

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

Fellows Dental Practice

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Tel: 01323640345

Date of Inspection: 25 January 2013

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr. Mark Fellows
Overview of the service	Fellows Dental Practice provides both NHS and private dental services.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 25 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

Patients told us that they were very satisfied with the care, treatment and advice provided at the practice and did not have any concerns about the service they received. They told us that they had been fully involved with the dentist and staff about the treatments available to them and the costs involved. Examples of comments from patients were " ... been coming here since 1984 and have had no worries about coming here" and "My daughter travels all the way from Brentwood to Eastbourne to see Mr Fellows".

We found that people felt fully involved in their care and treatment and had consented properly. The patients felt that they were treated with respect and dignity.

The practice was friendly, welcoming and informative. We saw that patients were listened to in all areas of the practice. The surgery was clean throughout and there was evidence of high quality service delivery. The staff were well trained and caring.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

Patients who used the service were given appropriate information and support regarding their care or treatment.

We observed that after consultation and examination, a written estimate of the treatment plan and likely costs involved were given to the patients. Patients confirmed that they had been fully involved in discussions with the dentist and the surgery staff about the treatments available to them and any costs involved. We spoke to three patients who told us that they were very pleased with the service and treatment they received.

All three patients we spoke to said that had been treated with dignity and respect by all the practice staff. During our visit we observed the patients being greeted by the receptionist in a polite, respectful and helpful way.

Information leaflets were available in reception and gave clear information regarding opening times, facilities, out of hours access to emergency treatment and how and who to complain to. Patients confirmed that they knew how to complain should they ever need to. There had been no recent complaints.

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

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that a treatment plan with costs was given to the patient at reception and patient signed consent to their treatment. We spoke with three patients who attended the practice: they were all satisfied with their treatment and told us that the dentist always explained everything to them.

We looked at a sample of three records and saw that appropriate information was gathered from the patient through an initial medical assessment and that the medical histories were updated regularly. Medical alerts were flagged up to protect both patients and staff. We saw record of soft tissues and gums examination, good quality x rays, treatment options and costs and advice on prevention.

There were arrangements in place to deal with foreseeable emergencies. Staff had undergone training in dealing with emergencies and their training was up to date. There was medical emergency equipment available which included a defibrillator and oxygen cylinder. The emergency drugs were in date. The equipment and drugs were checked monthly and the checks were recorded.

Through observation of discussion between the staff and the patient we found that the recall interval for patient's to return for care and treatment reflected relevant research and guidance. The practice followed guidelines set by the National Institute for Health and Clinical Excellence (NICE).

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

There were effective systems in place to reduce the risk and spread of infection. We noted that all areas we visited in the practice were clean and well maintained. The patients also commented on the overall cleanliness of the practice when asked by us.

There were two surgeries on the ground floor and a separate decontamination room upstairs. The decontamination room was well equipped and there was sufficient space for staff to work efficiently and safely. The staff showed us a decontamination cycle. Dirty instruments were correctly transported to the decontamination room. The correct procedure flowed in accordance with Department of Health guidance on decontamination known as HTM 01-05. The decontaminated instruments were correctly bagged, dated and stored. Validation of the equipment was recorded for every cycle. All maintenance logs were seen to be in date for all the equipment.

Personal protective equipment was readily available to all staff and worn appropriately. Hand washing training and guidance was seen. The practice manager had been on a 'Champion Nurse' infection control course provided by the local Primary Care Trust. Staff spoken with had a good understanding of infection control procedures. The practice had recently carried out the Infection Prevention Society (IPS) audit as recommended by the guidance on decontamination and records of this were seen. There was induction training in infection control for new staff.

Clinical waste was segregated and we saw that there was a suitable system for its collection and disposal.

We were told that water lines in the dental units were flushed as per manufacturer's recommended guidelines. We saw the Legionella risk assessment which was satisfactory.

We viewed cleaning schedules for the practice along with the infection control policy and procedures. These reflected current research and guidance, Staff spoken with confirmed that they were aware of these and their contents.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We spoke to three staff members, the practice manager, a registered nurse and a trainee nurse. The associate dentist and his nurse were not present that day.

We spoke with a new staff member who was a trainee nurse. She told us she had undergone a thorough induction training and was now studying to be a qualified dental nurse. We looked at a sample of staff files which confirmed staff had completed training courses relevant to their role. We saw that staff undertook training to meet their ongoing professional development to keep their registration with the General Dental Council. Examples of other training certificates included infection control, life support, health and safety and safeguarding children and vulnerable adults.

Staff spoken to were enthusiastic about the training and felt supported by the management team in being able to develop their skills. Staff told us that they had regular supervision and appraisals to support them in their role and there was an open door policy to air any grievances. We saw that staff meetings were recorded.

The provider has secured high standards of care by creating an environment where clinical excellence could do well.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical history record were accurate and fit for purpose. We looked at a sample of three records on the computer and noted that there was appropriate information recorded that included the medical history, examination of the mouth that was inclusive of soft tissues and gums checks, treatment plans and costs and patient consent obtained.

Records were kept securely and could be located promptly when needed. We saw at the desk, the signed medical history and consent being scanned and logged onto the computer and the paper version being shredded. The practice holds all the information on the computer system. We were told that the system had internal back up; it was also connected to another secure location for external back ups.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The staff records included appropriate information such as records of the criminal records bureau checks, evidence of continuing professional development and induction training. The Radiation Protection File and Critical Testing of the X-ray units were up to date. We were told that the practice had Information Governance policy in place and observed that there was folder containing this available.

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.

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