Inspection Report

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

The Dental Practice Seaford

41-43 The High Street, Seaford, BN25 1PL

Tel: 0132897927

Date of Inspection: 01 February 2013

Date of Publication: April 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	Nuvodent Limited
Registered Manager	Mr. Nicholas Amery
Overview of the service	The Dental Practice Seaford provides general dentistry to both NHS and private patients including hygienist services. The premises are wheelchair accessible and the surgery is on the ground floor.
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	12
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 1 February 2013, talked with people who use the service and talked with staff.

What people told us and what we found

During our inspection we spoke with five patients. We spoke with two staff members; these were the dental practitioner and a dental nurse.

The patients we spoke with told us they thought they received good dental treatment from the dentist. One patient told us "He is fabulous. All the options are explained and there is no pressure." Another patient told us "I am very pleased. He is very thorough."

We saw that patients were involved in the planning of their own treatment at the surgery and patients were consulted about the treatment options available to them. We looked at five treatment records which confirmed that the dentist was meeting individual needs and respecting patient rights to choice.

The practice was following appropriate guidance in relation to infection control and the staff were well trained and supported. One member of staff we spoke with told us "I love my job. I love looking after patients. We have a good standard of infection control here and if I think I need training or development in a certain topic I just ask the dentist." Staff knew what their role was to protect vulnerable adults and children from abuse. Another member of staff told us "I completed safeguarding training on line and if I had any concerns I would raise them with my colleague and the dentist straight away."

There were effective systems in place to assess and monitor the service and to 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 in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care and treatment. This is because the five people we spoke with told us that they were happy with the care and treatment that they had received. They had been provided with good information and the cost of the different NHS and private treatments that were available. One patient we spoke with told us "There is a good service here. The dentist always explains my options clearly and in a way that I can understand. I would recommend him. If I didn't like him I wouldn't go to him."

The people we spoke with felt that their dignity was maintained and their privacy protected. We were told by the dentist that all treatments were completed in the privacy of the treatment rooms. Staff were careful to discuss patient's treatments in private so they could not be inadvertently overheard.

We saw examples of a range of patient information leaflets that had been made available to people using the service, including a detailed NHS and private price list on the counter of the main reception area. This demonstrated that the practice had provided information to help patients understand their care and treatments including the risks and benefits.

We saw two letters of appreciation, one stated "Just a note of thanks for the very quick and professional way my broken bridge was repaired." Another stated "Denture absolutely perfect, no slip during eating, no adjustment needed. Thanks so much." This confirmed that the dentist had encouraged patients to express their views in relation to their care and treatment.

The dentist told us that the practice had treated deaf patients effectively by the removal of masks, which had allowed lip reading and by using pictures to explain treatments. This confirmed that the practice had provided care and treatment to patients by making suitable reasonable adjustments with due regard to a disability.

Patient satisfaction questionnaires had been placed on the main reception desk and were available to patients. A suggestion box was also available in the reception area that had helped to gain the views of people who used the service and actively encouraged patients to be involved in how the practice was run.

During our inspection we saw information gathered from patient surveys. The feedback was collected and had been acted upon to improve the service. A suggestion that had been made and implemented included an extraction aftercare leaflet for patients to better understand post extraction implications.

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 circumstances.

During our inspection at Seaford Dental Practice patients we spoke with told us they were happy with the care they had received, and told us that they liked the staff team. One patient that we spoke with told us "He is very good. I would recommend him." Another patient told us "He explains everything, is polite and always asks how I am. I cannot fault him as he makes me feel like I am his only patient."

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.

We looked at the electronic records of five patients. The records contained comprehensive notes relating to treatments and specific advice that had been given regarding oral health and welfare, medical histories and personal information. Hard copy consent forms and medical history updates were filed manually and stored in a folder. We saw that patients had been involved in the decision making process and the treatment plan had evolved with their participation. The dentist told us "I clearly outline to patients the risks and benefits of various treatment options but the final decision has to be that of the patient."

We were told that staff had been trained in dealing with medical emergencies and we saw staff certificates for annual cardiopulmonary resuscitation (CPR), basic life support and anaphylaxis to evidence this. A member of staff that we spoke with told us "I am a trained first aider and we are aware of the procedures in the event of an emergency." This demonstrated that patients could be confident that staff would recognise when a patient becomes ill and requires emergency treatment.

There were detailed information posters which showed the procedures to follow in the event of a medical emergency including a fire or patient collapse displayed around the practice. The practice had emergency drugs and equipment available including a defibrillator.

The staff that we spoke with had received an induction, relevant training and access to

policies and procedures which covered all aspects of the organisation. One member of staff that we spoke with told us "We have a good system that works well. The dentist is supportive and if I have any issues, I bring them up at staff meetings. I like working here. It's a small practice and I get to know all our patients." This confirmed that the practice had maintained continuity of care with patients by establishing good personal relationships.

The premises had been converted to ensure that wheelchair users were able to access the surgery. This demonstrated that the practice maintained the welfare and wellbeing 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

We were told by the dentist that staff had attended safeguarding training regularly to update and increase their knowledge of safeguarding practices and procedures. We found safeguarding training certificates in staff files including evidence of completed online training. This related to safeguarding vulnerable adults and child protection in clinical areas. This demonstrated that the practice had taken reasonable steps to safeguard patients from the risk of abuse.

We saw evidence of safeguarding and whistle blowing policies and procedures that were in place for both children and adults who used by Seaford Dental Practice.

The staff that we spoke with were aware of safeguarding issues and understood that they had a responsibility to report any witnessed or suspected abuse. One member of staff told us "The dentist is the lead on child protection issues so if I had any concerns in relation to abuse, I would report it immediately."

There was also a procedure in place which related to the Mental Capacity Act 2005 and its relevance to dentistry which all staff had read and signed. Staff knew about the need to consult with social care professionals so that a patient's wellbeing was safeguarded. This was confirmed by a member of staff who told us "I completed my on line training on mental capacity but I would always seek advice if I had any doubts about a patient's mental health."

We viewed the employment records of two people who worked at the practice. All files viewed contained evidence of a Criminal Records Bureau (CRB) disclosure which is an employer's check on staff suitability for working with children and vulnerable adults.

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 noted that the practice and surgery were clean and well maintained and staff had been provided with a uniform. Patients were cared for in a hygienic environment. The dentist and staff had a good knowledge of hand hygiene and we saw that they had followed good hygiene practices these included washing their hands thoroughly and ensured that reusable items of equipment were only used for one patient before being cleaned and sterilised. We saw evidence of a cleaning log and rotas which demonstrated that the practice had been cleaned daily. A member of staff told us "We maintain a high standard of cleaning and infection control here and the dentist carries out spot checks weekly."

We saw that relevant infection control and hand washing information was displayed around the practice. We found staff training certificates on infection control training. We also saw that infection control audits had been completed at the practice in line with Infection Prevention Society guidelines. This means the practice had put in place a system of reducing the risk of infection to patients.

The practice had an infection control policy in place which operated in line with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices guidelines. These guidelines from the Department of Health provide primary care dental services with best practice on cleaning processes of medical equipment. The dental nurse during our inspection provided 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. Each item of waste was identified, recorded and put in the appropriate waste container. We saw a body fluid disposal kit and a mercury decontamination kit for use by staff. Clinical waste, hygiene waste and dental amalgam waste was segregated 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 practice had regularly carried out audits of many areas of the service, including clinical audits, care planning, infection control, record keeping, missed appointments and medical history. This means the practice gathered and analysed information about the quality of the care and treatment at the surgery and made necessary improvements where needed.

We saw that the practice had environmental risk assessments in place to ensure that the dental materials used for treatments were not a risk to patient safety. We noted that regular and routine maintenance and testing had taken place of oxygen cylinders, x-ray equipment, water lines and sterilisation equipment. A Legionella risk assessment had been completed and further risk assessments were in place for sharps handling, hand cleaning of instruments and the disposal of clinical waste. This means that the practice had monitored and managed the risk to patients of faulty equipment and infection.

We were told that regular staff meetings had taken place and saw minutes of meetings to further evidence this. Topics discussed at the meetings had included quality assurance, patient surveys and infection control practices.

The dentist showed us a folder which incorporated all of the policies and procedures that related to the practice. Staff had access to the policies and procedures to guide them and as a point of reference which all staff had to sign and date to ensure that they had read them. These policies and procedures were up-to-date and accessible to staff. A member of staff told us "I know where to find the list of policies and if I cannot find what I want I will ask the dentist."

We saw that an up-to-date incident reporting system was in place at the practice, as well as a complaints policy. We viewed evidence that incidents and 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.

We saw a copy of the NHS Sussex "Vital signs at a glance" report which had been

completed in December 2012 and stated that 94% of patients had been satisfied with the dentistry they had received and 100% satisfied with the time they had waited for an appointment.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.