Inspection Report

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

Hove Family Dental Practice

11 New Church Road, Hove, BN3 4AA

Tel: 01273227722

Date of Inspection: 10 May 2013

Date of Publication: June 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Farrokh Sharifzad
Overview of the service	Hove Family Dental Practice is located in a suburb of Hove just outside the town centre. The team of dentists, hygienists, dental nurses and reception staff are led by Mr Farrokh Sharifzad. Dr Sharifzad leads a dental team, delivering high quality dental care to both NHS and private patients.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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

What people told us and what we found

During our inspection we spoke with five patients. We spoke with four staff; these were the practice manager, the dental practitioner, a dental nurse and the hygienist.

We also took information from other sources to help us understand the views of people who used the service, which included a patient satisfaction survey and staff meeting minutes.

The patients we spoke with told us they thought they had received good dental treatment from the dentist and were confident in their abilities. One patient told us "I definitely see the benefits of coming here. My dentist knows what they're doing and I trust them."

There were effective systems in place to reduce the risk and spread of infection and the staff were well trained and supported. A member of staff told us "I have a great relationship with the dentist but more than that, we work well as a team, all of us. People bend over backwards to help each other." The dental practitioner that we spoke with told us "I am proud of what we have been able to build here. We are doing great work and I think that is reflected in the satisfaction of the patients we see."

Staff knew about the need to consult with social care professionals, where appropriate, so that the patient's wellbeing was safeguarded.

The practice manager had systems in place to assess and monitor the service and effectively deal with complaints.

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

People who used the service understood the care and treatment choices available to them. This is because the five patients we spoke with told us that they were happy with the care and treatment they had received. They had been provided with good information and the cost of the different treatments that were available. One patient told us "Until this visit I'd never had anything outside the dental plan that I'm on. Now I need a crown and I asked about the difference between the various options and all that was explained perfectly clearly." The patients we spoke with felt that their dignity was maintained and their privacy protected. They told us that all dental treatments were completed in the privacy of the treatment rooms and staff were careful to discuss patient's treatments in private so they could not be inadvertently overheard.

We saw a range of patient information leaflets relating to the prevention and treatment of dental conditions. Information displayed included a detailed NHS and private list which provided choices for patients to make decisions about their care and treatment.

The patients we spoke with told us that they felt they had received enough time and information to make a decision about their treatment, and that the staff had listened to them and talked through all the different NHS and private treatment options. One patient we spoke with told us "My dentist is very good, wonderful actually. I feel very comfortable coming here. The distinction between treatment choices is made very clear. It's a simple process." We looked at the treatment plan for one person, in which was recorded "That it was clearly explained the distinguishment(sic) between treatment that is available on NHS & private."

The practice manager told us that the practice was able to provide information to patients in a variety of languages when required. We saw that the surgery was accessible to wheelchair users and that, when required, patients carers were encouraged to attend with the person who used the service. This demonstrated that the practice had recognised and respected the diversity of patients and provided the necessary support to ensure that the

patient was given care and treatment choices.

Patient satisfaction questionnaires had been placed in the reception area and were available to patients. During our inspection we saw evidence that surveys of patients had been undertaken, consistently collected, monitored and that the feedback had been acted upon to improve the service. A member of staff showed us feedback which indicated that younger children and their carers had wanted more provision for them while at the surgery. The surgery had introduced themed activity books for children and was able to activate a children's television channel for them to watch while they were waiting to be seen. This demonstrated a commitment to making reasonable adjustments to reflect people's needs, value and diversity.

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

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

During our inspection at the Hove Family Dental Practice patients we spoke with told us they were happy with the care and treatment they had received. They told us that they liked the staff team. A member of staff we spoke with told us "I think we offer a great service here, backed up by a caring team. I've worked here for over four years I wouldn't stay here if I didn't think we were offering a first class service and I don't think the patients that we see wouldn't keep coming back if they weren't satisfied." This meant the practice had encouraged good relationships with patients to ensure continuity of care and effective communication.

One patient that we spoke with told us "I have definitely seen the benefits since I came here. I came in with really bad gums. I have been seeing the dentist for over a year and for the first time I would say I have complete confidence in a dentist. I trust them to explain and provide the best treatment available. Bottom line, I'm not in pain anymore." Another patient told us "It's an amazing service. What the team have done can only be described as a work of art." This demonstrated that the practice had recognised the changing needs of patients and maintained good levels of care and treatment.

We looked at the clinical records of four patients. The notes contained regularly updated consent forms and treatment plans. The electronic clinical records held on a dental practice management system contained comprehensive notes. They held information relating to treatments and specific advice that had been given regarding oral health and welfare. We saw that patients had been involved in the decision making process and the treatment plan had been planned with their participation.

We were told that staff had been trained in dealing with medical emergencies and we saw staff certificates for cardiopulmonary resuscitation (CPR), basic life support and dental medical emergencies to demonstrate this. The practice had emergency treatment arrangements including an emergency medication kit. This demonstrated that patients could be confident that staff would quickly recognise and respond to their needs when appropriate.

A procedure was in place to ensure that wheelchair users were able to access the surgery. This demonstrated that the practice maintained the welfare and of their patients by taking account of their physical needs.

Safeguarding people who use services from abuse ✓ Met this standard

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

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 from happening.

We saw safeguarding and whistle blowing policies and procedures for both children and adults who used the Hove Family Dental Practice.

The staff we spoke with were able to tell us how they would recognise safeguarding concerns and that they understood how to report them. One member of staff told us "If I had a concern I would refer to the practice manager as the safeguarding lead. On top of that, I know the reference points for outside organisations that can help and where to look for the information displayed." We spoke to one person who used the service who told us "As a woman I feel safer seeing a female staff. I made this known to staff, there was no problem and it was arranged without an issue being made."

There was a procedure in place which related to the Mental Capacity Act 2005 and its relevance to dentistry which staff had read. Staff we spoke with understood the need to consult with social care professionals so that patient's wellbeing was safeguarded.

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. People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw that the practice and all the clinical areas were clean and well maintained. Patients were cared for in a clean and hygienic environment. Staff we spoke with had a good knowledge of hand hygiene and had used the appropriate personal protective equipment. Staff followed good hygiene practices these included wearing clean uniforms, washing their hands thoroughly and following a system to ensure that reusable items of equipment were only used for one patient before being cleaned and sterilised.

We saw that relevant infection control and hand washing information was displayed around the practice. We saw certificates that showed staff had carried out infection control training. We found that infection control audits had been undertaken at the practice in line with Infection Prevention Society guidelines.

A patient we spoke with told us, "The place is immaculate. I went to another dentist before and this is totally different, it's so clean and hygienic."

The infection control champion we spoke with told us "I'm pleased with the support I get as infection control champion. It's been given the priority it deserves within the practice." We saw evidence of a cleaning log and rotas which demonstrated that the practice had been thoroughly cleaned daily.

The practice had a robust infection control policy in place that was regularly audited. The practice operated in line with the Health Technical Memorandum (HTM) 01-05: Department of Health guidelines. These guidelines provided primary care dental services with best practice on cleaning processes of medical equipment. During our visit we were provided with a full description of the layout and processes undertaken in the decontamination area. We saw that sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination.

We viewed the practice's disposal of waste procedures and saw that the system was robust in its recording and auditing. We saw The Environment Agency Certificate for the Registration of Waste. Clinical waste, hygiene waste and dental amalgam waste was separated in line with best practice guidance. This confirmed that the practice correctly

disposed of hazardous and non-hazardous waste.

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.
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 saw that the Hove Family Dental Practice had regularly carried out audits of the service, including clinical audits, care planning, infection control and record keeping.

We saw that the practice had environmental risk assessments in place, and found that regular and routine maintenance and testing had taken place of all clinical equipment including oxygen cylinders, x-ray equipment, water lines and sterilisation equipment. This means that the practice identified, monitored and managed risks to patients.

We were told that team meetings were held every quarter and we saw the minutes of monthly staff meetings to confirm this. A range of topics were discussed at the meetings and had included clinical and practice based issues. We saw the staff satisfaction survey and appraisal for 2012 had been completed for all staff at the practice.

During our inspection we saw evidence that a patient questionnaire audit had been completed. The most recent had been in 2012 which showed positive feedback and an action plan. The action plan included an investment in digital x-ray equipment which had been bought for the surgery.

The practice manager showed us well organised and clearly labelled folders, which held all of the policies and procedures related to the work of the Hove Family Dental Practice. Staff had full access to them and told us that they could be used to guide them and as a point of reference. These policies and procedures were all up-to-date.

The provider took account of complaints and comments to improve the service. We saw that an incident reporting system was in place at the practice. We viewed the separate incidents and complaints records. In the last twelve months there were two general complaints which had been dealt with by the practice manager. The investigation of these complaints was thorough. We found that the complaints had been recorded and handled appropriately and outcomes were recorded. This ensured that the practice had been able to better understand risks to people and take corrective action where it had been

necessary.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.