

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

Aberdeen House 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	Dr. Mehrdad Sehat
Overview of the service	This general dental practice is located on the first floor of Aberdeen House, Headley Road, Grayshot, Surrey. It provides NHS and private dental services for adults and NHS general dental services for children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 13 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

We saw that patients records showed that they consent to treatment and that patients were given a range of treatment options. One patient told us he fully understood his treatment options because these had been explained to them. This meant that patients understood their dental care and the choices available to them.

We found that the dental records for five patients were detailed and reflected the treatment given.

One patient told us the provider always checked his medical history prior to starting their treatment so that the dentist was aware of any medical conditions that would affect their treatment choices.

We found the premises were clean and fit for purpose. The patient satisfaction survey confirmed this.

We found staff understood the decontamination processes so that patients could be assured that instruments were hygienically safe to use.

The staff told us the provider fully supported their continued professional development and that the provider ensured that all relevant training was attended, so that staff were working within their sphere of competency.

We found staff records and other records relevant to the management of the services were accurate and fit for purpose.

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

Patient's who used the service understood the care and choices available to them.

We spoke to one patient, they told us that that he had been attending the practice for over two years and fully understood the treatment that they were offered, because the dentist had explained the options to them. He advised us he had been given a written treatment plan on each occasion he had attended for treatment. One patient said, "Both Dr Sehat and the hygienist are excellent".

We saw written evidence of consent to treatment, and evidence in his patient records that he had been provided with a series of treatment options and the cost of each treatment option. This means patients understood their dental care, and the choices available to them.

We observed one patient being treated in the surgery. We saw that good communication was observed, treatment was delivered in private and the patient's views and questions were listened to and answered. We saw that appropriate notes were recorded to reflect the treatment given. The patient told us that he would recommend the practice and was complementary about all the staff in the practice.

We observed his patient experience at the practice, from arrival to their departure. We observed at all times that the patient was treated with dignity and courtesy.

People who use the service were given appropriate information and support regarding their care or treatment. Practice information leaflets were available in the waiting room. The information leaflets available gave patients a clear indication of both NHS and private dental treatment costs.

We noted from evidence in the record cards examined that patients were given clear

information regarding their individual treatment plans. 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 ongoing. There were no issues to raise concern. We observed a patient comment book in the waiting room and the provider told us any ideas are taken on board and discussed at staff meetings. We observed one patient had commented, "I have been coming here 25 years - they are very professional". The provider told us that by having regular surveys, he was able to ensure that patient's views were taken into account and make changes if appropriate.

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

Our judgement

The provider was meeting this standard.

Patient's 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.

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 and a system was seen to be in place for flagging up a medical alert. This meant 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 six patients which confirmed these systems were in place. This meant in the event of a medical emergency all relevant up to date information regarding the patient was 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 meant informed consent was given by all patients.

We also observed from the records that a risk assessment was carried out on each patient. This included dental decay, gum disease and recall intervals. This meant patients care and treatment was planned to meet their needs.

We observed a patient experience at 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 so that they could be confident that they were treated with respect.

The provider told us that at staff meetings patient issues were discussed so that improvements to the service offered could be made. This meant that the practice had a culture of putting the patient at the heart of the practice.

Medical emergency training and CPR was up to date, as was the verifiable continuing professional development (CPD) as required by the General Dental Council (GDC). The medical emergency drug kit was checked, and all drugs were in date so that in the event of an emergency appropriate arrangements were in place. Records were seen, which

showed us that weekly checks were carried out to ensure that the emergency drugs in the kit were kept up to date.

We saw that all staff regularly participated in medical emergency training and fire drills. This means staff know how to respond in the event of an emergency.

We saw the practice confidential policy, the data protection policy, the complaints policy and the diversity and human rights policy. This means that protocols and policies were in place so that staff had the information they needed to ensure the care and welfare of staff and patients.

This dental practice is located on the first floor and we saw access for patients in wheel chairs was difficult. The provider told us that he had arrangements in place to refer such patients to a ground floor practice nearby in the town.

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 and 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 and this was confirmed by the patient we interviewed. We saw evidence in the patient satisfaction survey that patients considered the practice to be a clean and safe environment so the risk of cross infection was reduced.

The provider advised us that the infection control lead had been suitably trained for this role, and we saw the relevant records of training to confirm this. We observed that staff understood the essential requirements of relevant guidance and that the provider was compliant with the requirements of current guidance so that people could be confident that equipment was clean and the risk of cross infection was reduced. A quarterly audit of infection control had been carried out and confirmed essential requirements 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 for a non vacuum autoclave. 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 meant patients and staff could be confident that the practice environment was safe.

We were shown the maintenance contract for the autoclaves which demonstrating that the equipment was well maintained and safe to use. This meant that decontamination equipment was maintained to the standards set out in current guidelines and that patients could be confident they received safe 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 recorded so that they knew how to minimise 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 meant the provider had in place policies and procedures for the safe removal of clinical waste from the practice.

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.

Staff we spoke to and training certificates we saw demonstrated that staff had attended the appropriate training for their role. The provider showed us the system for recording training that had been attended by staff working within the practice. This showed that the provider ensured that all relevant training was attended so that staff was working within their sphere of competency.

We were told and saw practice meeting records that showed staff received regular 'in house' training covering a wide variety of topics. There was also an annual appraisal system in place and we saw these records in the staff training file log. We interviewed a member of staff who confirmed that the provider was supportive in their professional development. This demonstrated that the provider was supporting the staff to deliver care and treatment safely and to a high standard.

All staff received professional development appropriate to their role and learning needs. We saw a record of staff training and staff received training in child protection and equality and diversity training. Staff working in the practice who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD). CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

The provider showed us his IRMER certificate and we noted local rules were posted by the X-ray set. We also saw evidence that a Radiation Protection Adviser had been appointed. This meant staff and patients were safe from any radiation hazards when radiographs were being taken.

We saw the practice policies for raising concerns, whistle blowing, minimising violence and harassment. These policies we saw as further evidence that the provider was supporting workers in this practice.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patient's 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.

People's personal records including medical records were accurate and fit for purpose. A sample of five patient records were observed. The clinical entries were completed by the provider himself. He told us that the medical history of the patient is checked at each visit. He showed us how he transferred a new patient's paper medical record onto the computer. Each record contained full and contemporaneous notes which demonstrated the provider was following current best practice in record keeping.

We saw evidence that the patient's medical histories were regularly updated and appropriate alerts posted to alert staff. This means staff and patients could be assured that in the event of a medical emergency, appropriate action could be taken. We also saw in the records that patients were given information about the prevention of dental problems. The provider told us he completes the dental records for each patient himself. This means up to date and accurate records are kept for each patient.

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. The X-ray equipment had been checked for safety, and records were in place to show correct maintenance of the x-ray equipment. This means staff and patients were not exposed to unnecessary radiation when radiographs were taken.

We saw evidence of the practice risk assessment ensuring a safe environment for staff and patients.

Equipment maintenance logs for all equipment on the premises were seen and were up to date. This means the provider was ensuring a safe working environment for staff and patients.

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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