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

### Toad Hall Dental Surgery - Bexhill-on-Sea

37 Wilton Road, Bexhill-on-Sea, TN40 1HX  
Tel: 01424220412  
Date of Inspection: 06 February 2013  
Date of Publication: May 2013

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

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<td>Respecting and involving people who use services</td>
<td>✔</td>
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<tr>
<td>Care and welfare of people who use services</td>
<td>✔</td>
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<tr>
<td>Cleanliness and infection control</td>
<td>✔</td>
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<tr>
<td>Supporting workers</td>
<td>✔</td>
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<tr>
<td>Records</td>
<td>✔</td>
</tr>
</tbody>
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### Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Mr Nasit Suchak</th>
</tr>
</thead>
<tbody>
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<td>Overview of the service</td>
<td>The Toad Hall Dental Surgery is situated in Bexhill-on-Sea, East Sussex, and provides both NHS and private treatment.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Dental service</td>
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</tbody>
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| Regulated activities | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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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 6 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found the premises to be clean and hygienic with systems in place to monitor the standards of infection control and general service delivery. We observed that the reception area and the waiting room were clean and bright and displayed posters promoting healthy oral hygiene and health promotion information.

We spoke with three patients who attended the surgery for appointments. All patients spoke positively about the surgery and the staff. People told us they were treated with respect and dignity. The three patients spoken with confirmed that their medical histories were taken and that they signed their treatment plan. Patients told us that all available options were discussed with them, including a written treatment plan and the cost.

Patients we spoke with said they knew what they would do in the event of having to make a complaint. We were told that they were very satisfied with the care, treatment and advice provided at the practice and did not have any concerns about the service they received.

Examples of comments included: "The dentist is great, I always feel well informed about what is available to me," and "the staff are always helpful and have given me useful advice".

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>
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<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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### Our judgement

The provider was meeting this standard.

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

People's privacy, dignity and independence were respected.

### Reasons for our judgement

Patients who used the service understood the care and treatment choices available to them. We were able to speak with three patients using the services of the practice during our inspection visit. Comments patients made when talking about the dentist included: "Excellent treatment." The patients who received treatment on the day of our visit told us they felt they were fully involved in decisions about their treatments. They said the reason they required treatment was clearly explained to them. They told us that alternative treatments were discussed with them and they received written plans with details of their treatment and cost. They said that they were asked about their medical histories and were given advice about oral health and hygiene. They were complimentary about the staff working in the practice and said they felt they were treated with respect.

The surgery held computerised patient records and had supporting hand held records as well. We looked at four of these and saw that treatment plans and costs were discussed with patients where appropriate.

Patient's diversity, values and human rights were respected. One patient who we talked to had disability and walked with aid of crutches and when asked about ease of making appointments commented "They fitted me straightaway on the same day".

Another patient who suffered from a medical condition and was frightened of dentists had come with her mother and had an extraction of a tooth. She told us that she was made to fill at ease and that "everything was explained to me". The patient had come with her mother who was also a patient at this practice and she had come on her recommendation.

During our visit we observed patients were greeted by the receptionist in a respectful, friendly and helpful manner. Patients told us their treatment was always discussed in private in the surgery. Observations made during our visit confirmed this.
Patients were able to express their views. We looked at patient questionnaires given out to give feedback on the service provided. The results showed that patients were completely satisfied with all aspects of the service provided.

The practice had policies and procedures relating to equality and diversity, privacy, dignity and confidentiality. We were told that if needed, interpreter services could be arranged through the local Primary Care Trust.
Care and welfare of people who use services  

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

Met this standard

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patient's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The three patients we spoke with told us they were given medical questionnaires to complete and that their medical history was always checked prior to them receiving any treatment. One patient had chronic medical condition and told us that the dentist made a note of her medications.

We looked at a sample of computerised and hand held patient records so that we could determine how the dentist had assessed people's individual needs and planned for their treatment. We saw that people using the service had clinical notes detailing information about their examination, treatment, planning and associated costs.

The dentist told us that patients' views would always be listened to, taken seriously and acted upon. One patient told us: "The dentist always asks about my general state of health and if there have been any changes to my health or medication." Patient records contact details of any allergies, consent to treatment and all notes of treatment and care provided by the dentists.

A procedure was in place for responding to medical emergencies. We were shown the first aid and emergency resuscitation equipment. We saw that the emergency drugs were checked at regular intervals to ensure that drugs were in date. We saw records that the oxygen cylinder was checked to ensure that there were sufficient levels of oxygen available in the event of an emergency. The staff told us they had received basic life support training between them. There was evidence of training certificates in staff files.

Suitable arrangements were in place to inform patients how to access emergency dental treatment and advice outside the normal opening hours of the practice.
Cleanliness and infection control

Met this standard

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 cared for in a clean, hygienic environment.

Reasons for our judgement

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

Following a tour of the premises we observed that all the rooms in use were clean and tidy. We were told that the practice had recently been refurbished. There were hand washing sinks in all treatment rooms and hand washing procedures were displayed above them. There was a separate decontamination room for the cleaning and sterilisation of dental instruments. Autoclave daily tests had been carried out and logged to ensure it was working properly. We asked a dental nurse to demonstrate the cleaning process for the dental instruments and saw that the appropriate procedure was followed in accordance with the guidance the Department of Health's guidance on decontamination in dental practices known as Health Technical Memorandum (HTM) 01-05). This guidance is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment to prevent cross infection.

We spoke with the person who took the lead on infection control and they demonstrated an awareness of their role and responsibilities in this area. They informed us that they attended regular meetings and shared new information and changes or updates with other staff through the use of memos or verbally. The infection control policy was available for all staff to access. Staff told us they had received training in infection control and were aware of the procedures in place.

We saw that protective clothing, such as aprons, masks and gloves, was worn by clinical staff when treating patients. We were told that goggles and bibs were also supplied for patients' use.

We were also told that the practice policy was that only the dentists unsheathed the needles from the syringes and put them in the sharps bin. This prevented the nurses from the likelihood of suffering a sharps injury.

We observed appropriate waste facilities for the disposal of needles and other clinical waste products within the surgeries.

We viewed cleaning schedules for the practice along with the infection control policy and procedures. Staff spoken with confirmed that they were aware of these and their contents.
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 looked at a sample of staff files which confirmed that staff undertook training to meet their ongoing professional development to keep their registration with the General Dental Council. Examples of training certificates included infection control, life support and health and safety. Staff told us the principal dentist encouraged them to attend training to develop themselves.

We looked at a sample of personnel records to show the staff supervision and appraisal systems were in place.

We saw records of staff meetings being held on a regular basis for the dentists and the nurses to keep up to date with current issues.

The staff we spoke with told us they felt they worked well as a team and felt well supported by the management and by each other. Comments from the staff included: "It's a friendly place to work and we share the work well".
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 risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

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

Staff records and other records relevant to the management of the services were accurate and fit for purpose. The Radiation Protection File and Critical Testing of the X-ray units were up to date. We were told that the practice had Information Governance policy in place.

Records were kept securely in locked cabinets and could be located promptly when needed. There was a back up system for the records on the computer.
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.
Contact us

<table>
<thead>
<tr>
<th>Phone:</th>
<th>03000 616161</th>
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<tbody>
<tr>
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<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
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<tr>
<td>Write to us at:</td>
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<td>Website:</td>
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