Inspection Report

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

Abbots Lodge Dental Practice

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Date of Inspection: 06 January 2014

Date of Publication: January 2014

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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Abbots Lodge Dental Practice
Overview of the service	Abbots Lodge Dental Practice provides both NHS and private dental treatments to patients.
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 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 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with five patients over the telephone following our inspection visit. All of the patients we spoke with were complimentary about the care that they received at Abbots Lodge Dental Practice. Patients told us that they were involved in decisions that were made about their care. They said that they understood the choices available to them because the dentist at the practice took time to explain treatments to them.

One patient said, "The dentist is excellent. They go to a lot of trouble to make sure that I understand what they are doing". Another patient said, "I always get treated well".

We found that the practice provided clear information for patients to make informed choicesabout their care. We found that the practice had clear procedures to ensure that patient'ssafety and welfare were protected.

We found that the practice took infection control seriously. We also found that staff had been trained to identify signs of abuse and understood the procedures to follow where they suspected abuse may have occurred.

We found that the practice had procedures in place to monitor and ensure that the quality of the service that patients were receiving was of a good standard.

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 privacy, dignity and independence were respected.

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

Patients who use the service were given appropriate information and support regarding their care or treatment. All of the patients we spoke with told us that costs of treatments had always been discussed and written down along with the treatment plan for them to take home.

One patient said, "They always go through what things will cost during the appointment. The receptionist was very helpful once when I had further questions".

We saw that the costs of private dental charges and NHS bandings were displayed in a patients information guide in the waiting area. We were also told by the practice manager that patients were given a fee guide on their first attendance at the practice. Four of the patients we spoke with confirmed that they had been given a guide, the other person we spoke with could not recall this but said, "It could have happened but it was a while ago so I cant remember. But its never a problem because I always know what I am going to have to pay".

We saw four records which contained treatment plans. These plans included the dental work that was required and the cost of this treatment. Patients we spoke to told us that they were given a copy of this to take home and consider before they had treatment. The practice manager demonstrated for us how the electronic system translated the information that the dentist had recorded. We were told that once patients had signed to say they consented to the treatment the treatment plan would be kept in their paper records. The treatment plans that we looked at were detailed and clearly broke down treatment costs in a way that patients would understand.

We were shown records that demonstrated that patients were given time to consider their treatment plan before returning for treatment. The practice manager told us that they sometimes gave patients more than one option in terms of cost and outcome and allowed

them time to consider this. This meant that patients were able to make informed choices about the costs involved in their treatment. The practice manager said, "Patients are always given a choice.We encourage them to ask us questions."

Patients expressed their views and were involved in making decisions about their care and treatment. The patients that we spoke with told us that they felt involved in making decisions about their treatment. We saw in patient's records that their wishes had been recorded and acted upon. The practice also had leaflets in the waiting area which demonstrated different dental treatments and procedures.

The patients waiting room was in a separate area of the practice which allowed for conversations which took place at reception to be private.

Patients were all complimentary about the way that staff treated them. One person said, "They are very polite and approachable". Another said, "They are very nice."

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

Care and treatment was planned and delivered in a way that ensured patient's safety and welfare. We viewed four patient records and saw that consent had been obtained prior to treatment. Records were held electronically and on paper and included information discussed with the patient and a record of the findings from the examination and any treatment given.

We were told that patients were asked to complete a medical history form when they registered at the surgery; and that the dentist checked at each appointment to ensure that a person's medical history had not altered. All of the records that we looked at included a copy of people's medical history. All of the records had medical history checks recorded at each visit. One of the records that we looked at showed that the patient had a change in their medical history since registering at the surgery. This was reflected in the patient records.

We were shown that private treatment plans were written electronically. The dentist then printed a copy for the patient to take home. These plans included the costs involved in the treatment. NHS treatments were recorded on paper and a signed copy was kept in the patients records. This showed that patients had consented to their treatment. We also saw that the dentist offered people choices about how they wished to proceed and which treatment they preferred to have.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence that staff had completed training in medical emergencies and cardio-pulmonary resuscitation (the first treatment for a person who has collapsed and has no pulse and has stopped breathing). The training for all staff was completed in February 2013. This training had been completed annually in line with the provider's policy. The practice held an automated external defibrillator (AED). An AED is a portable device that checks the heart rhythm. If needed, it can send an electric shock to the heart to try to restore a normal rhythm. We saw that all staff had completed AED training.

The practice had procedures and policies in place which related to emergency situations. These had been displayed in the staff room to remind staff of their role in an emergency situation Equipment to be used in emergency and emergency drugs were stored at the

practice. We saw evidence that this equipment and the drugs were regularly checked by staff.

We spoke with a dental nurse on duty during our visit; they were able to describe their role in an emergency situation. They also confirmed with us that they had recently attended emergency first aid and life support training.

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 abuse from happening.

Reasons for our judgement

Patients 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.

We saw records that confirmed all staff had attended child protection training on 24th May 2013, and safeguarding of vulnerable adult training on 18th January 2013. This training was in line with the provider's safeguarding policy. This meant people could be sure that any decisions were made in their best interests and were reviewed in line with appropriate guidelines.

The practice had a safeguarding policy and procedures for adults. This had instructions that worked in conjunction with West Sussex adult services safeguarding procedures. The practice also had a child protection policy that included a flowchart which outlined to staff the actions they should take if they suspected that a child was at risk of abuse.

We were told that safeguarding was discussed during staff meetings which took place every three months at the practice. We saw the minutes of a meeting held on 8th May 2013 which showed that safeguarding of vulnerable adults had been discussed.

We discussed identifying and reporting abuse with one member of staff during our inspection. We found that they had a good understanding of what constituted abuse and their responsibilities with regard to the provider's safeguarding procedures.

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 protected from the risk of infection because appropriate guidance had been followed.

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.

The practice had a comprehensive infection control policy. Staff we spoke with demonstrated a good understanding of infection control and decontamination procedures.

We saw evidence that all staff had trained in infection control and decontamination annually. This training had been completed in line with the provider's policy.

We observed that the treatment rooms had a good supply of personal protective clothing (PPE) such as gloves, aprons and face masks. We observed the dental nurse and dentist using then discarding PPE correctly. All of the patients we spoke to told us that the dentist and dental nurse used PPE during their treatments. They also told us that they had observed the dentist and dental nurse washing their hands before and after their treatment.

We were told that the dental nurse was responsible for cleaning the treatment room between patients. We were shown cleaning schedules and checklists that showed us that this had been done. The dental nurse was able to describe to us the flow of dirty to clean equipment and the processes in place to ensure that the practice met with current guidelines, and practice policies.

We were shown the practice autoclave log and saw that this had been completed correctly and showed evidence that the autoclave was being tested regularly. This meant that the practice could be assured that the equipment was operating correctly and that the equipment that they were using had been decontaminated.

An audit of the decontamination processes had been conducted in January 2014. We saw that this had been completed in line with the department of health guidance (The Health Technical Memorandum 01-05: Decontamination in primary care dental practices). During this audit the cleanliness of the surgery and the decontamination process was examined. The audit that we looked at showed that the practice was able to meet the required

standards in infection prevention and decontamination processes.

We saw that clinical bins were not overfilled and were being emptied regularly. Clinical waste was safely disposed of to reduce the risk of pollution to the environment and the general public. Sharps bins for used needles and other sharp implements were available. Clinical waste was segregated and stored in a locked bin prior to collection by a contractor.

All of the patients that we spoke with told us that they felt that the practice was always clean when they visited. One said, "It's always clean I have no complaints".

On the day we visited we saw that the practice was clean and free from odour. Staff were aware of their responsibilities and infection control was taken seriously.

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 use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown the 2012 patient surveys. Surveys had been given to patients by reception staff. The practice had collected surveys from both general treatments and from patients who had attended the practice for implants. The practice manager was analysing the results at the time of our inspection but told us that they would look to assess where potential service improvements could be made. The manager was able to give us examples of where previous surveys had resulted in changes to the service. For example, the patient toilet had been redecorated as a result of patient feedback.

The manager showed us audit tools used to monitor service provision and outcomes for people. These included audits of infection control, patient records, and radiology. Where necessary these audits included actions plans which stated what the service needed to do to improve.

The provider took account of complaints and comments to improve the service. All of the people that we spoke with told us that they felt that their comments would be listened to and acted upon if needed. Patients told us that they would speak to the manager of the service or the dentist if they had concerns. For example, one person told us, "I am happy, but I would speak to the receptionist or dentist if I had a problem". We saw that the practice complaints procedure was displayed in a patient handbook which was kept in the waiting area. We were told that the dentist had not received any complaints in the past year. The dentist was able to describe to us how a complaint would be dealt with and demonstrated a good understanding of the provider's policy.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The practice had a policy in place for reporting accidents incidents and significant events. We were told that staff recorded any incident in a book and that the manager and dentist would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary. The dental nurse that we spoke with during our inspection was aware of the reporting procedure. We were shown the incident/accident log on our visit and were able to see that

staff were following procedures.

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.

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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