

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

Grayshott Dental Practice

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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	Smile4life Limited
Registered Manager	Dr. Zahir Nasser
Overview of the service	This is a general dental practice located in Grayshott Surrey. It provides both private and NHS dental care to children and adults.
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 14 March 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

Two patients consented to talk to us about their experiences of using the service. They told us that that he had been attending the practice for many years and the treatment options were explained to them so that they understood the treatment they were having.

We saw that the provider and his staff spoke to patients in a respectful way. We saw that records were audited so that patients could be confident that their records were kept in accordance with best practice.

We found the premises was clean and fit for purpose. All of the patients we spoke to told us the practice was clean. We found decontamination procedures conformed to best practice guidance. This meant that patients were safe from the risk of cross infection.

We found the provider had created an atmosphere where team working and continued professional development was encouraged.

The practice manager told us all records that all equipment was maintained and records were available to confirm this. This meant that the premises and the equipment were safe for staff and patients.

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.

Patient's privacy, dignity and independence were respected.

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

Reasons for our judgement

Patients who used the service understood the care and choices available to them.

Two patients consented to talk to us about their experiences of using this service. One patient told us that that they had attended the practice for many years and said that they fully understood the treatment and the different options, as the dentist explained these to them. They said that they had been given a written treatment plan on each occasion they had attended for treatment. This meant that were able to choose and agree to the treatment they had. One patient said, "Everyone here is so nice. I always see the same dentist. I have had both NHS and private treatment and have always been given options."

We saw written evidence that patients had consented to their treatment and we saw records that showed that the treatment options and the cost of each treatment option was discussed. Another patient told us, "They are very accommodating with appointments. I am always given information about the cost of the treatment." Both patients said that they would recommend this practice.

Patients expressed their views and were involved in making decisions about their care and treatment. Patients who use the service were given appropriate information and support regarding their care or treatment so that they understood the treatment and how to maintain good oral health.

Practice information leaflets were available in the waiting room. These leaflets gave patients a clear indication of both NHS and private dental treatment costs so that they could make informed choices about their treatment. To compliment the information in the practice, the provider has an informative website which patients can access.

The provider showed us the results of the patient satisfaction survey which was carried out every three months. The results were analysed by the practice manager and discussed at

staff meetings so that improvements to the service could be made in response to patient's views. We observed a patient comment box in the waiting room and the provider told us any ideas are taken on board and discussed at staff meetings. The provider and practice manager told us that by having regular surveys, the practice was able to ensure that patient' views were taken into account and make changes as appropriate.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The provider told us that every new patient completed and signed a paper medical history questionnaire before their treatment was started. In the treatment room we observed that the provider discussed the medical history with the patient. We observed that a system was in place for flagging up a medical alert on the computer both in reception and in the treatment room. This means that the staff were aware of any relevant medical information that may affect the patient's treatment. The provider showed us the computer dental records for five patients which confirmed these systems were in place. This means in the event of a medical emergency all relevant up to date information regarding the patient is available.

We observed from the dental records that the patient's treatment plan was saved on the computer with a copy printed off for the patient. We saw treatment options were recorded in the notes and signed consent forms provided for every patient. This means informed consent was given by all patients for their treatment.

We also observed from the records that a risk assessment was carried out on each patient. This included dental decay and gum disease. NICE guidance was followed for dental patient recall intervals. This means patients' care and treatment was planned and delivered in line with their individual care plan and national guidance.

We observed a patient's treatment through the practice. This followed the patient from their arrival at reception to the treatment room and back to reception. Good professionalism and communication was evident between all staff and the patient.

Staff had up to date training in medical emergencies and resuscitation. The medical emergency drug kit was checked, and we saw that all the drugs were in date, and the contents of the kit was maintained in accordance with guidelines.

We saw that weekly checks were carried out to ensure that the emergency drugs in the kit were kept up to date. This meant that in the event of a medical emergency the equipment was safe to use and staff knew how to respond in the event of an emergency.

We saw that a disability audit had been carried out and the premises were DDA compliant. This meant that patients with restricted mobility were able to access this practice.

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 and patients were cared for in a clean, hygienic environment.

Reasons for our judgement

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

We observed the practice was clean and well maintained. All of the patients we spoke with said that the practice was always clean and that the staff used gloves.

We saw evidence in the patient satisfaction survey responses that the patients considered the practice to be a clean and safe environment. This means the premises were clean and fit for purpose.

The provider advised us that the infection control lead had been appointed and had been suitably trained. We saw the training records to confirm this. We observed that staff understood the essential requirements of the relevant guidance so that they knew what to do to maintain safe standards of hygiene.

We saw that the provider did an audit of infection prevention quarterly, this showed that systems were in place to ensure that standards of hygiene were being met.

The provider demonstrated to us the decontamination process. We observed the process from taking the dirty instruments, through to clean and ready for use again. It was clearly observed by us that clean and dirty instruments did not decontaminate each other. We observed that instruments which had been sterilised were pouched and stored until required. All pouches were dated with an expiry date of 21 days as recommended in the relevant guidance. The provider told us that regular checks were made to ensure that the expiry dates were not exceeded. The provider also demonstrated to us that systems were in place to demonstrate that the autoclaves used in the decontamination process were working effectively by using the audit tool as recommended by the Department of Health. We saw the recording of the daily validation checks for all the decontamination equipment. This means patients and staff could be confident that the practice environment was safe.

We saw the maintenance contract for the autoclaves, this meant that the equipment was safe and effective for use. This means that decontamination equipment was maintained to the standards set out in current guidelines and that patients could be confident of receiving safe and effective care.

We saw staff wearing personal protective equipment which they changed into on arrival at work further reducing the risk of cross infection. Staff had undertaken hand washing training, which had been logged, and appropriate protocols were seen to be in place again reducing the risk of cross infection.

We saw that clinical waste was stored safely and that a contract was in place for the safe removal of this waste. Waste transfer docketts were seen. This means the provider had in place policies and procedures for the safe removal of clinical waste from the practice. We saw that there were suitable arrangements in place to respond to the spillage of blood and body fluids.

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.

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

Reasons for our judgement

Staff received appropriate professional development.

We were shown certificates in the staff files that demonstrated staff had attended appropriate training for their role. The practice manager showed us the system for ensuring that staff attended regular training. This showed that the provider ensured that all relevant training was attended and staff were working within their sphere of competency. We saw that there were practice meetings showing regular 'in house' training covering a wide variety of topics. We saw that there was an annual appraisal system in place and we saw these records in the staff training file log. This meant that patients could be confident that staff received the support and training they needed to be able to meet patient's needs. We spoke with three members of staff who confirmed that the provider was supportive in their professional development.

The provider advised us he had been a dental vocational training practice for many years. This means that the provider had developed a training culture in the practice. This proved that the provider was supporting the staff to deliver care and treatment safely and to a high standard.

Staff working in the practice who were registered with the General Dental Council (GDC) and had to undertake regular training to enable them maintain their registration.

The provider showed us his IRMER certificate and we noted local rules were posted by each X-ray set so that staff knew how to use it safely so that staff and patients were safe from any radiation hazards when radiographs were being taken.

In the clinical governance file we saw the practice policies for raising concerns, whistle blowing, minimising violence and harassment, the practice organisation chart and the practice training policy. These policies we saw as further evidence that the provider was supporting workers in this practice.

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.

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

Reasons for our judgement

Patients' records were kept securely and could be located promptly when needed.

We saw that the patient records were both computerised and recorded on paper. The computerised records were secured by password access only. The paper records were in locked filing cabinets not accessible to patients. This means that patients can be assured that their confidential information is properly protected.

A sample of five patient's records was observed. The clinical entries were completed by the each clinician in the practice. We saw that records contained full and contemporaneous notes which demonstrated the provider was following current best practice in record keeping.

We saw that a record card audit was carried out quarterly to ensure all clinical staff were meeting best practice in record keeping. This means patients could be reassured their dental records were transferable to any clinician in the practice. Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw a comprehensive radiation protection file.

We saw the records of maintenance logs for all equipment on the premises were up to date.

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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