

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

Parkhurst Dental Practice

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Date of Inspection: 23 February 2015

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Thomas Eugene Cronin
Overview of the service	Parkhurst Dental Practice offers general dentistry to adults and children, either on a private basis or through the NHS. The practice is situated in the centre of Bexhill, East Sussex.
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

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 23 February 2015, 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

We spoke with four patients who used the service. They were all happy with the care and treatment they received and the way in which it was delivered. One patient told us, "I wouldn't go anywhere else. They (staff) are marvellous".

We saw before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We noted patients' verbal and written consent was obtained before care and treatment was undertaken. Patients' views and experiences were taken into account in the way the service was provided and delivered in relation to their treatment. Patients were cared for, or supported by, suitably qualified, skilled and experienced staff.

The care and treatment we saw was safe and appropriate. Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. There were arrangements and equipment in place to deal with medical emergencies. We saw there were effective systems in place to reduce the risk and spread of infection. We also found systems were in place for patients and relatives to make a complaint about the service if necessary.

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

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with four patients who used the service, examined eight treatment records and observed consultation and treatment. We spoke with three staff members. We looked at the practice's consent to care and treatment policy. Patients told us the dentist always discussed treatment options with them after initial examination. Our observations confirmed this. One patient said, "Yes, I think I'm fully consulted.". Another patient told us, "It (treatment) is always explained properly and I have the final say".

We looked at the most recent completed patient satisfaction questionnaires. We noted a high degree of satisfaction in areas of treatment discussion and involvement in decision making.

We saw that patients' written consent had been sought and obtained in a variety of areas. Each patient received written information, outlining proposed treatment, which was signed as read and agreed by the patient. We asked about matters of consent in relation to children registered at the practice. We were told children were accompanied by a parent or guardian, from whom written consent was always sought. One staff member said, "Sometimes older children will come in alone and leave their parents outside but we always bring them in if we need to discuss treatment". Staff were given training in matters related to consent. The practice also used protocols to assist staff in decision making around matters of consent and the practice's Mental Capacity Act (2005) protocol, which outlined the five principles of consent. The staff we spoke with understood their responsibilities in relation to the care of patients who did not have the capacity to consent to treatment. The documentation we looked at and the observations we made showed appropriate consent had been sought for treatment. This was done either face-to-face during a consultation or by letter sent from the practice. All of the patients we spoke with were satisfied they had been fully consulted.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at patient treatment records and observed patients' consultation and treatment. The records were detailed in describing the treatment and care carried out, including soft tissue examination and histories of current medication taken, smoking and alcohol intake. There was clear information on costs and the patients we spoke with told us all treatment costs were discussed with them. The patients we spoke with were happy with the treatment and care given. One patient said, "The care is really good. I wouldn't go there if it wasn't". Another told us, "There are no problems with that. I'm treated really well". We observed patients were asked about their general health since their last appointment, including any changes in medication they were taking and were given advice related to maintaining good dental health. We noted the practice had undertaken risk assessments in a variety of areas, such as the management of fire risk and the possibility of patients tripping and falling (the practice had a high proportion of older patients registered) .

We asked how appointments were prioritised. Patients we spoke with told us that they were seen as soon as possible if they presented in pain, on the same day where possible. We examined the most recent patient satisfaction questionnaires and found high levels of satisfaction in areas concerning the quality and safety of care and treatment.

There were arrangements in place to deal with medical emergencies. There was a range of emergency equipment at the practice, including emergency drugs and oxygen. They were fit for use and stored in a safe and accessible place. There were also spillage response and management of needlestick injuries protocols in place.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We looked at the practice's policies and protocols concerning infection control, decontamination, surface cleaning and clinical waste disposal. We found these were relevant, up to date and signed by staff as read. We looked at completed check lists concerning cleanliness and infection control for the previous two weeks. These indicated appropriate measures had been taken to prevent infection. We also looked at records concerning the maintenance and cleaning of equipment used to clean and sterilise instruments, such as autoclaves, ultrasound baths and water lines. We saw these were checked daily and recorded. We noted the practice had protocols concerning the daily process of opening up and closing down of clinical areas, in addition to the management of clinical areas between appointments. There were also cleaning protocols regarding the cleaning of reception and waiting areas.

We sat in on a consultation with the patient's permission. We noted the correct personal protective equipment (PPE), such as visors, gloves and masks were used during treatment. We saw staff disposed of these correctly after each consultation and clinical areas were cleaned after each patient was seen.

We looked at staff records and noted staff immunisations were up to date, which protected patients and staff from the risk of exposure to relevant blood borne viruses (BBV), such as Hepatitis B. The consultation room had hand washing areas for staff to use and separate sinks with elbow operated taps for washing and rinsing instruments prior to sterilisation, undertaken in a separate decontamination area. The practice undertook regular Legionella risk assessments. Legionella's disease is caused by a bacterium found in contaminated water, which is potentially fatal. The practice also undertook regular audits of clinical environment cleaning to ensure that patients were protected from the risks of infection. The latest audit showed that the practice had achieved a 97% overall compliance rate in line with the Department of Health's Decontamination Health Technical Memorandum 01-05 (HTM 01-05). This specifies decontamination requirements for primary dental care. We saw the practice had devised and was working through an action plan in order to achieve best practice status.

The patients we spoke with had no concerns about the cleanliness of the practice or about the risk of infection. One patient told us, "The place itself is quite homely but the treatment room looks very clinical". We noted that the completed satisfaction questionnaires revealed a high degree of confidence in the practice in relation to cleanliness and infection control.

We looked at staff files and noted clinical staff regularly undertook training and updates in infection control. The staff we spoke with were satisfied that they were adequately trained to keep patients safe from the potential risks of infection and disease.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Patients were cared for by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for three staff members. We found evidence staff had undergone the required procedures, including Disclosure and Barring Service (DBS) checks before being allowed to work with patients. There were also copies of blood borne virus risk assessments, staff contracts and signed patient confidentiality statements in staff files.

We noted, on commencing employment, all staff underwent a formal induction period. The records showed this process was structured around allowing staff to familiarise themselves with the practice's policies, protocols and working practices. Staff 'shadowed' more experienced staff until such time as they were confident to work alone. Staff worked a three month probationary period, after which they were assessed regarding suitability for permanent employment.

We examined training records and spoke with staff members. The records showed staff possessed the requisite skills and experience to care for patients safely. The training staff received was relevant to the care needs of the patients they were looking after, for example in managing medical emergencies and the care of dental devices. One staff member told us, "I love it here. It's a relaxed atmosphere".

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 patients receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients who use the service.

Reasons for our judgement

Patients who used the service were asked for their views about their care and they were acted on. We looked at 13 of the latest returned patient satisfaction questionnaires. We found a high degree of satisfaction in relation to staff attitudes and the care and treatment patients received.

The practice took account of complaints and comments to improve the service and explained how complaints would be dealt with. The patients we spoke with felt they could make a complaint if they needed and would be listened to.

We examined the complaints policy and procedures and found they included clear guidelines on how and by when issues should be resolved. They also contained the contact details of relevant external agencies, such as the General Dental Council and the Care Quality Commission. The complaints procedure was displayed in waiting areas. There had been no recent complaints made. Our conversations with patients and staff indicated a culture of openness in which patients could raise issues of importance to them.

We looked at copies of a range of audits recently completed by the practice. These were measured against the essential standards of quality and safety and were in areas such as the safety and suitability of premises and environmental cleaning. We noted that remedial action, in the form of an action plan, was taken whenever issues were identified as a result of these audits.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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