

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

## Crofton Orofacial Dental Surgery

Crofton House, Wych Hill Rise, Woking, GU22  
0ES

Tel: 01483736666

Date of Inspection: 17 June 2013

Date of Publication: July 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

**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

**Supporting workers**

✓ Met this standard

**Assessing and monitoring the quality of service provision**

✓ Met this standard

## Details about this location

Registered Provider	Dr. Ihab Mohamed-Hashem
Overview of the service	This is a private dental service, providing dentistry and treatments ranging from basic dental care to dental implants, crown and bridgework. People can self refer or attend the service via private medical insurance schemes. There is on-site X-ray facilities and a full range of facilities to support the delivery of safe treatment procedures.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an announced 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 17 June 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 who spoke with us commented very positively on all aspects of the service, in particular the professionalism of staff and the detailed involvement in decisions about the required treatment. One person told us, "I was very happy, all was explained", and "It was very thorough, a reassuring experience." Another person said, "I was given options and told the treatment costs", "I was treated with dignity and respect." Detailed records were completed in relation to each person's treatment and included evidence of what was discussed and agreed, as well as signed consent forms.

People said they felt confident in the skills and experience of staff. We were told by one person, "I felt that the dentist knew what he was doing", and "I have absolute confidence in them." Staff told us they had access to training and development in order to ensure their skills were updated. They had access to safeguarding training and understood their responsibilities for safeguarding adult's and children.

There were processes in place to monitor infection control practices and arrangements for decontaminating surgical equipment. The service used a range of methods to monitor the quality of its services, including collecting the views of people who used it.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We spoke with two people who had used the service directly and three others via the telephone. Each person expressed favourable comments about the service and in particular about the professionalism of staff and the level of information and detail afforded to them. Comments made to us included, "I was asked what I wanted to do about my problem, with options discussed, such as implants, dentures or a bridge." They added, "I was also asked how I wanted the procedure to be done and chose to have it all done at once", referring to the choice of implants. Another person told us, "We are told (referring to their partner who also used the service) exactly what he can do and are asked if we are happy." This person said "We are very pleased with the service, the work done is outstanding."

We were told by the people who spoke with us that they were given detailed information, which was supplemented by visual images of what could be done in respect their procedures. One person said, "I was shown exactly what he was talking about on a screen." They added, "They delivered what they said and I can't wish for a better service." A third person said, "Lots of information was given to me, I was always given options and told the costs." This person told us, "I am always treated with dignity and respect."

We reviewed a sample of leaflets provided to people attending the sugary, for example, leaflets on keeping gums healthy, root canal treatment, and veneers. We were also able to see three patient records, which were highly visual, containing x-rays, a detailed graphical view of the person's teeth and images taken during their procedures. We were told by the owner that these images were used to explain each stage of the process to ensure that people were fully informed.

People expressed their views and were involved in making decisions about their care and treatment. One person told us how everything had been explained to them. They said, "It was a very thorough and reassuring experience." They said too, "I had lots of information,

right from the basics, such as cleaning teeth and flossing." Another person said, "I was told of risks, and I had a follow up call to see if I was doing all the right things."

People who use the service were given appropriate information and support regarding their care or treatment. People were told about the duration of their treatment and could decide if they wished to have their treatment in stages or all at once. We reviewed three electronic patient records, which indicated discussion at all stages of the process, from initial consultation through to the follow up review. Patient's who spoke with us confirmed that they saw their notes at the time; one person said, "My records were typed up in front of me." People told us that they could choose their appointments to suite and that their decisions and choices were fully considered by the staff. This meant that people's diversity, values and human rights were respected.

**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. For example, we were told by the owner how each person's care or treatment needs were fully considered. This was said to be achieved when undertaking a detailed assessment of their initial dental/oral status, an assessment of the medical history, current medications and allergies. Concerning issues were identified from a gum survey, the use of digital x-rays and image graphs. This information was used as part of the discussion, during which treatment options were discussed in order to bring about an improved situation for the person.

We reviewed three electronic records, including one that related to a child. We saw that each record was very detailed and reflected what was described to us. People who had attended the service spoke with us and confirmed that they had their needs assessed and discussed fully. People who spoke with us told us that verbal information was supplemented by visual images. For example, one person said, "He went through an animation on the computer and I saw an implant and how it worked." This person added, "I felt comfortable and reassured." Another person said, "We saw images to support what was said."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We were told by the owner that each person's assessment took into account potential risks, such as allergies or previous medical histories, which would need to be considered. Where required additional information would be sought in order to ensure the person's safety. Two people who spoke with us said that their children also came to the service and that they were very happy with the professional care and attention they received. One person said, "They have the right approach, checking if they (the children) have pain and if they are feeling ok." Another person said that their procedure was particularly lengthy and that they were given the choice to stop and have a break. This person added, "...hit a happy medium of getting it done and keeping me comfortable."

People commented on the level of service overall, expressing many positive comments such as, "The nurse is kind, caring and efficient", "The after care is very good. We are very happy. They are very nice and professional", and, "I had confidence in the staff, they were

accommodating and told me the costs, allowing me to pay in instalments."

There were arrangements in place to deal with foreseeable emergencies. The dental nurse showed evidence that they had completed first aid training and we saw that there was equipment available to deal with an emergency. For example, there was anaphylaxis medication, which is used where a person has an adverse reaction to medication or other physical objects, such as those that contain latex. We saw that there was oxygen available to support people if their breathing was affected, and staff confirmed they would call emergency services if necessary.



**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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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevented abuse from happening. We were told and shown by staff the policies that were available to them for guidance. These reflected safeguarding vulnerable adults and children and contained contact details for the local safeguarding team. The service did not have a copy of the local multi-agency policy for safeguarding people but undertook to make this available, in order to ensure updated information was accessible.

We saw evidence that both staff members had undertaken safeguarding training, although there was no agreed time line for completion of updates. The provider may find it useful to note that regular updates may assist in ensuring that staff have up to date guidance. The dental nurse demonstrated her knowledge and understanding of safeguarding, describing the type of signs and symptoms that she would consider to be potential safeguarding matters. Both staff were aware of the reporting processes in the event that a safeguarding matter was identified.

We saw too that checks had been made as part of the recruitment process to ensure that only suitable staff were employed to work with vulnerable people. Checks had been made through the criminal records bureau, (CRB) and the Independent Safeguarding Authority (ISA). Both these organisations merged in December 2012 to form the Disclosure and Barring Service (DBS).

**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.

People were cared for in a clean, hygienic environment.

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## **Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. For example, we saw that there were many policies and procedures in place to guide staff in minimising the risk of infections. These were based on recognised guidance, such as Health Technical Memorandum 01-05, Decontamination in Primary Care Dental Practices, and the Code of Practice for Infection Prevention and Control.

The dental nurse demonstrated how some of these procedures were used in practise. We were shown the area that was used to clean and prepare surgical instruments. This was a separate room, that had been set up with distinct areas for dirty and clean work. We saw that there was a designated hand wash basin with necessary hand wash products and paper towels. The area used for receiving dirty instruments was set up to provide a separate facility to wash dirty instruments before rinsing. Instruments were then sterilized in an autoclave, before packing in sealable sleeves and attaching a date. We saw that there was equipment to check instruments that may pose a risk of having debris caught in their smaller structures. In addition to these measures, we were told by the dental nurse that instruments that were used for implant work were processed in the washer disinfectors. We saw that there were instructions for the use of these equipment items and checking processes to ensure that equipment was working to the required standard.

All areas of the facility were clean and tidy and people who spoke with us commented on this, saying for example, "It is very clean and neat, even though an older building", and "The room was clean." We were told that the nurse cleaned the surgical areas daily and cleaned equipment in between patients. An external person came to the practice once a week and undertook general cleaning duties. We asked if there was any guidance to support external cleaners in relation to the expected standards, what was to be cleaned and what products to use. We were told by the staff that there was no formal guidance, and the provider said that this would be looked into. The practice had separate cleaning equipment, which we saw reflected the national colour coded guidance recommendations. The nurse confirmed which colour coded items were used in the respective areas.

We saw that there was access to hand washing facilities in each area and that personal protective equipment was readily available. This included aprons, gloves, masks and bibs.

People who spoke with us confirmed that they were always provided with protection and that staff also wore protective equipment during their procedures. We were told by one person, "They were professional, wore gloves and masks and gave me protective glasses."

There were arrangements in place via an external contract for the collection of the different types of clinical waste, for example, waste amalgam and used sharps. We noted that waste was managed in accordance with best practice, such as orange bags were used for clinical waste, black bags for domestic items. There were sharps bins available for disposal of needles and other sharp items. This meant that risks of contamination and injury were minimised.

The dental nurse carried out a very detailed infection control audit, using a computer based programme. This was shown to us and we saw that information was recorded of each check made, before applying an overall score. We were told that where action was required, this was discussed between the two staff, but that a formal record was not recorded of the actions agreed to be taken. The provider acknowledged that a formal record would provide evidence of a full audit cycle.

Overall, the measures that were in place demonstrated to us that people's risk of acquiring an infection at this location were minimised.

**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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We spoke with the owner and the dental nurse about the arrangements for staff development and support. We were told about having access to training and refresher updates, mainly via e-learning. This was confirmed by the nurse, who showed us records of training completed. We saw evidence to demonstrate that staff received appropriate professional development. For instance, certificates in infection prevention and control, life support, the mental capacity act, and specific areas related to practice. This included patient education in relation to dental plaque. The owner had a range of certificates displayed to indicate his professional development, such as dental implants. This information told us that staff were able, from time to time, to obtain further relevant qualifications.

There were only two staff working at the practice and they told us that there was regular discussion and updates between them both. The dental nurse said that she had an annual performance review and we saw evidence of the most recent record of this. In the main, this was a self-appraisal, with input and comments from the owner.

The owner told us that he was subject to continuous professional development and that he had regular reviews with a designated senior principle, although we did not see any formal evidence to substantiate this.

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

### Reasons for our judgement

We asked the owner about the arrangements that they had put in place to monitor the quality of the services provided. We were told there was a patient survey available in the reception area, which could be completed after each visit. We were provided with nine completed survey forms and saw that people could comment on a range of aspects of the service, such as the environment, reception, staff efficiency and helpfulness, and whether they felt cared for and listened to. Some of the comments made included, 'I have received good care by the dentist', 'I felt comfortable, safe, and staff were very friendly and helpful'. This meant that people who used the service and their representatives were asked for their views about their care and treatment and they were acted on.

The provider took account of complaints and comments to improve the service. We saw that people could view a quality assurance statement and code of practice for patient complaints, both of which were displayed on the wall in the waiting room. This information provided a commitment to delivering a quality service and to responding to complaints in a timely manner. We were able to review the complaints policy and saw that this detailed the process from acknowledgement to resolution, as well as additional contact, should the issue not be resolved by the practice. We were shown the process for recording complaints on the computer system and reviewed two minor complaints. In both instances we saw that these had been investigated and responded to as per the policy. People who spoke with us told us they felt confident that if they had a complaint or issue, that this would be listened and responded to. One person said, "If we weren't happy, I feel confident to discuss." They added, "I am not worried or embarrassed to question."

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Treatment discussions and decisions were led by a fully accredited specialist, in conjunction with the wishes of people using the service. The dentist was supported by a qualified and registered dental nurse. This meant that people could be confident their needs would be met safely and effectively.

There was evidence that learning from incidents took place and appropriate changes were implemented. For example, we saw that accidents were recorded in a designated book, with details of the event outlined. We saw that there were two such matters recorded and

that measures were also recorded as to the action taken to reduce further incidents. For example, a needle stick injury had happened to the nurse. We saw that appropriate action was taken, such as blood test after the injury.

Staff told us about the formal monitoring systems, which included risk assessments and audit, for example, audit related to record keeping and cleaning audits. Information was seen to be collected and entered on to the computer system, providing an on-going record of the required standards. This demonstrated to us that the service provider used a range of methods to ensure that a quality service was delivered.

## 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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