

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

## Dentalessence

69 Station Road, Burgess Hill, RH15 9DY

Tel: 01444232292

Date of Inspection: 17 July 2013

Date of Publication: August 2013

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

## Details about this location

Registered Provider	Dr. Sachin Anand
Overview of the service	Dentalessence provides NHS and private dental treatment to patients in Burgess Hill and surrounding areas.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with five patients during our inspection. We also spoke with the Practice manager, a dentist and two dental nurses. Patients gave positive comments about the Practice. Comments included "It's lovely here. Brilliant", "Nothing but professionalism and friendliness. I can't fault them" and "Excellent. Always on top of things". Staff told us they liked working at Dentalessence. They told us "It's a great team" and "We are all very supportive."

We found that patients were involved in their treatment and understood the treatment options available to them. Patients were treated with courtesy and respect. One patient said "Reception is superb".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Treatment plans were in place where patients required a course of treatment. Patients told us they were happy with the treatment provided.

Patients were protected from the risk of abuse. Staff at the practice were aware of their responsibilities with regard to keeping patients safe and protecting children and adults. There were up to date policies and procedures in place for protecting patients from abuse.

We found that patients were protected from the risk of infection because guidance had been followed. There were appropriate systems in place to maintain standards of hygiene and infection control. All parts of the Practice were clean and well maintained.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

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### Reasons for our judgement

The patients we spoke with said that they were respected and involved in decisions about their treatment. Comments included "Step by step they explain the treatment", "Dentists explain what they are doing and I always understand" and "I am able to decide if I want to go ahead". This showed patients understood the care and treatment choices available to them. A patient survey in August 2012 showed that all of the 98 patients who responded were satisfied that treatment choices were explained.

NHS patient records included a patient declaration form which was signed and dated. This recorded that they understood the treatment and consented to it. We saw that a private patient had signed a consent form which gave detailed information about the treatment needed. Information about fees and types of treatment was available as a written guide or on the website for the Practice. This meant patients were given appropriate information and support regarding their care or treatment.

We noted that during a team meeting in June 2013 staff had discussed how to ensure that patients who did not speak English could be supported. Available actions included making use of a translation and interpreting service. There was a permanent ramp at the entrance to the Practice for patients who used wheelchairs or had mobility difficulties. One patient told us "The ramp helps". These actions demonstrated that patient diversity was valued and respected.

We observed that the reception area was quite busy and patients waited for treatment close to the reception desk. We asked one of the reception staff how they maintained patient confidentiality. They told us that they were "Very aware" of patient confidentiality and had a policy of not repeating contact details whilst on the phone. They added that if a patient wanted to discuss a sensitive subject they could talk in a private area. They commented that they were "Careful not to disclose private and personal information". We saw that there was an up to date policy on privacy, dignity and confidentiality. At a recent team meeting there had been a discussion about the Caldicott principles, which were a set of guidelines about maintaining patient confidentiality. This showed that the Practice respected patients' rights to privacy and confidentiality.

We observed that patients were treated in a friendly and respectful manner by staff. One staff member commented that they "Try to go the extra mile". For example they sent patients a card if there was a special anniversary or bereavement.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We spoke with five patients about the treatment they received. One patient said "The treatment is always perfect", adding "The dentist is always kind". Another commented "I'm more than happy with the treatment". All the feedback we received was positive and complimentary.

We looked at the treatment records for five patients who had recently seen a dentist. Treatment plans were in place for those that required a course of treatment. These included details of the treatment required and the costs involved. Plans were signed and dated by the patient concerned. One patient who was receiving private treatment had signed a form which explained expectations and possible problems with treatment. Patients told us that they always received the treatment they had expected. Treatment notes held on computer confirmed that treatment was in line with treatment plans. This meant that patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plans.

We noted that each patient had an up to date medical history form which gave information about medical conditions and allergies. This meant the dentist was aware of any risks before treatment and could plan treatment accordingly.

Patients were given information about how to make appointments and what to do if there was an emergency. Patients told us they were able to get treatment when needed. One patient said "They phone me to remind me about an appointment".

We looked at the record of accidents and incidents. We saw that each incident had been recorded appropriately and action taken if necessary. Emergency drugs were stored in one of the surgeries in the event of a medical emergency. This meant that the Practice had systems in place to ensure patient's safety.

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

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## **Our judgement**

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The provider was meeting this standard.

Patients who used 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.

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## **Reasons for our judgement**

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We spoke with the safeguarding lead for the Practice. They showed us a safeguarding folder which contained contact numbers for the local authority safeguarding adults and child protection teams. We noted that there were detailed policies and procedures in place for safeguarding. These included definitions of abuse, how to identify the signs and what action to take. The safeguarding lead told us that it was their responsibility to make sure policies were up to date and that staff were aware of them. This meant that staff had access to the information they needed to keep patients safe.

The staff we spoke with were confident about what to do if they had any concerns about safeguarding and that they had received training to support them. Training certificates held by the safeguarding lead confirmed that staff had received appropriate training in the last year. This meant that staff had up to date training and an understanding of current practice in safeguarding.

There was an up to date whistleblowing policy in place. Staff we spoke with confirmed that they understood about whistleblowing and where to go if they had any concerns about the Practice.

We saw that all staff had a criminal background check to ensure they were of suitable character. The provider may like to note that although the background checks were recent, two of them had not been carried out by the current employer. We were shown certificates which showed that dentists and nurses had current registration with the General Dental Council. This meant that patients were supported by staff who were checked to be competent and safe.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We observed that all parts of the Practice were clean and well maintained. Patients told us that they had no concerns about cleanliness or hygiene. One patient said "It's always perfectly clean" and another added "There have been big improvements in the environment".

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

A dental nurse showed us the process for cleaning instruments in one of the surgeries. There were clearly marked, separate clean and dirty areas. Dirty instruments were cleaned in a sink before being prepared for autoclave sterilisation. Instruments were then put in bags ready for using again. We saw that instrument bags were dated and stored neatly in drawers. There were separate bins for clinical and domestic waste as well as a secure sharps bin. There were disposable gloves and aprons available for use. We observed that clinical staff wore uniforms. A dental nurse told us they had two uniforms so that they could wear a clean one each day.

We saw the records which confirmed that there were daily tests on each autoclave and that autoclaves were serviced in January 2013. This meant that sterilising equipment was checked regularly to make sure it was operating effectively.

Team meeting records showed that there was a team discussion on infection control in June 2013. Staff told us they had received recent training in infection control and that they focussed on hand hygiene last month. There was an up to date detailed policy on infection prevention and control. This was last updated in June 2013. Staff had signed to say that they read the policy. There was a cleaning schedule in place which detailed infection control tasks on a daily, weekly or monthly basis. This meant that staff had the most up to date information needed to be aware of current infection control guidelines.

An infection control audit was carried out in June 2013. This looked at areas such as decontamination, environment, hand hygiene and waste. There was an action plan in place where areas for improvement had been identified. This showed the provider monitored the effectiveness of infection control procedures and took action where needed.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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