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

Dental Surgery

357 Addiscombe Road, Croydon, CR0 7LG
Tel: 02086568977

Date of Inspection: 08 February 2013
Date of Publication: March 2013

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

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<tr>
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<td>Records</td>
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## Details about this location

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<th>Registered Provider</th>
<th>Dr. Ian Duthie</th>
</tr>
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<tr>
<td>Overview of the service</td>
<td>Dr Ian Duthie’s dental surgery is a small two surgery practice which provides general dentistry to private and NHS patients. One surgery offers a full range of NHS services – this is linked to a DF1 Training Contract The practice treats both adults and children. The practice is staffed by two dentists, two nurses, a dental hygienist a full time receptionist and a practice manager.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury</td>
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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 8 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

The practice staff were friendly welcoming and informative. The practice was clean and well maintained.

There were effective systems in place to reduce the risk of infection. The decontamination took place in one of surgeries in a designated area. Staff were able to describe the decontamination process to us and provide evidence to show that the correct checks were carried out on the decontamination equipment.

We spoke to two patients who told us that the staff were helpful and listened to you and that they were given appropriate information regarding their treatment options and cost. The patients had consented to treatment and the staff were well trained and caring. The practice have monthly staff meetings which are formal with agendas and documented minutes, each monthly meeting the practice staff consider a different medical emergency which may arise and the correct protocol to follow to treat the patient.

Dr Duthie's practice is a training practice and Dr Duthie is a trainer and mentor for young dentists, the practice demonstrated this training ethos throughout the practice visit.

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

<table>
<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>✔ Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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</table>

**Our judgement**

The provider was meeting this standard.

Patients views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People who use the service understood the care and treatment choices available to them.

**Reasons for our judgement**

Patients who used the service were given appropriate information and support regarding their care and treatment. The dentist told us that he always spends time explaining any treatment options to the patients and that all patients are given a treatment plan detailing their treatment and costs after discussions with the dentist.

Patients were able to express their views and were involved in making decisions about their care.

We spoke to two patients who used the service and they told us that they had had their treatment options explained to them and understood the costs and whether the treatment was being provided on the NHS or privately.

The practice were able to demonstrate that a staff training session had been held on 'patient consent'.

The practice had carried out a patient survey and we looked at the responses, patients had made which included comments such as 'You are treated as an individual', 'Friendly approachable family business', 'Good personal care'.

The patients told us that it was easy to make an appointment and that the staff were were very helpful and caring.

One patient told us that information was given to them about how to look after their teeth and improve their dental health.

Peoples diversity values and human rights were respected. We saw that there was information in the waiting room including NHS fees banding and how patients could complain. We saw that the practice had a complaints file and we were shown a complaint which had been investigated and the subsequent actions required were documented in the minutes of a practice meeting.

The dentist told us that the practice had a confidentiality policy which we saw was dated and signed, we were also shown that the whole practice team had attended a training session on patient confidentiality.
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

Care and treatment was planned and delivered in a way that ensured patient's safety and welfare. Dr Duthie told us that patients on their first initial assessment fill in a confidential medical history form which is then checked by the dentist and loaded onto the practice computer system and updated on each visit. The patient treatment records were kept electronically and the system alerted the staff to patient's medical conditions at each visit. This meant that the staff were always aware of any risks to patients and would ensure they were safe during treatment.

We looked at three patient records. They all contained medical history forms and a record of peoples examinations and treatment. The treatment plans and consent forms for these patients had been signed to indicate their consent to treatment.

The practice had patient information leaflets in the waiting room explaining different dental procedures and the benefits and risks of treatment.

There were arrangements in place to deal with foreseeable emergencies. Dr Duthie told us that he and his staff undertook annual training in dealing with medical emergencies. There were training certificates which were up to date and detailed the training provided. The practice also hold monthly staff meetings in which different medical emergencies are discussed and the correct procedures to follow. We saw documented evidence of this in the 4 minutes of the meetings.

We looked at the emergency drug kit, oxygen, portable suction and defibrillator. There was a record of the equipment servicing and the emergency drugs were all in date and checked on a weekly basis. This ensured that the risk to people during a procedure was reduced and equipment was working effectively.

Dr Duthie told us that he was aware of guidance for recalling patients for further appointments and followed this according to the patient's risk of developing further dental disease.
Cleanliness and infection control

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. The provider had a system in place to ensure that decontamination took place effectively in accordance with infection control practices and standards.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice was clean and well maintained.

The practice manager was the designated infection control lead and we saw an up to date Infection control policy with a review date noted. We saw training records for all staff for infection control which were up to date and the practice confirmed that they do this annually.

There were dedicated handwashing sinks and the correct hand washing posters were in place. There were arrangements in place to clean the surgery between patients and we saw documented evidence that this was carried out. We saw that the practice uses disposable items when required such as matrix bands, impression trays and aspirator tips. Personal protective equipment was available including disposable gloves, masks and aprons. The practice also had disposable bibs and goggles for the patient to wear during treatment.

The dental nurse showed us how the instruments requiring decontamination were processed. The instruments were transported in sealed boxes which were clearly labelled ‘dirty’ and colour coded before being manually cleaned. They were then inspected and put in the autoclave, the practice showed us the data logger which is in place to check the autoclave cycle and we saw the certificates for the ongoing maintenance of this machine. There was a clear process in the decontamination area to ensure that clean and dirty instruments did not contaminate each other.

Instruments that had been sterilised were then packaged and stored until required. The date of sterilisation and the date of expiry was written on each bag and these were checked regularly and any out of date instruments were re processed. Waterlines in the dental unit were treated with disinfectant and an up to date legionella risk assessment had been undertaken.

Infection control audits had been undertaken, the most recent one being more than 3 months ago. The provider may wish to note that an infection control audit should be done every 3 months.
Supporting workers  

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 saw Continuing Professional Development (CPD) certificates for all members of staff. These were appropriate to the safe delivery of treatment and the services.

Each member of staff has received a handbook containing their contract of employment and all the policies and protocols of the practice.

We saw evidence that the practice had carried out appropriate checks before staff began work, there was evidence of criminal record bureau checks, registration with the GDC and professional indemnity for all staff members.

We saw evidence of a two full day’s training which was undertaken by the whole practice team when a new dentist joined the practice in September 2012. This training covered all the practice policies including Health and safety, infection control, confidentiality, complaints handling, consent, child protection and vulnerable adults practice policy, computer training, practice payments policy, CPR training and fire training.

A five year cycle of CPD in the core subjects was seen for Dr Duthie. This ensured that the practice was up to date with current guidance on service delivery.

Each member of staff has an annual performance review, appraisal and a personal development plan.
Records

✅ Met this standard

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 risk of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at three patient records which were kept securely on a computer system which is password protected and backed up regularly.

The medical histories of patients are updated the records are written contemporaneously and carried out by the dentist.

The practice has carried out an audit of its record cards and have since implemented a system of recording a patient's tobacco use and alcohol consumption as a routine. This enables the practice to provide advice to patients appropriately.

Staff records and other records relevant to the management of the service were accurate and fit for purpose.

The practice was able to provide documentary evidence that an annual risk assessment had been carried out and that the premises and equipment were well maintained.

The practice had comprehensive personnel files for the staff.

The practice have a policy for securely sharing information with other organisations and were able to demonstrate that they were aware of the Freedom of Information Act and the Data protection Act.
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.
(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.