

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

## The Ackerman Clinic

Suite 2, 1 Ashley Road, New Milton, BH25 6BA

Tel: 01425628987

Date of Inspection: 15 February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Johann Ackerman Limited
Registered Manager	Mrs. Tracy Harding
Overview of the service	This is a one surgery practice located adjacent to the High Street in New Milton. There is one dentist present who is a specialist oral surgeon. The practice sees private patients only, mostly on referral.
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 15 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke to three patients who were complimentary about the practice, and we were given a letter from a patient who was aware of our visit. They felt that they were treated with respect and dignity. They told us that they were informed about the choices, costs, alternatives and possible outcomes of their treatment. They felt they were treated in a professional manner.

One patient told us it was: "Fantastic - first rate" and another said: "The staff are more than helpful". All three patients felt they were treated with kindness and understanding. They also felt the practice was clean and comfortable. One patient said "I would never have a tooth taken out anywhere else". From the letter left by the patient who could not attend, it was stated that the whole team were "Genuinely caring, considerate, kind and immediately put me at ease".

We found that the patients had total trust in the clinician and staff and that they were being treated in a well organised practice.

We saw that patients were listened to in all areas of their clinical needs and that the staff were very supportive and understanding. Staff received appropriate professional development

The practice was clean and there were effective systems in place to reduce the risk and spread of infection.

Records were accurate, fit for purpose and kept securely.

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

**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

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with three patients and were given a letter by a patient who had heard we were visiting the practice. All of these patients confirmed that they found the staff very friendly and helpful. They were full of praise for the service they had received. One patient said "The staff are more than helpful" and another said "They are fantastic - first rate". All patients said they found the practice clean and comfortable.

Patients were able to express their views. We saw that opportunity was provided for patients to provide feedback about the treatments they had received. This was originally done by means of a patient satisfaction questionnaire, where 30 patients at random were sent it after their treatment. The results from these questionnaires were analysed, discussed at practice meetings and acted upon where appropriate. Because of the fact that not all patients returned their questionnaires a different method was now practiced. On finishing treatment all patients were given a bag containing patient information about what to expect after surgery, information on commonly used medications prescribed, and practice information in general. A satisfaction questionnaire was now included in the bag asking for patient's to complete and hand back at their review appointment. This was proving to be much more reliable. We saw comments such as "I would never have a tooth taken out by anyone else" and "Great - thank you all".

Patient's privacy was respected. We could see that confidentiality was being observed. We were told that any confidentiality issues would always be discussed away from the reception area if required. We saw ongoing training was provided.

Patients were given appropriate information and support regarding their treatment. Leaflets were available to patients describing future treatment options. We looked at a small sample of patient record cards. These recorded that medical histories had been updated and that treatment options were discussed. We saw that all patients were given a written treatment plan. This demonstrated that people were able to make informed choices about their treatment.

People should get safe and appropriate care that meets their needs and supports their rights

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that medical histories were updated and kept in the patient record files. A specific treatment plan form with costs was provided for every patient to enable them to consider the treatment proposed and the costs involved. This showed that patient's were able to give an informed consent to treatment.

There were arrangements in place to deal with emergencies. Emergency medication was available along with emergency oxygen and appropriate kit. We saw evidence that the staff had undergone cardio pulmonary resuscitation training in August 2012. A robust checking system was in place to ensure all equipment and drugs were in-date. A defibrillator was not present.

**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.

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

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. An infection prevention and decontamination lead person had been appointed under the supervision of the provider. We were told that this lead person along with the practice owner supervised the decontamination protocols and procedures. We saw that the whole team had training on decontamination in March 2012 and that daily, weekly and monthly checks were in place.

There was a well appointed decontamination room which we noted was shared by the adjacent practice. We saw that separate doors at either end of this room provided access from the individual practices. We found this to be very well equipped with well defined "Dirty" and "Clean" areas. We saw that all used instruments were transported using locked containers. A nurse showed us the decontamination procedure and we saw that it complied with the Department of Health guidelines on decontamination (HTM 01 05). We saw that personal protective equipment was readily available and that the staff were following correct procedures regarding hand hygiene. We noted that the autoclave had a computerised print out of each cycle, which was logged accordingly, and observed that the bagging and storing of instruments was being done correctly.

We saw that the hand washing facility in the surgery was fit for purpose, and noticed that the lay-out of the adjacent rooms was done paying particular attention to cross-infection and hygiene. We noticed that the whole clinical area was uncluttered and arranged to enable all surfaces to be easily cleaned.

We saw that service and maintenance records were in place and that the autoclave had been serviced in September 2012.

Waterlines in the dental units were treated with disinfectant and up to date Legionella risk assessments were seen.

Clinical waste audit, protocols and policies were in date and evidenced. Sharps boxes

were seen in the surgery and decontamination room. We saw evidence that this was being collected by a registered carrier.

A good understanding of what to do if there was a blood spillage was shown by staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We saw evidence indicating that ongoing training and auditing were taking place, showing that the services provided were safe for both patients and staff. We noted that the provider was a specialist oral surgeon and attended many conferences both in the UK and other countries. We saw evidence of risk assessments being carried out and we saw certificates showing that the staff regularly attended courses to support their continuing professional development, and that this was encouraged and supported by the provider. We saw that this training was done between March and May 2012. It included training in medical emergencies, disinfection and decontamination, radiography and radiation and first aid.

We noted that all Human Resources (HR) policies and procedures were out-sourced to a recognised HR company. We could see staff induction records, registration certificates, indemnity records and ongoing training was in place. This company dealt with all records relating to job descriptions and contracts of employment.

Training was supervised and recorded by the practice manager. We saw records showing that staff received training on dealing with complaints, customer service and health and safety awareness. We also saw evidence that the practice received training on confidentiality and information governance. It was also seen that training was given in gathering patient feedback and analysing the results, which were then discussed at practice meetings. These were held every two weeks and we could see that the minutes were very comprehensive and wide ranging subjects discussed.

We noted that the induction checklist had been worked through and that appraisals had been done.

The staff indicated that they were well supported and that it was easy to raise an issue if required.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We saw records of audits and maintenance logs which evidenced our judgement. Clinical records were seen to be compliant.

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## **Reasons for our judgement**

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Patient's clinical records were accurate and fit for purpose. It was observed that these records were written contemporaneously, and that confidentiality was being observed. We noted that a computerised system was in place for digital radiography and for practice management procedures, but the individual wallet files for patient record keeping proved more appropriate for the provider. We looked at a sample of six of the patient record file wallets which contained letters, radiographs from referring dentists, treatment plans showing consent and costs involved, and other information.

We saw that the dental records were kept in locked cabinets in the practice manager's office, behind reception, not accessible to patients. We were told that all computers were password protected.

We saw staff records and other records relevant to the management of the services were accurate and fit for purpose. These included certificates showing continual professional development and further training.

We saw records relating to the practice equipment which showed that a robust system for servicing and maintenance was in place. We noted that a contract was present with an appropriately registered company and a diary system set up to show when servicing was due. This was further checked by the provider and practice manager. We saw records to show that the autoclave had been serviced in September 2012 and the critical examination of the X ray unit was done in August 2012. This demonstrated that the equipment was being serviced and maintained correctly.

We also saw that the electrical testing of portable appliances had been done in November 2010 and the fire safety risk assessment in May 2011. We observed that fire-drill records were present. We also saw that the water systems were checked for Legionella. All of these records were kept securely and could be located promptly when needed. Records were kept for the appropriate period of time and then destroyed securely.

## 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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