies in place which included infection control, safeguarding, consent, Health and Safety and recruitment practice. Staff told us that they were able to access the policies and we found that the majority of the policies were up to date. Records regarding the maintenance of equipment such as servicing of the autoclave and the testing of electrical appliances and fire extinguishers were carried out annually. This ensured that equipment was safe and regularly maintained.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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The provider had an effective system to ensure there were accurate records of appropriate information for all people who used the clinic. All patients who received treatment at the clinic had a patient record. The records included appropriate details of medical history, any medicines the patient was on and allergies where applicable. Information was held confidentially and the computerised records required a secure access and staff had individual log in codes. All paper records were stored in an area that was not accessible to people attending the dental practice for treatment.

There were policies in place for staff to refer to on the Data Protection Act (1998) and staff had signed a confidentiality contract to ensure that patient confidentiality was maintained.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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