Inspection Report

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

Lombarden Farm Dental Practice

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Tel: 01883730750

Date of Inspection: 19 August 2013
Date of Publication: September 2013

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

- 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
<table>
<thead>
<tr>
<th>Details about this location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Provider</td>
</tr>
<tr>
<td>Registered Manager</td>
</tr>
<tr>
<td>Overview of the service</td>
</tr>
<tr>
<td>Type of service</td>
</tr>
<tr>
<td>Regulated activities</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
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'.

<table>
<thead>
<tr>
<th>Summary of this inspection:</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>How we carried out this inspection</td>
<td>4</td>
</tr>
<tr>
<td>What people told us and what we found</td>
<td>4</td>
</tr>
<tr>
<td>More information about the provider</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>5</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>7</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>8</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>9</td>
</tr>
</tbody>
</table>

| About CQC Inspections | 10 |
| How we define our judgements | 11 |
| Glossary of terms we use in this report | 13 |
| Contact us | 15 |
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 19 August 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

As part of our inspection we spoke with two patients about the support and treatment they received. They told us that they were happy with the service. One patient said "I just couldn't fault it" and "My dentist does everything to absolute perfection".

We looked at the records for four patients. We found these included treatment plans, medical histories, visit dates and the treatments people had received.

We spoke with staff who were able to clearly explain their role with regards to safeguarding vulnerable adults and children. They said that they would feel confident in reporting safeguarding concerns so that the appropriate action would be taken.

We saw that the service had appropriate policies in place to manage infection control effectively. We also saw that good infection control procedures were followed.

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td></td>
</tr>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. On the day of our inspection we observed a patient during their consultation with the dentist. We saw that the patient was asked about any changes in their medical and oral health. This was then updated on an electronic system for the dentist to view prior to the treatment commencing. We also saw that the dentist ensured the patient understood what treatment was to be provided and that they were happy to proceed. This meant that patients were assured of receiving appropriate treatment in line with their oral health needs.

We reviewed the records for four patients and saw that treatment plans and options had been explained and recorded. We also saw that any potential risks relating to the patients treatment had been explained and that the patient had been given appropriate information about the risk. For example, we saw that patients who required sedation had been sent information to read and sign which clearly detailed the risk and procedure involved. We saw that patient records included details of the patients' medical history and these had been updated with the patient at each appointment. We noted that patients were told about their treatment and the associated costs before it commenced and that written consent was gained from each patient to ensure they were happy with the treatment to be provided.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had access to emergency equipment such as oxygen. We reviewed the training records for all staff employed by the service and saw that they were trained to manage medical emergencies and provide cardio pulmonary resuscitation (CPR). We checked the contents of the emergency drugs box for the practice and saw that staff had access to some emergency drugs such as aspirin and Glucogel. This meant that patients would be supported by trained and informed staff in an emergency situation. However, the provider may find it useful to note that staff did not have access to all of the emergency drugs that are recommended by the Resuscitation Council (UK) for the use of medical emergencies.
and resuscitation for Dental Practitioners.
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.

Patients 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

The service had policies and procedures for safeguarding vulnerable adults and children. These contained the contact number for the local authority safeguarding team. We saw that the policies were located in the main office of the practice and were easily accessible for staff. This meant that staff had access to the relevant guidance and contact details for the local authority should they need to report a safeguarding concern.

We spoke with two members of staff and the Registered Dentist about their understanding of the safeguarding procedures for vulnerable adults and children. They all demonstrated a clear understanding of their role with regards to safeguarding and said they would feel confident in reporting any concerns they had to the local authority so that the appropriate action could be taken. However, the provider may find it useful to note that not all staff had attended recent training in safeguarding to ensure they had received up to date information with regards to identifying and reporting concerns.

We reviewed documents to confirm that all professionally practicing staff held current registrations with the General Council (GDC). We also saw that staff employed by the service held checks with the Criminal Records Bureau (CRB). These checks ensured that only staff who were suitable to work with vulnerably people and had the appropriate professional qualifications were employed by the service.
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.

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

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the service had a dedicated decontamination room. We spoke with the Registered Dental Hygienist who explained the procedure for the decontamination of instruments. Decontamination is required in order to minimise the risk of cross infection between the equipment used, patients and staff. The description for the decontamination and sterilisation process was explained to us and was in line with the Department of Health requirements for decontamination in dental practices. We saw records to show that suitable arrangements were in place for validating and testing the autoclave system, which was used to sterilise the equipment. This meant that patients could be assured that the correct procedures were followed by the service to ensure the instruments used were sterilised and appropriately maintained.

The service had policies and procedures in place to manage infection control. The policies included areas such as hand hygiene, inoculation injuries and infection control. We saw that these policies were kept in the main office and were easily accessible for staff. We reviewed the training records for all staff employed by the service and noted they had attended training in decontamination and infection control. This meant that staff had access to the most up to date information and guidance with regards to infection control procedures which helped them to maintain a clean and hygienic environment.

Patients were treated in a clean and hygienic environment. We saw that the Registered Dental Practitioner and Registered Dental Hygienist wore clean uniforms and that personal protective equipment (PPE) was available for use. A separate hand washing basin and hand wash was used in the treatment room. We observed that staff followed good infection control and hygiene practices throughout consultation. This helped to protect patients against the risk of infection and cross contamination.
Assessing and monitoring the quality of service provision

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 patients receive.

Reasons for our judgement

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with staff who told us they gained feedback from patients to make sure they were satisfied with the service provided. We saw that feedback questionnaires were given to patients in order to gain their views. One patient we spoke with told us that the service had also contacted them following their treatment to gain their views and comments regarding the treatment provided. We viewed the most recent responses from the feedback questionnaires and these indicated an overall level of satisfaction. Comments included "Always found this practice to be very reliable", "Exceptionally high standard of work" and "Efficient and faultless treatment which took place in what must be unique surroundings".

The service had completed regular checks to identify areas where improvement was needed which included maintenance or health and safety concerns. We spoke with the Registered Manager for the service who told us they had completed regular checks to ensure the environment was clean and safe for patients who visited the service. We saw that the service was cleaned regularly and that maintenance issues had been resolved. For example, the Registered Manager told us that a water pump in the treatment room had broken and required a replacement. We saw that this had been replaced quickly to avoid any disruption to the care and treatment provided to patients. This meant that the service had completed the appropriate checks in order to maintain a safe and suitable environment for patients to be treated in. However, the provider may find it useful to note that the service had not fully recorded the checks and actions required in order to evidence the good practice followed.
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. |
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

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