

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

Hadleigh Dental Surgery

17 High Street, Hadleigh, Ipswich, IP7 5AG

Tel: 01473823092

Date of Inspection: 29 November 2013

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

Details about this location

Registered Provider	Mr. Philip Wilson
Registered Manager	Mr. Gurpreet Singh
Overview of the service	Hadleigh Dental Surgery provide dental treatment to NHS and private 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 29 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with seven people who used the service and were attending appointments. People told us that they were happy with the service that they were provided with. One person said, "It is A1." Another person said, "I would have no hesitation recommending them, I think it is excellent." We asked another person if they were satisfied with the service they were provided with and they said, "Absolutely."

One person allowed us to observe their treatment. We also observed the interaction between staff and people who used the service when they arrived for their appointments and left the service. We saw that the staff interacted with people in a friendly, respectful and professional manner.

People told us that the waiting and treatment areas were always clean and tidy. This was confirmed in what we saw during our inspection. One person said, "Always clean, especially in the surgeries." Another person said, "It is always clean."

We found that staff were provided with appropriate continuous professional development to meet the needs of the people who used the service.

We found that the provider had systems in place to monitor and assess the service that people received.

People 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.

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

People told us they felt that the staff treated them with respect. One person said, "They have all been very good, when my dentist has been away I have seen another dentist and they were really good too." Another person said, "They are always very gentle and ask how I am."

One person allowed us to observe their treatment and we also observed the interaction between staff and people who used the service when they arrived for their appointments and left the service. We saw that the staff interacted with people in a friendly, respectful and professional manner.

People's diversity, values and human rights were respected. The registered manager and a staff member told us that there were treatment rooms on the ground floor which were accessible to people who were unable to use the stairs or who used a wheelchair to mobilise. We saw that people's care records which were kept on the computer included 'pop up' information which identified if they needed to be seen in a ground floor treatment room.

The registered manager told us that they spoke several languages which allowed them to communicate with people who used a language other than English. They said that there were computer applications that they could use to assist with communication. They gave us an example of how they had treated a person who did not use English as their first language.

We saw that people's records were securely stored in the service which showed that their right to confidentiality was maintained. We saw that the surgery door was closed when people were provided with treatment. This told us that people's privacy was respected. The registered manager told us how they considered people's right to confidentiality relating to conditions, including their Human Immunodeficiency Virus (HIV) status.

People expressed their views and were involved in making decisions about their care and treatment. People told us that they were fully involved in the decisions about their dental care and treatment. One person told us, "They tell me what I need doing and what my options are." Another person said, "They (dentist) explained the options of what I needed and I got it all in writing. I looked at their website where I could see what they had done before, it is all pretty impressive. They explained the costs and I know exactly what is going to be done and how much it is going to be." The registered manager showed us documentation which had been provided to a person who used the service. This included their treatment options and the benefits and risks involved in each option. This confirmed what people had told us.

We saw that there was information in the waiting room which identified the costs to dental treatment. We saw that people had signed their dental plans to show that they had consented to the treatment and were made aware of the costs.

The registered manager explained how they gained people's consent before any treatment and they were aware of their roles and responsibilities relating to the Mental Capacity Act 2005 (MCA). We saw that the provider had policies and procedures in place relating to the MCA and consent to treatment.

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 told us that they were happy with the service that they were provided with. One person said, "It is A1." Another person said, "I think it is excellent." Another said, "They are very good." We asked another person if they were satisfied with the service they were provided with and they said, "Absolutely."

People told us that they would recommend the service to others. One person said, "I would have no hesitation recommending them." Another person said, "We came here after a recommendation and we have recommended them to others, they came and were pleased."

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We saw six people's paper care records and the computerised records of four people. The records included treatment plans which identified the care and treatment that people had agreed to. The records held information about people's medical history, well being and medication that they were prescribed with. We saw that there were up to date information, which had been provided by people in a questionnaire, which included their health and prescribed medication. A staff member told us that people were asked to update this information at each visit to the service. The registered manager showed us correspondence they had with a person's doctor which asked for up to date information about their prescribed medication. They explained that the person had not been able to communicate this information to the dentist. This meant that staff gained the information that they needed to ensure that people were provided with the care and treatment that they required and preferred to meet their needs.

The registered manager told us about how they had people referred to them for treatment and the processes that were in place to refer people to other healthcare services, such as if they were concerned that a person had mouth cancer. They showed us documentation which confirmed what we had been told.

One person allowed us to observe their treatment, we saw that this was done in a manner which met their needs and was unrushed. Where work was required, we heard staff explain the different treatment options that were available to them and when they should

be seen again.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had easy access to emergency first aid equipment including oxygen. The dentist showed us the drugs that were held to support people with a range of emergency conditions including anaphylaxis and cardiac problems. We saw that the expiry date of these drugs were clearly recorded and all were in date and fit for use. Records seen showed that staff had attended training to provide emergency care. A staff member told us that there was also a local 'first responder' service who they could call if people required emergency treatment.

A staff member told us that the service opened one late evening each week and some Saturdays. This meant that people were provided with a service where they could make appointments at times that suited them, for example to fit in with their educational or work commitments.

A staff member told us about how they supported people if they had a dental emergency which included a message on their answer phone which provided people with a contact telephone number of they needed out of hours support. The service participated in an 'on call system' at weekends with other dental services. Two staff members told us that they had 'slots' each day for emergency appointments and their policy was to see people who needed emergency treatment on the same day.

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

Our judgement

The provider was meeting this standard.

People 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.

Reasons for our judgement

People 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. This was because they had policies and procedures in place for identifying and reporting concerns of abuse to both adults and children. We saw that there were flowcharts to show the actions that staff should take if they had received an allegation of abuse and/or were concerned that a person was being abused. The local authority guidelines were available to staff on safeguarding vulnerable people in dental settings.

We saw staff training records which showed that they were provided with training in safeguarding vulnerable adults and children. This training had been updated regularly to ensure that staff were kept updated and were reminded of their roles and responsibilities.

We spoke with the registered manager and a staff member about the actions that they would take if they were concerned that a person was being abused. We gave a scenario of abuse and they explained the actions that they would take. We were satisfied that they understood their responsibilities of identifying and reporting abuse appropriately.

We saw records which showed that all staff working in the service had checks in place to ensure that they were of good character and were able to work with vulnerable people. These included the previous Criminal Records Bureau (CRB) and/or the current Disclosure and Barring Services (DBS) checks.

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

People told us that the waiting and treatment areas were always clean and tidy. One person said, "Always clean, especially in the surgeries." Another person said, "It is always clean." We asked another person if they found the environment to be clean and they said, "Never found any fault." This was confirmed in what we saw during our inspection. The waiting, treatment and decontamination rooms were clean and tidy.

There were effective systems in place to reduce the risk and spread of infection. We saw staff regularly changed their gloves and washed their hands. We saw that there were signs near hand wash basins which reminded staff about good hand washing techniques. We saw that when staff disposed of gloves, the bins were opened by a foot pedal, which minimised the risks of cross contamination.

Treatment rooms were cleaned after each person's appointment. A staff member showed us how this was done after we observed a person's treatment. This was also confirmed in the cleaning records that were seen, which showed that the treatment rooms were cleaned after each appointment and at the start and end of each day.

A staff member explained and demonstrated their decontamination process which involved the washing, cleaning, inspecting and sterilising of tools used by the dentist. We saw that the staff member wore gloves, an apron and a protective face visor which protected them from the risks of cross infection. There were dedicated sinks and 'clean' (where clean equipment were stored and rinsed) and 'dirty' (where used equipment were scrubbed and rinsed) areas in the decontamination room to ensure that cross contamination was minimised. This process was confirmed in the provider's decontamination guidance which we saw. Once sterilised, we saw that equipment was sealed and dated.

We saw that infection control policies and procedures were in place and records to confirm cleaning and testing of equipment had been completed. There were arrangements in place, such as a Legionella risk assessment, to check that the water system was free from Legionella bacteria.

We saw records which showed that the provider had completed self assessment audits to

measure the levels of compliance with the Health Technical Memorandum (HTM) 01 - 05, which identified the essential quality requirements and best practice in infection control. This audit included areas such as hand hygiene, waste control, cleaning of equipment and the environment and prevention of exposure to blood borne viruses.

We saw the provider's policy and procedure for managing clinical waste. We also saw records which showed that there was a contract in place for the collection and safe disposal of clinical waste.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

None of the people we spoke with raised concerns about their appointments being cancelled or that their appointments were late. One person said, "I am usually seen as soon as I arrive, never any problems." Another person said, "They are never late." This was confirmed in our observations on the day of our inspection. People were seen at their arranged appointment time.

The registered manager told us about the staffing arrangements in the service, which included ensuring there was cover available in the case of unplanned absences of staff, including dental nurses, reception and dentists.

We saw the training and continuous professional development records of five staff members which showed that they were trained to meet the needs of the people who used the service. This included subjects which included safeguarding people from abuse, infection control, decontamination, medical emergencies, radiation protection and Mental Capacity Act 2005.

We asked a staff member if they felt that they were supported in their role and provided with the training that they needed. They said, "I have become a better dental nurse since I came here, I am more confident and comfortable, everyone is so helpful," and, "If I need to know anything I go to (staff member), they know everything."

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 received.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on. We saw records which showed that people were asked for their views about the service in the provider's quality assurance satisfaction questionnaires. We saw the results from the questionnaires and discussions with staff showed that people's comments were acted upon to improve people's experiences of the service provided. We saw the minutes from a staff meeting which showed that the results of the questionnaires were discussed and so were the plans for improvement.

People were further provided with the opportunity to express their views of the service in the suggestions/comments box which was in the waiting room.

The registered manager told us that following people's treatment, such as if they had an extraction, they were given a courtesy telephone call to check on their welfare and if they were happy with their treatment. They said that if, for example, a person was bleeding, they were offered the opportunity to return to the service to be checked on.

We saw the provider's complaints procedure which explained how people could raise concerns about the service if they needed to and how they would be managed. The procedure was displayed in the waiting room of the service. Staff told us that there had been no formal complaints received in the last 12 months. They explained how complaints would be managed if received.

People told us that they would make a complaint if they were unhappy about the service they were provided with, if they needed to. One person said, "I have never had any thought of fault." Another person said, "I would speak to the dentist, but never had any concerns."

We saw the minutes from staff meetings which showed that staff were provided with the opportunity to discuss the service they provided.

The provider had an effective system in place to identify, assess and manage risks to the

health, safety and welfare of people who use the service and others. This was evident in the risk assessments which were seen which identified how risks were minimised. This included risks associated with the environment and infection control. We saw that fire safety checks were regularly undertaken and staff were provided with fire safety instruction. This meant that staff were aware of actions that they should take in the event of a fire.

The registered manager told us that there had been a recent flood in the premises. We saw that prompt action had been taken to identify the location of the leak. This had not been where treatment was provided. We saw documentation which showed that the provider had plans in place to redecorate the service where there was damage.

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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