

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

The Implant Centre - Haywards Heath

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Date of Inspection: 03 May 2013

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

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Implant Centre Limited
Registered Manager	Miss Nicola Cambridge
Overview of the service	The Implant Centre provides specialist dental treatment to private patients
Type of service	Dental service
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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 May 2013, 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

The service provided key information and guidance for patients to help them make informed decisions about their treatment. One patient said they were "Confident with the service." In addition comprehensive personal treatment plans were completed for patients using the service.

We noted that the premises were visibly clean and tidy during our visit. The provider had detailed policies for infection control and cleaning of the premises. Staff were observed wearing appropriate personal protective equipment in clinical areas and with patients. Patients were protected from the risk of infection because appropriate guidance had been followed.

The provider had a comprehensive induction process. Staff told us that they received "Well directed and very impressive support." They were mentored by the provider who "Freely shares his knowledge and skills." The staff said the provider went "Above and beyond with training." Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

There was a clear complaints policy in place. It included guidance on who to contact, what to expect from the process and how to escalate their concerns if patients were not happy. There was an effective complaints system available. Comments and complaints patients made were responded to appropriately.

We also reviewed written feedback from eight patients. One patient wrote, "I could not have wished for a nicer, more at ease atmosphere nor totally sympathetic treatment." Another person commented that "The treatment and care I have received at the Implant Centre has been second to none."

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

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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

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.

Patients 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.

We looked at the Patient Information folder which was available in the reception area to all patients. It contained key information and guidance for patients which included profiles and pictures of each dentist, a quality policy and a consent policy. The folder contained the following statement: "We aim to provide each patient with sufficient information in a way that they can understand." These pieces of information helped patients to be informed about the practice and staff, associated costs and what to expect from the service.

We reviewed three personal treatment plans. We found that the provider actively engaged with patients about their treatment, such as asking them what they hoped to achieve. The treatment plans were comprehensive and detailed. For example patient's medical histories were completed and allergies highlighted. Patients were also given clear choices about which options were available to achieve their goals and details of any subsequent care. The personal treatment plans also provided patients with details of foreseeable problems which could arise and how they would be managed. Staff told us that they discussed with patients "What they are hoping to achieve" and determined their "Set of goals at the initial assessment." This meant that patient's needs and goals were discussed and documented in order to achieve the best possible outcome.

One patient we spoke to told us that the provider explained everything, the options available and advised whether the treatment would work. They also told us that the provider: "Put me at ease and made me feel comfortable . . . It was definitely a good experience, worth doing and I am pleased with the outcome."

One dentist who referred patients to the provider wrote that they were "Always impressed by their patient centred approach to treatment."

We observed that the practice had emergency equipment which was stored in a cupboard and clearly labelled. We looked through this and found that it was complete and all the relevant items were in date. In addition we noted from the records that the provider undertook frequent and regular audits of their drugs and emergency equipment which ensured they were correct and in date. Training records showed that staff were up to date with their basic life support training.

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

Our judgement

The provider was meeting this standard.

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

Patients 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 provider had detailed policies in place for infection control and cleaning of the premises. They also had robust cleaning schedules which were audited on a regular basis. The provider had a nominated Infection Control Champion and Decontamination Lead whose role included attending external meetings and advising staff about infection control and other related information matters. Clinical staff told us it was: "One of the best" practices they had seen with regards to infection control and that the environment was "Very much sterile."

The practice had a comprehensive 'Practice Manual' which included clear guidance and scheduling for general cleaning. In addition there were maintenance plans and guidance for equipment such as the autoclave and ultrasonic baths. The service also kept records of this routine maintenance and checks and we found this had been done at regular intervals. The records showed that the service had undertaken checks for Legionella. This meant that patients who used the service could be confident that the provider had taken steps to prevent them from the risk of acquiring an infection.

The practice undertook risk assessments for various areas including the autoclave and biological agents. There were instructions for staff on how to reduce risks and take action. The infection control policies were comprehensive for the type of equipment. There was clear guidance about how to clean and sterilise re-useable instruments. We saw there were hand hygiene reminders posted in all clinical areas and the facilities to enable staff to adhere to the guidance. This meant that people were care for by staff who were informed about infection control and how to minimise the risk of acquiring an infection.

The practice had a separate decontamination and sterilisation room which kept the cleaning of tools away from clinical areas. The decontamination room was clearly designated into "Dirty" and "Clean" areas which reduced the risk of infection. The decontamination lead spoke confidently about the decontamination process and told us the practice followed the Health Technical Memorandum 01 – 05, 2013 Edition (HTM 01-

05) in respect of infection control requirements. Staff told us that they had ordered a stainless steel bowl to use in the decontamination room to comply with the new regulations.

We noted that the provider had excellent records related to decontamination and sterilisation procedures including daily equipment testing. For example the autoclave was tested daily to ensure it was operating correctly. All the equipment we saw was clean. We saw that the premises were very clean and tidy. The décor was modern and bright. The provider had taken reasonable practical precautions to protect people and staff from the risk of exposure to and the spread of health care associated infections

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.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.

We spoke to three members of staff who told us that they felt "Very well supported" and were encouraged to expand their knowledge. Staff told us that they all worked as a team and supported each other. One commented, "I love working here, the team are fantastic."

The provider had a comprehensive induction process. Staff told us that they received "Well directed and very impressive support." The provider also mentored staff and shared knowledge and skills. One member of staff said, "You can go as far as you want" and that the provider went "Above and beyond with training."

Staff training records showed staff had received training in health and safety, infection control and basic life support amongst other mandatory training courses. Additionally, future training was scheduled for radiology and recent changes to Health Technical Memorandum 01 – 05 guidance.

Staff received appropriate professional development. Staff told us that they were maintaining their continuous professional development training in order to fulfil their General Dental Council registration requirements. Staff also said there was an annual "Core Professional Development Day" where the lead dentists updated staff training and policies.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us they were encouraged to attend courses and conferences throughout the year to keep their skills and knowledge fresh. This meant that people were safe and their health and welfare needs were met by competent staff.

The practice held regular team meetings which were minuted. Staff said that they were confident and were able to raise any issues. Following an audit of referrals staff identified a recurring issue which they raised as concern. It was addressed and rectified before any further patients were accepted for treatment.

Staff told us that the practice worked in conjunction with the patient's referring dentists.

We noted that several dentists who referred patients to the provider had made positive comments about the service. One dentist wrote that the service had "Knowledgeable and competent surgeons." Another person noted that they were "Treated by highly trained, professional individuals."

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints patients made were responded to appropriately.

Reasons for our judgement

Patients were made aware of the complaints system. This was provided in a format that met their needs. The practice's complaints policy was displayed in the patient information pack which was available in the reception area. It clearly set out the complaints process and the options available. It stated, "If you have any comments – positive or negative- we would be really pleased to hear from you." This meant that patients were given information about how to raise a complaint and what to expect.

Patient's complaints were fully investigated and resolved, where possible, to their satisfaction.

We reviewed four complaints that had been received between October 2012 and January 2013. The records we reviewed were clear, concise and in chronological order. The provider acknowledged the complaints in a timely manner. For example one complaint was responded to and resolved to the patient's satisfaction the day after receipt.

Staff told us that they responded quickly to any complaints they received and the senior management were always advised immediately when a complaint was received. Additionally, the staff commented that they worked collaboratively as a team to resolve any complaints and used information from complaints to improve the service.

This meant that people who used the service and those acting on their behalf could be confident that their comments and complaints were listened to and dealt with effectively.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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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