

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

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Cleanliness and infection control ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Dr. Graham Aird
Overview of the service	This provider is a single GP practice based in Sanderstead, South Croydon. It provides dental health care for up to 1000 patients who pay for these dental services.
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 unannounced 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 28 January 2014, 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 and talked with staff.

What people told us and what we found

During this inspection we spoke with the dentist, the practice manager, the dental nurse, the receptionist and four people who used the service.

All the people who used the service and who we spoke with told us that they had been coming to this dentist for many years. They all said it was the best practice they had been too. They told us that the dentist always explained what treatment was needed, the options for treatment and how much it would cost. One person said, "I feel fully informed and I am made to feel comfortable with the whole process". Another person said "This practice is a very good practice. The dentist takes time to explain things to me, I hope he doesn't retire any time soon".

We found people's records included detailed information about their treatment plans and they were securely locked away and not accessible to anyone who was not authorised access.

We found the practice had arrangements in place to deal with foreseeable emergencies. There were safeguarding policies that related to adults and children. People were protected from the risk of infection because appropriate guidance had been followed. We also found that there was an effective complaints system available.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with four people who used the service. They said that staff were friendly and helpful and they were able to make appointments when they needed to. They told us their privacy was always respected. Those people who we spoke to told us that they were given appropriate information regarding their diagnosis, their treatment and the cost of their treatment. In the waiting room we saw leaflets with information about the different types of treatment available at the practice and how to make a complaint. None of the people who we spoke with said they had ever needed to make a complaint.

People expressed their views and were involved in making decisions about their care and treatment. The practice manager told us they encouraged people who used the service to complete questionnaires or feedback surveys. They said they used feedback from the surveys to make improvements at the practice. They showed us a report from the most recent survey carried out in December 2013. The report included a summary of their findings and indicated that all the people were happy with the service they were receiving. The dentist told us that if people made comments about the service appropriate improvements would be made.

In the surgery waiting room we saw a "suggestions box" and on the wall there was a notice informing people about how to make a complaint if they needed to do so. The dentist told us that they felt it was important to provide a service that met people's needs and made them feel comfortable in doing so, therefore the staff team acted in every way to ensure this happened. The dentist told us that every April all the feedback received from the questionnaires, suggestions and complaints was reviewed to see whether any improvements were required.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

All the people who used the service and who we spoke with told us that they had been coming to this dentist for many years. They all said it was the best practice they had been too. They told us that the dentist always explained what treatment was needed, the options for treatment and how much it would cost. One person said, "I feel fully informed and I am made to feel comfortable with the whole process". Another person said "This practice is a very good practice. The dentist takes time to explain things to me, I hope he doesn't retire any time soon".

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The practice manager showed us 15 people's records selected at random. We saw that at each follow up appointment patients medical histories were checked and the form updated if details had changed. This meant the staff were always aware of any risks to patients and would ensure they were safe during a consultation.

We saw the dentist's diagnoses and treatment plans that evidenced that people had been consulted about their treatment and that they had been given further advice and information. We saw that people had completed medical history updates at each appointment. We saw that treatment plans included a breakdown of the cost of treatment. We saw that consent to treatment forms had been signed and agreed by people who used the service. The practice manager told us people were provided with a copy of the treatment plan to take away if they wanted one.

There were arrangements in place to deal with foreseeable medical emergencies. We saw that medication for use in an emergency was kept in a locked cupboard. The practice nurse showed us documentary evidence indicating that medication was checked regularly to ensure that it was not date expired. The emergency and first aid equipment was seen to be available in the surgery and gave easy access to the equipment if required. We saw evidence that medicines used in emergencies were checked regularly by the dental nurse. Records were kept of the amount of emergency medicines in stock and their expiry dates. We also saw that emergency equipment included a defibrillator and oxygen that was checked on a regular basis. This helped to protect people's health and wellbeing in an emergency.

We reviewed the practice's risk assessment practices. We saw records indicating that risk assessments and checks or audits were carried out regularly. This included the types of significant risks in the practice, people at risk and the controls that were put in place to manage the risks. The areas that had been covered were; autoclave (sterilising machine) and other cleaning audits, biological agents, electrical, eye injury, fire, hazardous substances, manual handling, sharps, slips, trips and falls and waste disposal. The practice nurse and the dentist told us they reviewed risks and updated the logs regularly.

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

Our judgement

The provider was meeting this standard.

People who use 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. The practice manager showed us the practice's policies for safeguarding vulnerable adults from abuse and child protection. They showed us certificates that evidenced that all the staff had completed training on safeguarding vulnerable adults and children from abuse. The dentist told us he was the safeguarding lead for the practice. He told us that no concerns to do with safeguarding had ever arisen in the practice.

We were shown certificated evidence that all the practice staff had attended training on safeguarding vulnerable adults from abuse and children protection within the last three months. When we spoke with the staff and the dentist they all demonstrated a clear understanding of the types of abuse that could occur, the signs they should look for and what they would do if they thought someone was at risk of abuse or harm. They were all aware of who the safeguarding lead for the practice was and they all knew the contact details of the local authority's safeguarding vulnerable adults and child protection teams and told us they would report any concerns they had to them.

Our inspection of the staffing files indicated that all staff had had a criminal records bureau check as a part of the recruitment process.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment. We inspected all the premises including the surgery room and the waiting room and we found that the practice was well decorated, clean and hygienically maintained. People using the service told us the practice was always clean and tidy.

There were effective systems in place to reduce the risk and spread of infection. The practice manager told us they employed a cleaner to clean the practice. They showed us that daily cleaning checklists were being completed. The practice manager showed us the practice's infection control procedure. They told us that treatment rooms were cleaned in between patient's appointments and showed us that daily and weekly equipment cleaning checklists were being completed by the dental nurse. They showed us evidence indicating that the practice staff had completed training on infection control. The dental nurse demonstrated the cleaning procedure that was undertaken between each patient's appointments. It was comprehensive and thorough and in line with guidance from the Department of Health.

The practice did not have a separate decontamination room however appropriate screening was in place. The layout and design of the surgery room was modern and well thought out so as to ensure a logical and clear flow of the practice and the procedures for washing, decontamination and bagging of the instruments used for treatment. There was a clear and identifiable route through which instruments went from new, to used, to cleaning and storage. The dentist and the dental nurse told us they were achieving the essential requirements of the Department of Health's guidance (HTM 01-05) regarding decontamination in primary care dental practices.

We saw there was adequate hand washing facilities which were clean and in good condition. Staff had access to disposable gloves, aprons, face and eye protection. We found that the toilet at the practice was clean and well stocked with hand wash and towels.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development. The provider had suitable arrangements in place to ensure staff were appropriately supported to deliver care and treatment to an appropriate standard. We were shown evidence of the practice's induction programme that involved an introduction to the staff team, policies and procedures to do with accidents; emergency equipment; fire awareness; staff training; annual leave; health and safety and the management of risks; and all the policy and procedures used in the practice. The dental nurse confirmed she had received training in all these areas during the induction period.

Access to other training was seen to be good. We saw the practice's training file and we saw that staff had received training in all the appropriate areas and this was backed up both by certificated evidence and by the staff who told us that they had received the training. The practice nurse told us, "Training here is very good. I am supported to a whole range of training that helps me do my job effectively". Training courses that had been attended by staff included, infection control; data protection; decontamination and disinfection; oral cancer course; record keeping; safeguarding vulnerable adults and child protection. We saw certificated evidence that the dental nurse had gained the national diploma in dental nursing in February 2013.

The dentist explained to us that the team was very small and consisted of the dentist, the dental nurse and the receptionist. The surgery provided a service two days a week. It was also explained that the practice manager worked in the practice on a less frequent basis to ensure compliance with standards and outcomes. When we spoke to the dental nurse and the receptionist they were able to demonstrate and explain their duties and roles in the practice.

We checked the General Dental Council register and confirmed the clinical staff were registered. This meant that the dentist and dental nurse had met the 'continued professional development' criteria to remain registered.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. People were made aware of the complaints system. We were shown the practices complaints procedure and we saw a notice about how to make a complaint that was located in the waiting room area. The procedure set out a staged complaints process that was set within a timescale for each stage. It advised people how to make a complaint and what actions the practice would take in response. The policy also included the details of who to complain to if they were not satisfied with the practices response.

We asked the practice manager if they kept a log of any complaints that had been made. We were shown the practice's complaints log and we could see that no complaints had been made. We spoke to staff and people who used the services and they confirmed that no complaints had been made.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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