

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

## Alington Dental

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Tel: 01202763348

Date of Inspection: 10 February 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr. Simon Belford
Overview of the service	Alington Dental provides private treatment to adults and NHS dental care to children
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 unannounced 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 10 February 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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Patients were treated with respect and understood the treatment options available to them.

Patients told us, "It's excellent service", and "The staff are friendly and caring". Patients were able to choose appointment times that suited their needs.

We saw that patients were given appropriate information regarding their treatment plan.

There were appropriate arrangements in place to deal with foreseeable emergencies

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.

There were effective infection control processes in place and people were cared for in a clean, hygienic environment. Tools used in dental treatment were decontaminated in accordance with approved guidelines. However, we noted that the staff did not have up to date immunisation against the risks of Hepatitis B.

Equipment was checked daily and maintained in accordance with manufacturer's guidelines.

Patients were asked for their views on how the service was run. The provider had effective systems in place to identify, assess and manage risk associated with the service.

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

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The provider was meeting this standard.

Patient's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Patients who used the service understood the treatment choices available to them. We spoke with the dentist who explained that treatment plans were discussed in full with the patients. This included the procedures, costs involved and the outcomes the patient should expect.

We spoke with five patients who said they understood their treatment plan and added that they could go away and think about it before making a decision. They explained what treatment they were due to receive on the day of inspection. One patient said, "I am here to get my implant fixed", whilst another patient said, "I am having some impressions taken".

We looked at three patient records and saw that treatment plans were given in writing and were also stored on the computer system.

Patients who used the service were given appropriate information and support regarding their treatment. We saw that relevant information was clearly displayed around the practice. This information included dental fees, the complaints procedure and details of the different treatments patients could receive. The appointment cancellation policy and the opening times of the practice were also displayed along with oral health and after care information leaflets. There was also a television in the waiting area that displayed relevant information to patients.

Patients were able to choose an appointment time that suited them and they were able to receive a reminder by text message or email. We heard reception staff phone patients to remind them of appointments for the next day. Recall appointments were given according to patients individual treatment requirements.

Patient's diversity, values and human rights were respected. We saw that the doors to the dental surgeries were closed whilst treatment took place. This ensured that the dignity and privacy of patients was respected. We observed that all patients and visitors were spoken to politely and treated with respect at all times. There was step-free access into

the practice for wheelchair users and children's buggies.

**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.

Treatment was planned and delivered in way that was intended to ensure patient's safety and welfare.

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**Reasons for our judgement**

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Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

Reception staff explained that new patients were given a medical history form to complete as well as the registration form. This information was then typed onto a computer record for each patient and the paper copies were shredded. The dentist confirmed the information was correct when they reviewed the information with the patient on each visit. We saw that the dentist was made aware of any medical conditions or allergies that could affect patient care and treatment. This was done with alerts that flashed up on the computer system.

We spoke with the dentist who explained that after speaking with the patient and going through the medical history form they completed a full mouth assessment of the patient. They then discussed their findings and the various treatment options available. A treatment plan was then completed with the input of the patient. We spoke with two patients who confirmed that this happened on each visit.

With permission from the patients, we observed two treatment sessions. During both sessions the dentist asked if there had been any changes in the medical history and also asked if there were any concerns or issues since the last visit. We observed the dental nurse update the records accordingly. We saw that a full mouth assessment took place and the findings were discussed with each patient. The patients were free to ask any questions they wished. The dentist gave explanations in terms that a person without relevant medical knowledge would understand.

Treatment was carried out with consent from the patient and we heard the dentist continually reassure the patient throughout the treatment session. One of the patients said, "I am very happy with the treatment", whilst the other patient said, "It's excellent service".

We saw evidence that showed that records of the mouth assessment and treatment plan were stored electronically and given to the patients in writing. One patient said, "I know and understand what's in my plan".

There were arrangements in place to deal with foreseeable emergencies. Emergency contact details were displayed in waiting areas, on the website and on a recorded message when patients phoned the practice. We saw that there was dedicated space in the appointment diary every day for dental emergencies.

We saw certificates that showed that all of the staff had completed training in cardiopulmonary resuscitation (CPR), using the automated external defibrillator (AED) and dealing with medical emergencies. We examined the staff training files which confirmed this course was completed on 1 October 2013.

We examined the emergency drugs kit and found that all of the products in the kit were in date. There was emergency oxygen and an AED present. Records showed that regular checks were carried out on all of the emergency equipment to ensure that it was all present, in date and working correctly.

We saw that fire evacuation signs were displayed around the building. This ensured that people could evacuate the building safely in the event of an emergency.

**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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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.

There were appropriate policies in place for safeguarding children and vulnerable adults. There were clear written procedures for staff to follow if they knew or suspected that someone visiting the practice was being abused. We spoke with three members of staff and they all explained the different types of abuse and showed us where the contact details for the local safeguarding teams were kept.

We examined the staff training records and saw that all of the staff had completed relevant training in safeguarding adult and children. This meant that staff had clear guidelines about how to recognise and act on safeguarding concerns.

We saw a Mental Capacity Act policy and guidance and the dentist explained how they sought consent to treat patients. This was in line with the principles set out in the Mental Capacity Act 2005.

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

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The practice had access to the current Department of Health document published in 2013 called "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05). The document describes the processes and practices essential to prevent the spread of infections and ensure clean, safe care. It also sets out two standards of compliance for dental practices. These are "essential quality requirements" which are compulsory and "best practice" which are ideal and desirable.

We observed two patient treatment sessions and saw that the staff were aware of effective hand hygiene procedures. They used appropriate personal protective equipment for themselves and the patients. This equipment included gloves, aprons, face shields and protective eye glasses.

The staff explained and demonstrated the procedures for cleaning the surgery after treatment had taken place. We were also shown the decontamination and sterilisation procedures for the equipment that had been used. Decontamination is the process by which reusable items are rendered safe for further use and for staff to handle. Decontamination is required to minimise the risk of cross-infection between patients and between patients and staff.

After equipment had been decontaminated it was pouched, date stamped and stored appropriately.

Daily checks of decontamination equipment were carried out and recorded in accordance with manufacturer's guidelines. This ensured that machines were working correctly.

A sharps injury procedure was displayed for the staff in the decontamination room. This listed clear guidelines for staff to follow in the event of a needlestick or sharps injury. Relevant contact details were also on the procedure. This ensured that staff would be protected from any blood-borne viruses.

The provider may find it useful to note that HTM 01-05 essential quality requirements states that 'Staff involved in decontamination should demonstrate current immunisation for

hepatitis B'. However, we saw no up to date immunisation certificates for any members of staff. This meant that staff may not have been fully protected against this illness.

We saw evidence that a daily infection control and cleaning checklist was in place in each surgery. There was clear written guidance that listed staff roles and responsibilities in infection control.

Regular cleaning audits had been carried out and we saw that the last audit that had taken place in October 2013.

Clinical waste was stored and disposed of appropriately with the provider keeping consignment notes on file in accordance with the clinical waste regulations.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

Patients were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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Patients were protected from unsafe or unsuitable equipment because the provider had taken the necessary steps to ensure that equipment was serviced and maintained. We looked at the service and maintenance records for the equipment used and found it was maintained in accordance with manufacturer's guidelines.

Daily checks were carried out and recorded correctly and there were in date service certificates for all equipment. A portable appliance test (PAT) had been carried out on portable pieces of equipment, such as kettles and computers. This meant they had been tested by a qualified electrician as safe to use. The test certificate was valid until 26 November 2014.

The provider had procedures in place to deal with equipment failures and faults to ensure continued running of the service to patients. We spoke with the staff who were all aware of how to report and log faulty equipment.

The staff demonstrated the correct use of all the equipment within the practice.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of patients using the service and others.

There were policies and procedures for dealing with complaints, data protection, safeguarding, infection control and health and safety. We saw evidence that these policies were regularly updated and they had been signed by all members of staff to confirm they had read and understood them.

Regular audits were carried out for cleaning, infection control, clinical waste and patient and clinical records. This meant the provider monitored the service to ensure that they were continuing to comply with appropriate legislation and guidance.

We examined the most recent patient satisfaction survey and found that all people questioned were very happy with the service they received. 96% of patients questioned stated they were happy with the way that treatment was explained.

A complaints policy was displayed in each of the waiting areas. There were procedures in place to ensure that any complaints were dealt with appropriately and in a timely manner.

The provider had an effective system for the recording and investigation of accidents and incidents. Fire evacuation procedures were clearly displayed and weekly checks on the alarm were carried out.

## 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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