

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

## Rex Muller Dental Surgery

146 St George's Road, Hastings, TN34 3NE

Tel: 01424441439

Date of Inspection: 15 May 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>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr Rex Muller
Overview of the service	Rex Muller Dental Surgery provides general and preventative dentistry to NHS patients of all ages.
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 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with eight patients, the dentist and all three dental nurses who worked in the practice.

Patients told us that they felt well informed and were happy with the care and treatment provided. We found patient surveys had been undertaken with good results.

Staff demonstrated knowledge and understanding of the importance of infection prevention and control and there was regular training in place.

Staff told us that they felt well trained and supported. Regular audits of quality were undertaken.

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

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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

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All the patients we spoke with during the inspection told us that the staff at the practice were polite, efficient and treated them with respect. Three patients told us that they were very nervous when having dental treatment. However, this had been well managed for them by the dentist and other staff members. One patient said that the dentist, "Puts you at your ease."

Decisions regarding treatment were discussed in privacy in the treatment room. All the patients said that they were well informed and their treatment plans had been fully discussed with them. All the patients said that the dentist was a very good communicator and that they had been involved in choices and decision options for treatment where relevant.

One patient said that the dentist was, "Really easy to talk to." Another patient told us that their whole family were patients at the practice. They said their children were always happy to attend the practice as the dentist had developed a good rapport with them. He always explained treatments to them and involved them in the decision process. Everyone we spoke with said they could ask any questions they wished to.

The notice boards in the waiting area displayed a variety of information that included: NHS charges for treatment, all current registrations with the General Dental Council, the services provided by the practice as well as emergency dental information and contact numbers. There were also staff training certificates displayed, for example, infection control and emergency first aid at work courses attended. There were information leaflets on preventing infections and an activity book for children about dental hygiene.

The practice complaints process was displayed in the waiting area. Patients were invited to raise comments or concerns directly with the receptionist. There was also an offer to arrange a confidential discussion with the dentist if required. The NHS leaflets on how to make a comment or complaint were available to patients.

We looked at six recent patient treatment records. All showed evidence of discussion and the advice and guidance provided. We observed patients completing the NHS contractual requirement forms as well as providing signed consent and signing treatment plans. We also observed staff responding to questions on the telephone and in person in an efficient and effective manner.

Patient records were stored behind the reception area. Staff told us that the reception was always manned during practice opening hours. Staff demonstrated awareness of the importance of confidentiality.

**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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All the patients we spoke with said they were happy with the care and treatment provided at the dental practice. Six patients had been with the practice for many years. One said that the dentist, "Does things the way I want." Another patient said that he had, "A nice manner and does the job." We were told by one patient with a particular medical condition that the dentist had really helped them to preserve their teeth. Two patients were new to the practice. After treatment, they told us that they would continue with the practice as the care and treatment had been good.

There was a registration form in place that included a medical history as well as some social history. Patients had signed and dated that they had reviewed their medical history at each visit on all the records we looked at. Changes were recorded where relevant. We observed patients being requested to review their medical history on arrival for their appointment.

We found a full dental assessment, including soft tissue checks, recorded at each visit in the patient records we looked at. Where required, each patient had a treatment plan. The next visit was recorded for everyone. Diagnostic tests such as x-rays had been recorded.

Patients told us that they had not experienced any delay when making appointments. They all said that appointments were made to suite them. All the patients who had been attending for many years told us that they never had to wait if they were in pain. One patient had telephoned the day before and been fitted in. We observed staff making an emergency appointment for a child to be seen on the day of the inspection. We also observed where staff accommodated a patient's requirements when making their next appointment.

The emergency drug kit was checked as part of the weekly checks carried out every Friday afternoon when the practice was closed. Staff told us that they received alerts from the company before any drugs became out-of-date. We were also shown the practice diary where these were recorded well in advance of the drugs expiry dates.

**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.

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**Reasons for our judgement**

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All the patients we spoke with told us that the treatment rooms and waiting area were clean. We observed a treatment room that had been cleaned and prepared for the next patient.

We asked staff to demonstrate how they prepared the room between patients. They showed us how the chair was cleaned as well as all touch surfaces. All items used were disposed of or decontaminated. Staff told us that they followed the practice infection control policy and procedures. These included the processes for decontamination, sterilisation, hand washing and sharps injury.

We were shown how instruments that required decontamination were processed. Decontamination took place in the single treatment room. The dental treatment room had two sinks. One sink was used for hand washing and the other sink for dirty instruments. Dirty instruments were taken on the tray used by the dentist straight to a bowl in the appropriate sink. Dirty instruments were pre-soaked, rinsed and put in the ultrasonic cleaner. The instruments were rinsed again, placed on trays and put through the autoclave. When clean, the tray with the instruments was placed on a clean surface away from the dirty area. The clean, dry instruments were then put in prepared pouches and date stamped.

The three registered dental nurses who worked in the practice had undertaken Infection Control Champion training and demonstrated a good knowledge of cross infection risks. They described the updated Department of Health advice and guidance on decontamination in dental practice. Daily tests were carried out for the cleaning machines. We saw the checks and results were recorded.

Bottled water was used in the treatment room, this was treated every week, flushed through and tested. No problems had been identified. An annual water quality check was also carried out.

Dental nurses were responsible for the daily cleaning of the treatment room as well as cleaning between patients. In addition, there was a weekly thorough clean of the whole

area, including x-ray and other equipment, when the practice was closed. There were cleaning check lists as well as equipment check lists. These were all recorded, dated and seen at the inspection.

We saw that there was personal protective clothing available for staff. Sharps bins were labelled and in place. There was occupational health provision and hand hygiene training in place.

**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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Patients we spoke with told us that they felt the staff were well trained. Staff said that they were happy working at the practice. All the dental nurses were registered with the General Dental Council.

There was an induction process in place for new staff. One member of staff described how they had been introduced to the practice policies and procedures. They told us they had then worked alongside another dental nurse to observe the working practices. They were also trained on all the equipment. This meant that there was a well supported hand over and start to the new role. The staff member was awaiting some training, for example, safeguarding children. However, a monitored training programme was in place.

All the staff we spoke with said that they felt well trained and supported. We were told that mandatory training covered child and vulnerable adult protection, infection control and medical emergencies. We saw examples of training certificates for medical emergencies, infection control and radiation protection. Staff attended the Kent, Surrey and Sussex (KSS) Deanery training courses. In addition, one member of staff and the dentist also worked regularly for the local emergency service. The dental nurse also completed their training programmes. We looked at their continuing professional development record that showed current certificates, including equality and dignity training.

We were told that there was no formal supervision. However, this was a small practice and the dentist worked with all the dental nurses on a regular basis. The three dental nurses said that they discussed any issues together and worked together to resolve them. If they were not able to resolve something, they would take it to the dentist. They all said that they received good advice and support and that they could discuss anything important. We were given an example where a member of staff required urgent time off. They said that they had been well supported through the difficult time.

Further training needs were again discussed all together and the staff all felt able to develop further if they wished to. One member of staff had been trained in the Mental Capacity Act 2005. They and the dentist demonstrated a good understanding of the Act and their responsibilities under it.

The dentist told us that his continuing professional development was up-to-date and described the six core topics he would be attending later in the week. The dentist also attended conferences and subscribed to relevant professional journals. We were told that there were a network of colleagues who meet regularly to discuss difficult cases and provide peer support and learning.

## 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 people receive.

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### Reasons for our judgement

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Patients we spoke with were happy with the quality of the care and treatment provided. Patient surveys had been undertaken in 2011 and 2012. These demonstrated good results in all areas, such as information provided and waiting times. The 2013 survey was planned.

No complaints had been received in the last 12 months. All the patients we spoke with were able to describe how they would complain if they wished to. There was an accident book in place. This was the process to record any staff or patient accidents or incidents. We were told that nothing had required reporting in the past 12 months.

The paper records were checked by the member of staff responsible for transcribing the information into the computer records. There was an on going x-ray audit where every x-ray taken was graded. Any film not graded as a '1' was reviewed to investigate what had happened. The findings were then discussed with staff.

We saw that clinical area and infection control checklists were in place. These included some health and safety, equipment maintenance and environmental checks.

## 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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