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

**Townend Dental Practice**

20-22 Town End, Caterham, CR3 5UG

Date of Inspection: 15 January 2013

Date of Publication: February 2013

Tel: 01883344889

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

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<td>Safeguarding people who use services from abuse</td>
<td>Met this standard</td>
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<td>Cleanliness and infection control</td>
<td>Met this standard</td>
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<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>Action needed</td>
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## Details about this location

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<th>Registered Provider</th>
<th>Mr. Ray Fernandes</th>
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<td>Townend Dental Practice is a practice based in Caterham, Surrey. The practice consists of one dental practitioner and two dental nurses. The dental nurses also carry out reception duties. The dental practice caters for NHS and private patients.</td>
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<tr>
<td>Type of service</td>
<td>Dental service</td>
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| Regulated activities | Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury |
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 15 January 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

People who used the service told us that they were provided with information about treatment options and the associated costs and were able to ask all the questions they wanted to.

People told us they felt they had enough time and information to make decisions about their treatments. Comments included; "The dentist will take the time to explain to me what treatment I need", "They are really good at fitting you in if you need an appointment quickly" and "I get a breakdown of my treatment and what it costs".

People told us that staff were "Great" and "They provide an excellent service". People said they were treated with respect and their privacy was protected.

People said that the appointment system worked well and that the service was always clean and comfortable and they had no concerns.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 12 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
</table>

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 dignity and independence were respected.

Reasons for our judgement

People understood the care and treatment choices available to them and people’s privacy, independence and dignity were respected. We spoke with four people who used the service.

People told us that they were happy with the service provided. They told us that they were provided with the information they needed about treatments and the associated costs. One person said, "The dentist always explains the treatment I need and also any options. He also gives me an estimate of how much it's going to cost, so I always know how much I'm going to pay". Another person told us “They have links with other practices in the area. On one occasion the dentist was away and I needed an emergency appointment and I was immediately referred to another practice and was seen straight away”.

People felt that staff were professional and friendly and said their privacy was protected.

We found that information about different treatments was available for people to take away. We also saw that information was displayed in respect of the fees for both NHS and private treatment. This meant people were aware of the cost involved for their treatment before they made their decision whether to have the treatment proposed.

We saw that all consultations took place in private rooms. We saw staff interacting positively with people. We saw staff offering choices to people, allowing time for people to think about their options. This meant that people's privacy and dignity was respected and they were given appropriate information and time to make decisions about their treatment.
Care and welfare of people who use services  ✔ Met this standard

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

People were assessed and care and treatment planned according to their needs. Two people we spoke with told us, "We have been coming here for years and I think it is excellent" and "I have no concerns". One person told us, "I am a new patient. I rang round at least six other practices and this was the only one that listened and told me I could come and see them the next day". This person went onto say "I was given an immediate assessment, given the treatment options available to me and the estimated costs. I agreed to go ahead and a treatment plan was put in place straight away. I am very impressed."

Another person told us "The dentist instils confidence" and "He told me what he was doing at every step and would even go as far as telling me what kind of sound I would hear from each piece of equipment he was going to use"

People told us they had enough time and information to make decisions about their treatment. They told us that staff listened to them and talked through all the different treatment options available as well as the cost. One person said "I am always given time to absorb the information and make a decision".

People told us they were regularly asked about their medical history. Comments included; "I am regularly asked about my medication and medical history". We observed this to be the case and we were able to evidence this when we reviewed some patient records.

We found that staff were trained in dealing with medical emergencies; certificates were available for inspection. The service had emergency equipment available including oxygen and emergency drugs. We saw that the emergency equipment was routinely checked. This meant staff were aware of the correct procedures to follow in emergency situations.

The provider may wish to note that we found that a number of the service's operational policies and procedures were out of date and did not reflect current research and guidance issued by the relevant professional bodies such as the General Dental Council (GDC) or the British Dental Council (BDC). This meant that staff may not be aware of current guidance and best practice prior to treatment being provided. The provider offered us assurance that they would bring all operational policies up to date as soon as possible. However, the provider told us that he and the dental nurses kept up to date with changes
and other developments in guidance through continuing professional development (CPD) training. We saw documentation to support this.

We reviewed seven patient records and found that people's needs were assessed and care and treatment planned and delivered in line with their individual needs. For example, any allergies were highlighted on a patient's record and if a patient was nervous about having an injection as part of their treatment, arrangements were made to numb the area before the injection was given.
Safeguarding people who use services from abuse  ✔ Met this standard

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 the abuse from happening.

Reasons for our judgement

We spoke to people who used the service but their feedback did not relate to this standard. However, they did comment that they felt safe and had no concerns about the practice.

The service had a child and vulnerable adult’s protection policy (known as safeguarding) in place. The staff had access to contact numbers for the local safeguarding teams if needed. Staff had received training in safeguarding adults and children. The staff we spoke with demonstrated a clear understanding of the safeguarding policies and procedures. They were able to demonstrate knowledge and understanding of the different forms of abuse and how to identify them. They said that they would be confident in promptly reporting any abuse and felt that their concerns would be effectively acted on.

The provider may wish to note that the practice safeguarding policy was significantly out of date. The provider may also wish to note that the copy of the local authority’s multi agency guidelines was not the most current version. This meant that staff may not be aware of the correct and current procedure for reporting concerns. However, we saw that the contact details for the local authority safeguarding teams were current. The provider assured us that he would obtain a copy of the current guidance issued by the local authority and the GDC on safeguarding children and vulnerable adults and make this accessible to all staff. He also added that he would update their own policy which was based on the guidance as soon as possible.
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

We spoke with people who used the service but their feedback did not relate to this standard. However, the people we spoke with commented that the service was always clean.

There were systems in place to reduce the risk and spread of infection. The provider of the service has overall responsibility for managing cleanliness and infection control. The provider conducted regular audits and told us told us that any issues that arose would be discussed with staff and the issues resolved immediately. However, the provider may wish to note that they could not demonstrate that that these discussions had taken place. This meant that the provider could not fully demonstrate all of the actions they were taking to ensure that the systems in place, protected people from the risk of infection.

We found that the provider had an infection control policy in place based on guidance issued by the Infection Prevention Society (IPS) and Department of Health (DH) guidance. However, the provider may wish to note that some infection control risk assessments that we reviewed were incomplete. The provider could not demonstrate that the results of the assessments had been analysed to ensure that the provider's infection control policy reflected compliance with IPS and DH guidance. The provider confirmed that this would be resolved to ensure that risks were being appropriately analysed, documented and managed. This meant that there was a minor impact on people who used the service as the risk assessments did not evidence that appropriate guidance had been followed.

We observed that cleaning responsibilities were clearly understood by all staff. Staff were able to access the service's infection control polices and information was displayed in the treatment area.

We observed staff preparing the treatment room between patients. They demonstrated that all surfaces were cleaned and all items used were disposed of or decontaminated. We saw appropriate personal protective equipment, such as disposable gloves, aprons, masks and eye protectors, were available and in use in all areas. We were shown how instruments that required decontamination were processed. Instruments were transported in secure boxes to the designated decontamination room.

There was a clear process in the room to ensure that clean and dirty instruments did not
contaminate each other. Staff demonstrated to us the manual checking of instruments after use and prior to washing and sterilisation. Staff told us that they had undertaken infection control training and that they had also had training updates via continuing professional development (CPD). There were records available to support this.
Assessing and monitoring the quality of service provision

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 not meeting this standard.

The provider does not have effective systems in place to regularly assess and monitor the quality of the services provided or to identify, assess and manage risks relating to the health, welfare and safety of service users (Regulation 10 (1)(a)(b)). Additionally, the provider does not have systems in place to review the complaints and comments made by service users to improve the service (Regulation 10 (2)(b)(i)).

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the ‘Action’ section within this report.

Reasons for our judgement

We spoke with people who used the service but their feedback did not relate to this standard.

Although the provider told us that he seeks the views of people who use the service to inform quality assurance procedures and business planning, there was no evidence to support this view. Neither was the provider able to demonstrate how people’s concerns and complaints had been used to improve the service.

People who used the service were able to express views on their experiences of the service through a survey and a suggestion box located in the waiting area. This meant that the provider took account of complaints and comments to improve their service. However, the provider could not demonstrate that they had analysed any comments or suggestions or how the results/suggestions were used to improve the practice. The provider told us that as a practice (himself and the two dental nurses) they were continually monitoring and discussing feedback from patients.

Staff told us that they were able to express their views and any concerns at any time, but also at practice meetings. However, these staff meetings were not documented to evidence that they had taken place.

The practice undertook a number of regular audits such as those relating to decontamination and infection control. The provider may wish to note that although there was information available to support this, we found that the audits were sometimes incomplete. For example, it was not clear from the provider’s IPS self assessment documentation what the overall results of the audit were, and if any significant issues had arisen.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activities</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td>Surgical procedures</td>
<td>Assessing and monitoring the quality of service provision</td>
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<tr>
<td>Treatment of disease, disorder or injury</td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>The provider does not have effective systems in place to regularly assess and monitor the quality of the services provided or to identify, assess and manage risks to service users (Regulation 10 (1)(a)(b)). Additionally, the provider does not have systems in place to review the complaints and comments made by service users to improve the service (Regulation 10 (2)(b)(i)).</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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:

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<th>Essential standard</th>
<th>Regulation</th>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Cooperating with other providers - Outcome 6</td>
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<td>Safeguarding people who use services from abuse - Outcome 7</td>
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<td>Cleanliness and infection control - Outcome 8</td>
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<td>Safety and suitability of premises - Outcome 10</td>
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<td>Safety, availability and suitability of equipment - Outcome 11</td>
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<td>Records - Outcome 21</td>
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#### 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.