

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

Longford Dental Centre - Strood

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Annalee Longford Limited
Overview of the service	Longford Dental Centre Strood is one of three practices operated by Annalee Longford Ltd. The Strood practice provides dental care for children and adults in the local community. The practice primarily sees NHS patients, but also undertakes a small percentage of private dentistry.
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 unannounced 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 28 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

Clinical staff at the practice included two dentists, two dental nurses and a receptionist.

People told us that they were happy with the service provided. They said they were given enough information about treatment options and were able to ask all the questions they wanted to. People told us that they found the staff friendly and said that they were treated with respect and their privacy was protected. They said that appointments were flexible to meet their needs and the surgery was clean and comfortable.

People's comments included "The staff are friendly", "Provides a good service", "I would recommend the practice to other people", "All round very good service" and "Never had a problem, best dentist I have had".

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.

Reasons for our judgement

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

We saw examples of patient information on the notice board in the waiting room. These included a practice leaflet, fee arrangements for National Health Service (NHS) patients and private patients; out of hours emergency contact phone numbers and leaflets in relation to dental care. We saw that there was a complaints procedure on display. This procedure gave people full information about who to complain to, and what process would be followed if the practice received a complaint.

The dental staff told us that the majority of patients were treated under the NHS. We saw that the required NHS form was completed in relation to these patients. The form showed what treatment was needed and the costs for the treatment. People spoken with confirmed that they had signed the form and that it detailed the treatment that was to be undertaken.

On the day of the visit there was one dentist working in the surgery assisted by a dental nurse. We saw that consultations took place in a private surgery room. People told us they were able to express their views and were involved in making decisions about their care and treatment. The dentist told us how he discussed all aspects of care and treatment with each patient. We saw staff speaking to patients in a respectful manner. This meant that people understood the care, treatment and support choices that were available to them.

Staff understood the requirements of privacy, dignity and confidentiality and this was respected. People who used the service said that they were involved in making decisions about their care and treatment and confirmed that the dentist always explained what they were doing, what they had found during examination and what the treatment options were. One patient told us "I would recommend the practice to other people"

We looked at the patient care and treatment records including paper and computer records. These demonstrated that the medical history of the patients was checked at the commencement of a new treatment period. This was confirmed by the patients we spoke

with.

People told us that they were always treated with respect and dignity by all the staff and found the practice staff professional and friendly. This showed that people had their privacy, dignity and independence respected.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at a sample of patients' records and saw that the treatment that had been carried out had been recorded. The records included details of patients' dental history and a thorough medical history. We saw that the medical histories had been updated at each appointment and amendments had been made when needed. People said they felt safe and cared for by the dental team. This was because the clinical staff had made sure they knew their current health needs well, and that these were taken into account when they were undergoing dental treatment.

We were told that the dental staff encouraged children to be involved in their treatment, and that the clinical staff always ensured that treatments were explained to children in a gentle, and easy to understand manner. The practice encouraged a representative to accompany people who lacked capacity to make decisions or choices about their treatment. Treatment plans were discussed with the patient, and if necessary the patient's representative was involved in the discussion. This meant that the person was supported with their care in a way that was individual and in accordance with their wishes.

To assist people to maintain their dental health we saw products on display in the waiting room that included toothbrushes and children's toothbrushes. We also saw information on the notice board in the waiting room that included "Prevent a child losing their smile", "Stop smoking, start living", and "How to keep your gums and teeth healthy"

The practice had appropriate equipment to support people in the event of a medical emergency. We were told that the equipment had been checked recently and we saw records that confirmed this. We saw that two medicines for emergency care were past their expiry dates and the practice manager, confirmed by email following the visit that these had been replaced.

Staff told us that they had received training in relation to medical emergencies and staff training certificates that we saw supported this.

Patients were given information on how to contact the local NHS dental emergency service out of hours. The receptionist told us that they would always see a patient at short notice if

they were experiencing any problems. One person spoken with said "I rang up and got an appointment straight away". This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

People told us they trusted the dentists and staff and they felt safe and well cared for by the team at the practice. Discussion with the practice manager and staff showed they had some understanding of who to inform if they had a concern that a patient was at risk of abuse or was suffering abuse.

We were told that the practice treated adults and children. We saw that there were safeguarding policies in place. The practice had a copy of the Department of Health's document "Child Protection and the Dental Team". Training records showed that staff had undertaken training in relation to the Safeguarding of Adults and Children from abuse and staff confirmed this. The staff had also completed Mental Capacity Act 2005 and Deprivation of Liberty safeguards training in the past year. Staff were aware of the procedures for dealing with physical and verbal abuse from patients and their representatives. We were told that any such event was rare. This meant that people were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

We saw that all staff members had Criminal Record Bureau (CRB) checks prior to commencing work. This was to ensure their suitability to work with vulnerable people.

There had been no safeguarding referrals made by the practice since they registered with the Care Quality Commission. The practice manager was clear about her role and responsibilities in the event of abuse being suspected.

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.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People told us they always found the practice clean and had no concerns over cleanliness or infection control. Records showed the practice had policies and procedures in place to manage cleanliness and infection control. The dental nurses were responsible for keeping all areas clean during working hours. We saw that all surgery areas were clean and tidy. This meant that people were cared for in a clean, hygienic environment.

The practice was compliant with the essential quality requirements of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

We found that the practice had effective systems in place to reduce the risk and spread of infection. We saw that the surgery room had the required dedicated hand washing facilities. The practice had a decontamination room, and we were told the stages of the decontamination process undertaken by the dental nurses. We saw that sterile instruments were bagged and dated with the date of sterilisation. The staff discussed the cleaning procedures for equipment between patients with us and identified that patients were protected from the possibility of cross infection.

We saw that all clinical staff wore uniforms. Staff wore personal protective equipment when working in the surgery or carrying out decontamination procedures. We saw evidence that protective equipment, including eye goggles, face masks and gloves were available for staff to use when caring for and treating patients. People told us that staff always washed their hands before looking after or treating them, and they always wore protective equipment such as gloves.

Staff told us that they had undertaken infection control training that included hand hygiene, instrument decontamination, general infection control and the use of personal protective equipment. We saw staff training certificates that confirmed that staff had completed training in relation to infection control.

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.

The practice manager and staff members confirmed they had access to a structured training and development programme. Each person had their own individual continual professional development (CPD) plans. This ensured that the people in their care were being supported by a well trained and competent staff team.

We saw that there was a training record for each member of staff in their personal file. Staff confirmed to us that they had undertaken all necessary mandatory training. They were aware of the required amount of training and continual professional development required to enable them to remain on the dental register. One member of staff told us: "I undertake regular training updates".

Staff confirmed they had on-going formal supervision and appraisal with the practice manager. This meant that people received appropriate professional development and were able to obtain further qualifications.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There was a quality assurance system in place that included patient satisfaction surveys. Survey questions included "I am treated with respect by staff", "There is good patient information material", "My treatment is always explained to me", "The treatment rooms always appear clean and tidy" and "The nursing staff are friendly and try and put me at ease". We saw that the majority of people who had completed the surveys had answered positively to all the questions. Comments seen on the surveys included "All round very good service" and "Never had a problem, best dentist I have had".

We saw from patient records and cleaning schedules that regular auditing was undertaken to ensure that people were protected against the risks of inappropriate or unsafe care and treatment.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

People who used the service said that there was an open atmosphere and they felt they could make a complaint if necessary. They said they would speak to the staff or manager if they had any concerns.

The practice had a clearly displayed in-house complaints procedure for the effective and speedy resolution of any complaints or concerns. There was information in the practice leaflet to explain to people how to comment on any aspect of their treatment.

The practice manager said there had been two formal complaints in the last year. She showed us the complaint documentation and we saw that the complaints had been recorded together with the action taken to resolve the issues of concern. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

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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