

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

## Mr Victor Chan - Lauderdale

Crowborough Hill, Crowborough, TN6 2JA

Tel: 01892664464

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr. Victor Chan
Overview of the service	Mr Victor Chan - Lauderdale is a private dental Practice located in Crowborough. The Practice provides dental treatment to patients on an individual basis. More specialised treatment such as implants and root treatment is referred on to specialist services.
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 announced 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 2 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our inspection we met with the provider, dental nurse and spoke with one patient. We asked the provider for details of other patients for feedback but he was reluctant to give this and explained that he needed to maintain the privacy and confidentiality of private patients. We spoke with one patient who attended on the day of our visit. They said that they had used the Practice for 20 years and it was "Superlative". Comments received from patients in the last quality assurance survey in May 2012 included "Excellent", "Understanding" and "Comfortable. Not rushed".

We found that patients were offered a flexible and personalised service and could visit at a time that suited them. Patients received care and treatment which was planned and delivered in a way that was intended to ensure their safety and welfare.

All parts of the Practice were visibly clean, tidy and well maintained. There were appropriate systems in place to make sure that patients were seen in a clean and hygienic environment.

Patients were seen in a surgery which was fit for purpose and which had all the equipment needed to provide care and treatment safely. The environment was comfortable and offered privacy if needed.

There were systems in place for the provider to assess and monitor the quality of treatment provided. Patients were able to give feedback on their treatment and discuss any concerns. The provider had a clear understanding of current good practice and how to provide this.

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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We spoke with one patient about the treatment they received. They told us that other members of their family also used the dentist as the treatment was "Gold standard". They added that they could "Ask the dentist anything" and that the dentist "Always discussed the treatment and explained the options". Comments received in the last quality assurance survey in May 2012 included "Friendly, efficient, caring", "Very personal service" and "Very knowledgeable".

We looked at the treatment records for four patients who had recently seen the dentist. Each person had a record of the treatment they had received at each visit. The majority of patients used Denplan to pay for treatment on a monthly basis. We saw that there were contracts in place which explained the monthly fee and the treatment that could be provided. These were signed and dated by the patient. Treatment plans were in place for those that required a complex course of treatment. These included details of the treatment required and the costs involved. A patient told us that they always received the treatment they had expected. This demonstrated that patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plans.

The provider told us that he did not carry out specialist treatment and if this was needed he would refer the patient to another service. We saw referral letters which confirmed this. For example one patient was referred to another service for implants and another for root treatment. This meant that patients got the treatment they needed from an appropriate service.

We noted that each patient had an up to date medical history form which gave information about medical conditions and allergies. This meant the dentist was aware of any risks before treatment and could plan treatment accordingly.

The provider told us that he operated a 24 hour service which meant that he was available at any time of day if there was an emergency. Because the provider only had one or two appointments a day he told us he was able to offer a flexible service and see patients at a

time they preferred.

The provider told us that the dental nurse was not directly involved in treatment in the surgery. He added that the dental nurse was always nearby when a patient was being seen in case of an emergency. We saw documents which confirmed that the dentist and dental nurse held current registration with the General Dental Council.

Emergency drugs were stored in the surgery and we saw that there was a record of expiry dates for all drugs to make sure they were suitable for use. We found that the dates on the record matched those on medication containers. Oxygen was also available if needed and we saw that this was checked every month to make sure it was full. We saw evidence that the provider and dental nurse had attended medical emergency training in November 2012. This included cardiopulmonary resuscitation and emergency drugs. There was a file at the Practice on managing medical emergencies. This included policies and procedures on dealing with different types of emergency as well as details of medication use and side effects . This meant that the Practice had systems in place to ensure patient's safety in the event of an emergency.

**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 cared for in a clean, hygienic environment. 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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We observed that all parts of the Practice were clean and well maintained. One patient told us that it was "Always clean and tidy". There were effective systems in place to reduce the risk and spread of infection.

The provider explained that he was responsible for cleaning down the surgery and maintaining standards in infection control. The provider showed us the process for cleaning instruments in the surgery. The layout of the surgery meant there were separate clean and dirty areas. There were two sinks, one for cleaning instruments and the other for hand washing. Used instruments were cleaned in a sink before being prepared for autoclave sterilisation. Instruments were then stored in sealed containers ready for using again. We saw that instruments were stored neatly in drawers.

The provider showed how they cleaned down the chair and surfaces after treating a patient. Tubes were flushed through to remove any residue. There were concealed bins for clinical waste and these were designed so that they could be opened without using hands. A secure sharps bin was in place for the disposal of needles. Clinical waste and sharps were stored securely and there were arrangements in place with a company for them to be collected when necessary. We saw that disposable masks and gloves were easily located when needed.

We saw that a test strip was placed in the autoclave at each use to make sure that it was operating effectively. An automatic log was recorded on a memory stick. The provider explained that he took the autoclave for servicing every year and we saw records which confirmed this.

The provider had carried out an infection control audit although the provider may like to note that this was not dated. We were told that this was completed last year. The audit covered areas such as decontamination, environment, personal protective equipment and hand hygiene. We saw there were policies and procedures in place for cross infection, decontamination, hand hygiene and sharps. The provider may like to note that these were not all dated which meant that it was difficult to monitor when they needed review. However, the information contained in policies was current and up to date.

The provider had a good awareness of current guidance on good practice in infection control. We saw that the provider had maintained this awareness through continuing professional development and his role in the British Dental Association.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

Patients who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The Practice is located within the home of the provider. The provider has taken steps to provide treatment in an environment that was suitably designed and adequately maintained. The Practice was accessible and we noted the provider had carried out a disability access audit.

Because the provider met patients on a private, individual basis there was no reception area. A large lounge was used as a waiting room. This was comfortably furnished and offered privacy if needed. The lounge was spacious, clean and offered a relaxing environment. Toilet facilities were located close to the lounge and surgery.

The surgery was located close to the lounge. This was a purpose built room which was well designed and provided a suitable environment for consultation and treatment. The surgery was spacious and contained all the equipment needed to give safe treatment. Flooring was easy to clean and there were no trip hazards. The dental chair was modern, well maintained and allowed the dentist to move around the room freely. There was suitable storage and cupboard space for the equipment needed to provide treatment. An autoclave for sterilisation of reusable items and an X-ray machine were located in the surgery. There was enough space for the provider to stand at a suitable distance when using the X-ray machine. We observed that all parts of the surgery were clean and maintained to a good standard. There was suitable lighting in the surgery to allow treatment to be carried out safely.

We looked at a fire risk assessment which included a layout of the premises and identified exits in the event of a fire. Smoke detectors were installed in the surgery and other parts of the house. Emergency equipment such as oxygen and emergency drugs were easy to locate if needed. This meant that patients were seen in an environment which had been designed to offer safe treatment.

## 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 to regularly assess and monitor the quality of service that patients received.

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### Reasons for our judgement

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Patients who used the service, their representatives and staff were asked for their views about their care and treatment. We looked at the results of the last quality assurance survey which was carried out in May 2012. This compared quality scores with the national average in areas such as environment, treatment and fees. We noted that the results were consistently above the average. There were a large number of positive comments about the Practice and only two minor negative comments. Comments from patients included "Excellent customer service" and "Very knowledgeable".

We saw that there was a complaints procedure in place which included details of the General Dental Council and the Dental Complaints Service. The provider may like to note that there were no contact details of the CQC. The provider stated that he had not received a single complaint in the last ten years. We observed that before treatment was given the provider sat with patients in the lounge for a chat which meant there were opportunities for patients to make any comments about their treatment.

A quality assurance policy was in place. The provider was accredited by an external independent Denplan Excel Accreditation Programme. The last inspection and audit was carried out in October 2012. We found that the provider had also carried out a number of audits on the Practice to monitor the quality of the service. These included a disability access audit and infection control audit. A radiation protection file was well maintained and included equipment performance reports. We saw that there was a named Radiation Protection Advisor who was external to the Practice. This meant that the provider had systems in place to make sure that the quality of the Practice was maintained.

The provider told us he was a director of the British Dental Association and was involved in policy development both in the UK and overseas. He explained he was Chair of the International Affairs Committee and represented the UK on the Council of European Dentists, the FDI World Dental Federation and the Commonwealth Dental Association. We saw records which confirmed this. This meant that the provider was aware of current practice issues in dentistry and how to make sure that the treatment he provided was in line with best practice.

## 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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