Inspection Report

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

The Dental Practice S N Roussos

42A London Road, Guildford, GU1 2AF

Tel: 01483300022

Date of Inspection: 18 December 2013

Date of Publication: December 2013

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

Consent to care and treatment	✓ 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	Mr. Spiridon Roussos
Overview of the service	The Dental Practice S N Roussos provides general dental treatment to both private and NHS patients. The service is provided by a single dentist who is also the owner of the practice.
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'.

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 18 December 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that The Dental Practice S N Roussos had obtained consent from people who used the service prior to treatments taking place. One person we spoke with told us "I am always asked to sign a consent form each time I come here". Consent was recorded in people's treatment plans and we witnessed people being asked for their consent prior to treatment taking place.

Treatment plans, maintained by the staff in relation to people who used the service, were clear and fully completed. This, combined with contingency plans for use in the event of an emergency arising, ensured the care and welfare of people who used the service.

People were protected from the risk of abuse as staff had received appropriate training and advice was available to assist them in dealing with actual or suspected abuse.

The service benefited from cleaning schedules and infection control policies which ensured the premises were clean and people using the service were protected from the risk of infection. One person with whom we spoke told us "I have no worries or complaints about the cleanliness at all".

The service provider actively sought feedback from people who used the service and acted upon comments made. The service also carried out a series of audits in order to monitor the quality of service provided.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

As part of our inspection we spoke with a member of staff and we spoke with people who had attended for treatment. We also asked people who used the service on the day of our inspection to complete a questionnaire and inspected documents, records and treatment plans maintained by the service. In all we obtained responses from three people who used the service and one member of staff. Six questionnaires were completed and returned to us by those to whom we were unable to speak. We observed treatment being delivered and we spoke with the dental surgeon who is the owner of the practice.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that, as people arrived for treatment, they were asked to complete consent forms relating to their forthcoming treatment. On inspecting the treatment records of six people who used the service we saw that each record contained a consent form signed by the person who used the service and dated. The consent form gave clear details of the treatment for which consent was being sought and given.

One person with whom we spoke told us "I am always asked to sign a consent form every time I come here". Another person, in their written response to a question within our questionnaire, told us they had been asked for their consent before treatment had commenced.

We saw people being told of the treatment proposed and being given time to consider whether to consent to that treatment. In cases where extensive treatment had been proposed or taken place we noted that, in records reviewed, a scale of charges had also been included for consideration.

This meant that people who used the service had been made aware of the treatment they were to receive and their consent to that treatment had been obtained.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

During our inspection we reviewed plans of treatment related to people who used the service. We saw that the service maintained all patient treatment records in paper format. No records were maintained within computer systems. We reviewed six treatment plans of people who used the service, chosen by us from the secure storage system used by the service.

In all of the plans we reviewed we noted that the records contained signed consent forms for treatment delivered, health checks giving the current general health status of the person receiving treatment and full details of all treatment offered and delivered. Where appropriate x ray results were contained within the record and any referral made was recorded. In those cases where extensive NHS or private treatment was delivered, a scale of charges was included.

All of those with whom we spoke told us that they had received the level of care and the treatment that they had expected. One person we spoke with said, "I have been coming here for more than 15 years and now my son is treated here so I must be happy".

This meant that people's treatment had been discussed and planned. People had been told of the treatment they would receive and this had been delivered in line with their written and agreed treatment plan.
The provider and staff at the service received annual refresher training in first aid and lifesaving skills. Where medicines were administered during treatment, the batch number of those medicines was recorded in people's treatment records to aid notification to the relevant authority in the event of any adverse reaction. In addition the service maintained a first aid kit within the premises as well as an emergency drugs box and oxygen cylinder. The drugs box was checked and all drugs within were found to be in date and appropriately stored. A check list relating to the drugs box contents was seen and this had been regularly completed.
The oxygen cylinder had very recently been replaced, however, on checking the cylinder it

was found to be defective and, had an emergency arisen where the administration of oxygen had been required, would not have been suitable for use. We spoke with the provider who told us that, as it had recently been replaced by the manufacturer it had not been thought necessary to check it for correct operation.
The provider, while we were still carrying out our inspection, made immediate arrangements for the replacement of the defective cylinder. They also told us that there was a mutual arrangement with the neighbouring dental surgery where assistance could be sought in the event of an emergency. They assured us that an oxygen cylinder would be made available should it be needed and that, when replaced, the oxygen cylinder within the practice would then be regularly checked with the checks being recorded. The provider may find it useful to note that the earlier introduction of a system of regular pressure and operational suitability checks would have prevented this defect from remaining undiscovered.

There were arrangements in place to deal with foreseeable emergencies.

In the reception area of the service we saw that the provider had displayed a variety of oral and general health posters and leaflets. There was also a selection of dental care products available for purchase by people who used the service. This meant that the provider was promoting the health and wellbeing of the people who used the service by offering additional advice and products.

During the inspection we reviewed policies and documents maintained by The Dental practice S N Roussos. We noted that these included contingency plans to be implemented in the event of a fire, medical or other safety critical event occurring. Within the reception area were check lists for staff to follow in the event of such an incident having occurred. This meant that the provider had considered the safety and welfare of people who used the service in the event that an emergency may occur.

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

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.

During our inspection visit we viewed the policies and procedures maintained by the service. These included the policy regarding the safeguarding of children and vulnerable adults. We saw that the policies were comprehensive and included information related to the different types of abuse which could have occurred and advice on the way in which abuse or suspected abuse should be recorded and reported. The advice included a flow chart giving step by step guidance regarding the reporting of incidents. This was in line with the Surrey County Council multi agency approach to safeguarding of children and vulnerable adults.

This meant that staff had information available to guide them and assist them in reporting actual or suspected abuse to the correct authority.

We were shown records of training undertaken by staff at the service and we saw that this included regular refresher training related to safeguarding of vulnerable adults and children.

This meant that staff had an ongoing awareness of safeguarding children and vulnerable adults and the prevention and reporting of abuse.

We spoke to staff and people who used the service as part of our inspection. One person we spoke with told us "I always feel comfortable with what happens here". All of the people who completed and returned questionnaires on the day of our visit stated that they felt safe. One person wrote 'I couldn't say I have ever been concerned in any way'.

This meant that people were treated in a safe environment in which the provider had ensured their safety and protection.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The Dental practice S N Roussos was clean and tidy on the day of our inspection visit. As part of our inspection we inspected the single treatment room, public areas, toilets and other areas of the premises.

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

We found that the service was in good decorative order. The reception area was clean and tidy with comfortable seating. The toilet facilities were clean and well maintained with ample supply of hand washing gel, hot water and paper towels. There were also waste bins available for the disposal of used towels and other items.

We inspected the single treatment room within the practice. The treatment room contained hand washing facilities which included hand cleaning gel and liquid soap, paper towels and both domestic and clinical waste bins with lids.

The treatment room contained a separate area where cleaning and decontamination of instruments used during treatment took place. There was a clear procedure for decontamination of instruments which was verbally explained to us during our inspection.

We saw that the autoclave used to sterilise instruments was tested for correct operation during each cycle using test strips placed within the equipment. These had been retained within a test record book.

The equipment included a separate scrub sink used to remove debris or detritus from used instruments and a lit magnifying glass to inspect instruments for cleanliness prior to decontamination by use of the autoclave.

Instruments that had been decontaminated had been sealed in dated pouches ready for use within the treatment room.

This meant that the service had ensured the cleanliness and sterility of instruments used to treat people who used the service.

The surfaces within the treatment rooms were clean and were dust free. We witnessed the dental nurse cleaning the equipment within the treatment room between treatments and, when observing treatment taking place, we saw that the dental surgeon and dental nurse wore relevant protective equipment which included gloves, aprons and eye protection as appropriate. The person who used the service was also offered protective equipment relevant to the treatment they received.

We saw the dental nurse leave the treatment room during treatment to answer a telephone call. Before leaving the treatment room they removed their protective equipment and, on return, donned new gloves and apron.

This meant that staff minimised the risk of cross infection through disciplined use of protective equipment. They had considered the risk of cross infection and had put in place measures to minimise that risk.

We spoke with the dental nurse who told us, "We clean down the treatment room between each patient and we have a daily cleaning schedule". The provider told us that each week the surgery was fully cleaned throughout on a Friday during time set aside for the purpose.

People we spoke with told us that the service was clean. One person said, "I have no worries about the cleanliness". Another told us "The staff always wear gloves, masks and glasses when they are treating you".

We saw the service's cleanliness and infection control policy which was comprehensive. This meant that the provider and staff at The Practice S N Roussos had procedures to follow and had implemented those procedures to minimise the risk of infection.

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

We saw, during our inspection, that the provider had a number of systems in place to assess and monitor the quality of service provided to people who used the service.

People who used the service and staff were asked for their views about the care and treatment provided and those views were acted on.

We were shown a feedback questionnaire that was given to people who used the service after treatment. We were able to see that the results, provided by the completed and returned feedback forms, were entirely positive.

As part of our inspection we spoke with people who used the service. One person said, "If I had any problem I would speak to Dr Roussos. I am sure he would listen."

We spoke to staff who told us, "There are only two of us work here regularly. We don't hold formal staff meetings because we talk all the time but we do note down any decisions made or discussions we have". We were shown a log book which contained notes related to discussions which had taken place and decisions which had been made as a result of those discussions.

The provider said, "There is myself and my nurse. We have worked together for 11 years now. There is another nurse who works with me but only from 9am to 1pm every other Saturday and we have also worked together for many years. We talk to each other so we don't have formal meetings. My nurse notes the discussions and decisions in the log book".

This meant that people were asked for their view of the quality of the service provided and both staff and people who used the service were able to provide feedback.

Many of the people with whom we spoke had been using the service for many years and all were extremely positive about the quality of the service they had received. One person we spoke with told us "I have been coming here for more than 15 years and now my son is

treated here so I must be happy".

Within documents held by the service we saw that there were a number of audits and assessments that had been completed, both internally and by external organisations. These included a health and safety audit and clinical governance audit by external advisers and an internally completed regular patient record card audit.

This meant that the provider had implemented measures to ensure that the service provided was of a suitable quality.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk