

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

Genix Healthcare Dental Clinic - Havant

Unit 34-35, Meridian Centre, Havant, PO9 1UN

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Date of Inspection: 05 September 2014

Date of Publication:
September 2014

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
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Genix Healthcare Limited
Registered Managers	Miss Marta Izabela Gnojek Mrs Christine Carol Tavener
Overview of the service	Genix Healthcare Dental Clinic- Havant is located close to the centre of Havant, Hampshire and provides dental services to patients living in the area. The practice provides NHS and private treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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

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Summary of this inspection

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 carried out a visit on 5 September 2014, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We were told that this practice had recently had a number changes to staff. At the time of our inspection our records show that there are two registered managers at Genix Healthcare Dental Clinic-Havant. This is because the previous manager had not deregistered with the Care Quality Commission at the time of our inspection. Therefore their name still remains on any reports until such time that this information is received. We were told that the practice had recruited new dentists and improvements to the service had been seen.

We spoke with three dental nurses who demonstrated a good understanding of their responsibilities for obtaining valid consent from patients, and a patient we spoke with confirmed that they understood about giving consent and did not feel pressured into agreeing to treatment.

We spoke with a patient who was able to confirm that they were aware of the comments and complaints procedures. Patients had voiced concerns to the management about appointments being cancelled. We were told by the registered manager that these concerns had been addressed and were being resolved.

We saw evidence from documentation and policies that risks to safety were identified and managed and the premises were adequately maintained. We saw that the practice had an up to date Health and Safety Policy and the registered manager was the responsible lead.

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 people 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 three dental nurses who demonstrated a good understanding of their responsibilities for obtaining valid consent from patients, and a patient we spoke with confirmed that they understood about giving consent and did not feel pressured into agreeing to treatment. Staff and patients understood that patients could withdraw their consent at any time and that they needed to check people's consent when delivering treatment.

The patient we spoke with at the practice told us the dentist and nurse checked with them whether they were happy to receive treatment. They said that the dentist always talked to them and explained what they were going to do. The patient confirmed that staff respected their wishes and that they could change their minds about things if they wanted to. Before people received any treatment they were asked for their consent and the dentist acted in accordance with their wishes.

We saw that patient records included initial assessment forms where consent from the patients was confirmed. The majority of the practice's patients received care and treatment under the NHS and we looked at 10 NHS personal dental treatment plans which showed written consent was given by patients and that they understood the nature of the proposed NHS treatment services and accepted those services.

We saw that the practice had updated policies dealing with the various types of consent, voluntary decision making and the ability to consent.

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 people's safety and welfare.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual needs. We looked at five examples of dental records for patients who used the practice. The dentist had recorded their examination of soft tissues, teeth and other relevant observations. The results of examinations were discussed with the patient and documented within their patient record.

A patient we spoke with confirmed they had their treatment plan explained to them and that they received a written copy as well. We were told that each person was asked to provide a medical history at the time of each new examination. The provider may find it useful to note that although we were told that patients were asked about any changes in medical history by the dentist at each appointment. Medical history updates were not recorded consistently on patient records in the correct place. The registered manager was able to confirm that training was being arranged to assist the dentists with completion of the practice computerised records.

We were able to speak with a patient who confirmed they had been given a treatment plan when required. This practice provides mainly NHS care; we were able to see 10 personal dental treatment plans (form FP17DC). This is a NHS form that is completed by the dentist after seeing the patient. It outlines an oral health assessment showing care and treatment required, any proposed NHS treatment and any proposed private treatment. The form also recorded any options to treatment given by the dentist, the charge band for NHS treatment or cost of any private treatment. We saw that patients had signed the form to show that they understood and agreed to the treatment. Patients were therefore aware of the costs and commitment required for treatments.

The practice had an on-going patient survey and we looked at 22 completed questionnaires, which showed patients were happy with their treatment and the care given. Examples of comments were: 'relaxing, friendly and professional' and 'care and consideration'.

There were arrangements in place to deal with foreseeable emergencies. Medical emergency equipment was kept readily available and staff received relevant training

including cardiopulmonary resuscitation (CPR) training. Emergency drugs, oxygen and equipment were checked regularly and this was recorded, including drug quantities and expiry dates. Fire evacuation arrangements were also in place.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Genix Healthcare Dental Clinic- Havant is located on the first floor of a shopping centre. The practice was purpose built on one level in a shop style unit with wide corridors and a patient waiting area and reception at the front of the premises. The practice has a window frontage and had placed large advertising posters to ensure that patient privacy was maintained.

The practice conformed with the Disability Discrimination Act 1995 by ensuring that disabled patients had the same access to services as able bodied patients. There were ramps in the surgery corridors which gave clear access for wheelchairs and mobility scooters.

The inside of the premises was bright and well ventilated. The waiting area was spacious and comfortable with information which promoted patients' wellbeing. Patients we spoke with, in the waiting area, all told us that they felt comfortable whilst waiting in the waiting area and found the practice to be calm and peaceful.

We saw evidence from documentation and policies that risks to safety were identified and managed and the premises were adequately maintained, the last risk assessment had taken place in July 2014. We saw that the practice had an up to date Health and Safety Policy and the registered manager was the responsible lead.

The registered manager showed us the practice's business continuity plan which detailed the actions to be taken to maintain services in the event of a failure in major utilities or other emergencies. The registered manager was the plan co-ordinator and staff we spoke with were able to talk about what they would do in the event of a failure in major utilities, fire, flood or other emergencies.

Staff, patients and people who used the surgery were provided with information on the risks to their health and safety and what to do in the event of an emergency, for example fire. These measures were displayed throughout the practice. Emergency evacuation procedures were in place and records showed they were practiced annually.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. The practice conducted regular inspections of the main services and current certificates were in place such as air compressor servicing. The practice being part of a larger organisation used a centralised contractor that dealt with the relevant services for emergencies and arranging regular maintenance.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that the practice had a recently reviewed policy and procedures in place to deal with complaints. Details of procedures for making comments and complaints were supplied to patients using the practice. We saw that complaints procedure details were displayed in the waiting area.

The staff members we spoke with were able to explain to us the complaints procedures. The patient we spoke with told us that they were aware of the comments and complaints procedures and felt that they could speak to any member of staff if they had any concerns. All minor complaints were dealt with straight away and the staff said that they were able to speak with the manager about these matters.

The procedures in place ensured that complaints would be listened to, investigated, replied to in a timely matter and any issues resolved quickly.

The practice also used patient satisfaction questionnaires to monitor patient feedback and a comments box was available in the practice for patients to make comments about the practice.

The registered manager explained that they were able to obtain support from the company head office with any involved or protracted complaint enquiries and this gave confidence that any investigations were proportionate and sufficiently thorough.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. An example seen was as a result of a patient tripping off of a step in the waiting area of the surgery. The waiting area was re-designed and a barrier was put in place to ensure that the same thing did not happen again.

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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