

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

ADP Dental Company - West Molesey

502 Walton Road, West Molesey, KT8 2QF

Tel: 02089798138

Date of Inspection: 21 January 2014

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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 |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Registered Provider | ADP Dental Company Limited |
| Registered Manager | Mr. Andre Jooste |
| Overview of the service | ADP - West Molesey is a two-surgery dental practice which offers a full range of NHS and private treatment to both adults and children. |
| Type of service | Dental service |
| Regulated activities | Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury |

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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 21 January 2014, 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 carried out an inspection at ADP- West Molesey to look at the care and treatment provided to patients who used the service.

As part of our inspection we spoke with two patients and, with their permission, observed one treatment session. We spoke with one dental practitioner and three staff, which included the registered manager. We also reviewed patient records. In addition, we collected nine survey responses from patients who were attending appointments.

All of the patients we spoke with and the survey responses we received told us that the staff at the practice gained consent before any treatment was given.

We saw that patients were spoken to in a kind and considerate manner. We looked at patient records and saw that patients were asked about their general health when they attended the practice.

We found that staff were trained to identify different forms of abuse against vulnerable adults and children and knew who to contact if they had any concerns. Patients told us that they felt safe at the practice.

We observed that the premises were clean and that staff were seen to wear gloves and masks when they carried out treatments.

The practice had a system in place to log any complaints that they received. All of the patients we spoke with told us that they had never felt the need to complain.

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

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

All of the patients that we spoke with and the survey responses received told us that staff at the practice asked for their consent before any treatment was given. One patient told us "Everything is explained and I can ask questions." The staff that we spoke with told us that they discussed any potential treatment with patients to help them understand before they asked them for their consent. We were told "It is a two way communication between me and the patient and I will reiterate the information if necessary to ensure a patient understands." We observed one patient who received treatment and saw that staff explained to them what they were about to do and checked their consent regularly. We looked at a sample of patient records and saw that patients had signed treatment plans to consent to treatment. This meant that before people received any treatment they were asked for their consent.

We asked staff how they gained consent where people lacked capacity. We were told that staff had received training in the Mental Capacity Act (MCA). We noted that an easy to read version of the MCA was available to staff on their notice board. Staff that we spoke with told us of different ways they ensured a patient fully understood what treatment they needed, for example they used models or pictures. We saw an example of a patient who had a hearing impairment and noted that the dental practitioner and the patient had a conversation by writing things down. The dentist we spoke with told us they used a mirror all the time to aid a patient's understanding as they could show a patient the inside of their mouth. Staff also told us they could refer a patient to the Special Care Dental Service. This had specialist practitioners trained to treat patients who had a learning disability or who lacked capacity. This showed us the provider had processes in place for those who lacked capacity. It also meant that patients were given additional information or visual prompts to help them with their understanding.

Staff showed us a poster which contained information on language assistance. This was written in several different languages and gave telephone numbers for staff to access an interpreter. This showed us that staff had a process in place which ensured that a patient's diversity was respected.

We saw that the costs for NHS treatments were displayed in the waiting area and saw they (as well as information about private treatments) were also available on the practice website. This indicated the provider had ensured patients were aware of any costs before they consented 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's needs were assessed and care and treatment was planned and delivered in line with their individual needs.

We asked patients if they were happy with the care and treatment they received and they all said they were. Comments included "Very happy – I'm given lots of information for aftercare" and "All good." Our survey responses showed us that patients felt they were involved in decisions about their care. One patient told us that the dentist had "Saved my tooth" which they felt was particularly good and another emphasised that they had had "No pain." This showed us that patients were satisfied with the care they received at ADP - West Molesey.

Staff told us that a medical history questionnaire was completed for any new patients and this was checked when they attended for treatment. They also told us that after four appointments the medical history was completely updated. We saw a copy of the medical history form which included questions about the person's allergies, medical conditions, whether they smoked and how much alcohol they drank. Patients that we spoke with told us they were asked if there were any changes to their medical history each time they attended the practice. Everyone who completed our patient survey also told us the same. We looked at a sample of patient records and saw that patients were regularly asked about their medical history. This told us the provider had arrangements in place which ensured they had the most up to date medical information that related to a patient.

We saw in the sample of patient records we looked at that patients had been given oral health advice, for example about their diet and smoking. One patient we spoke with told us "The dentist gives me lots of oral health advice, particularly in relation to smoking" and another said "I am given oral health advice when I need it." Staff we spoke with told us they would always consider an individual patient's needs in relation to oral health or information. For example, they would take into account a patient's personal circumstances when they discussed treatment or oral health. We saw from the patient records that staff were alerted to any specific needs a patient had, for example allergies, or a patient who did not like to lie flat. Staff told us that they would treat a patient who used a wheelchair in their chair if it was more comfortable for them. This meant that patient's needs were

assessed.

Staff told us that they kept some emergency appointments available for patients each day. We noted that one patient we spoke with during our visit was attending as an emergency. Patients told us they did not have difficulty booking an appointment and did not usually have to wait too long when they arrived at the practice. This showed us that patients could access treatment when they needed it.

We asked the registered manager what arrangements were in place in the case of a medical emergency (for example a patient collapsing). We were shown that each surgery had a medical bag which contained oxygen, a mask and a defibrillator. The oxygen was checked each day by staff and recorded onto a log sheet. We noted that the bags were sealed. Staff said that if equipment was used the seal would be replaced. Staff also told us that head office monitored the expiry dates of the equipment contained in the bag and replaced it as and when required. We saw that the practice followed a corporate policy which gave information on what action to take should the practice have to close for any reason (for example due to a fire or flood). Staff told us that patients would be treated in one of the other local ADP practices. This satisfied us that the provider had processes and equipment in place to deal with an emergency.

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.

We asked staff who they would speak to if they had a safeguarding concern and they said that they would speak to their manager. We saw evidence that staff undertook annual training in safeguarding vulnerable adults and child protection. We looked at the practice policy and saw that it described the different types of abuse that could take place. The policy also contained a flow chart to show staff what they should do in the event they suspected any abuse. The policy referred to Surrey County Council (SCC) as the lead agency for safeguarding in the area. This showed us that the provider ensured that staff would be able to follow locally agreed procedures in the event of an allegation or suspicion of abuse.

We asked what checks had been made on staff's suitability to work with vulnerable people, including children. We were told that all of the clinical staff had criminal records checks and we were able to confirm this by looking at the records. We also saw evidence that the provider checked that each dentist and nurse was registered with their professional body. This told us the provider had taken the necessary steps which meant they only employed staff suitable to work with vulnerable adults and children.

The patients that we spoke with told us they felt safe at the practice. They said they felt that staff were "Professional and knowledgeable."

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

There were effective systems in place that reduced the risk and spread of infection.

All areas of the practice that we saw (which included the two treatment rooms) were clean and we saw that there were effective systems in place that reduced the risk and spread of infection. For example we saw that staff had a daily, weekly and monthly checklist for cleaning the surgery areas. Staff explained and showed us that the surgeries were separated into "clean" and "dirty" areas which ensured that used dental instruments did not contaminate clean instruments or equipment. Staff showed us how they would clean used instruments and told us that they were placed in a machine called an autoclave which sterilised them. We saw that clean instruments were stored in cupboards and drawers. These instruments were packed in sealed pouches marked with the expiry date. Staff told us that any instruments that had not been used within the appropriate time frame (as set out by the Department of Health) were re-processed and re-packaged. This showed us that staff followed local and national guidance that related to keeping the surgery and equipment free from contamination.

Staff told us that areas of the surgeries which included the dental chair, spittoon and instrument holder were all cleaned with a disinfectant spray between each patient. All of the patients that we spoke with and the survey responses we received told us that they felt the surgery was clean and that staff always wore gloves and aprons. We observed this during our visit. This showed us that staff were aware of their role to prevent infection or the spread of infection.

The practice employed an external cleaner to clean the surgery in all non-clinical areas. We saw the cleaner's daily routine up until November 2013 but staff were unable to find the current checklist. We saw however that the cleaner used colour coded mops for different areas of the practice and that these were stored correctly. We saw that all areas of the practice, and this included the toilet, were clean. Staff told us they would give the cleaner a replacement checklist if they were still unable to find the existing one when the cleaner arrived that day. This meant that the provider was able to tell which areas of the practice had been cleaned at any one time.

We saw that the practice held various corporate policies that related to infection control

and decontamination. We saw that staff had signed to say they had read the policies. All staff had received infection control training and we saw that clinical staff had received Hepatitis B vaccinations which reduced the risk of the spread of blood borne viruses. In addition to the decontamination policies and procedures, we also saw posters which related to good hand washing techniques. This told us staff were aware of their responsibilities related to minimising the risk of cross infection between patients and staff.

Each surgery had a sharps bin available for the disposal of used needles. The provider may wish to note that we found one sharps bin located on the floor of a surgery. The registered manager assured us this would be moved to an appropriate location away from the reach of patients. We saw that the bins were dated as well as evidence that the provider had a contract with a clinical waste collection company. We noted the two clinical bins stored to the rear of the practice were locked. This meant that the provider could be satisfied that they had suitable arrangements in place that related to the correct collection and disposal of clinical waste.

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.

Reasons for our judgement

There was a complaints system available.

We saw a copy of the practice complaints procedure. This was displayed on the wall in the waiting area. The policy included information about who patients should direct their complaint to. We also noted that the complaints policy was included on the practice website. We asked staff about any complaints that they had received in the last twelve months and we were told that they had not received any formal complaints. The patients that we spoke with told us they had never felt the need to make a complaint, but would approach the staff if they needed to. All of the survey responses gave the same feedback. This showed us that the provider ensured that patients were made aware of the complaints system and whilst patients were not aware of the formal complaints procedure, they all knew who to speak with if they had a complaint.

We asked staff how else they monitored how happy patients were with the service they provided. They told us they checked NHS Choices (where patients could leave feedback), they had a comments and suggestions box in the waiting area and said patients could leave feedback via the website. The registered manager told us that they had received several comments that related to the lack of space within the practice. They said that they were currently considering relocating to obtain more space. This showed us that patients were able to leave feedback and comments and these were listened to by staff.

Staff that we spoke with knew the process for dealing with a complaint. They told us that a standard acknowledgement letter was sent out immediately following receipt of a complaint. If a complaint could not be dealt with locally by the practice it was sent to the complaints lead at head office. This told us the provider had made staff aware of their responsibilities that related to complaints.

The patients that we spoke with were very happy with ADP - West Molesey. One patient said "I have a practice within walking distance from my home, but I would never change from here" and another said "I have been coming here for years and trust the dentist." Patients who responded to our patient survey told us "Very informative", "Very involved in care" and "Very friendly staff."

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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