

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

## Denture Care Centre UK Ltd

Denture Care Centre, Turners Hill Road, Crawley  
Down, RH10 4HE

Tel: 01342716822

Date of Inspections: 04 December 2013  
26 November 2013

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2014

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

## Details about this location

Registered Provider	Denture Care Centre UK Limited
Registered Manager	Mr. Martin Ellis
Overview of the service	Denture Care Centre UK Ltd makes dentures and provides dental treatment to adults.
Type of service	Dental service
Regulated activities	Surgical procedures Treatment of disease, disorder or injury

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*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 26 November 2013 and 4 December 2013, observed how people were being cared for and talked with people who use the service. We 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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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We looked at eight patient records. Treatment was planned and delivered in a way that was intended to ensure patient's safety. There were arrangements in place to deal with foreseeable emergencies. All consultations took place in private to ensure that confidentiality was respected. Patients were protected from the risk of abuse because staff were trained to identify and report concerns. Staff demonstrated a clear understanding of their responsibilities with regard to safeguarding.

All patients we spoke with were happy with the service provided. One patient described the service as "Helpful."

Staff had opportunities for professional development. We were told that staff had undertaken the level of continuing professional development required to meet the requirements of the General Dental Council (GDC). They were aware of their responsibilities in preventing the spread of infection and there were clear procedures in place for staff to follow.

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.

Patients' privacy, dignity and independence were respected. Patients' 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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Patients' were given appropriate information regarding their treatment. We looked at eight patient records. The records documented the treatment patients' told us they had received.

Patients understood the care and treatment choices available to them. One patient told us that the staff "Talk things through with me". Patients told us the dentist had explained and provided treatment options. This meant the patients were able to make informed choices. They said they were made aware of the costs before agreeing to treatment. One patient told us, "They are very good at telling me what to expect".

Both staff and patients told us consultations were held in private. Patients said that medical information was only discussed in the treatment room and staff confirmed this was the case. This ensured patients privacy and confidentiality were respected.

**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.

Patients' experienced care, treatment and support that met their needs and protected their rights. Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare.

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**Reasons for our judgement**

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Patients' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We looked at eight patient treatment records. They contained medical histories, information from check-ups, and treatment plans. Patients we spoke with told us they had filled out a medical history form and were asked for an update at each appointment. One person said, "They always check if I am taking any medicines". The eight patients' records we saw showed that the medical history was checked regularly. We saw that information regarding any allergy or medical condition that the dentist should be aware of was transferred to the front of the dental records.

We were told that patients' oral health was checked, including soft tissue examinations and basic periodontal assessments, which are examinations of gum health. Some of the dental records we saw contained periodontal scores. The service had a system to recall patients for their periodic check-ups. All patients we spoke with were happy with the service provided.

Treatment was planned and delivered in a way that was intended to ensure patient's safety. There were arrangements in place to deal with foreseeable emergencies. We saw records to confirm that all clinical staff had received training in cardio pulmonary resuscitation (CPR) within the last year. The practice had an emergency procedure and medical emergencies policy. The practice had emergency resuscitation equipment. We saw this was checked regularly and a record of checks was kept. There was an emergency drugs box, which were also regularly checked. Staff told us they had received training in medical emergencies which was confirmed by their training records. Staff said they knew where to access emergency medical equipment and were fully prepared in the event of a medical emergency. This meant that patients' safety was ensured.

Patients we spoke with told us it was easy to get appointments at convenient times and that they were not kept waiting. Patients we spoke with told us that they would be seen immediately if necessary.

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

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### **Our judgement**

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The provider was meeting this standard.

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.

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### **Reasons for our judgement**

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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.

We were told by staff that the service had policies and procedures they would follow in respect of the protection of vulnerable adults. During our inspection we saw that the service's policies were readily available for staff to access. We also saw that the service had the most up to date West Sussex County Council (WSSCC) Multi Agency procedure available to guide staff. WSSCC is the lead agency in all matters relating to safeguarding. Staff told us they knew how to access this policy and who they should report their concerns to. This meant that staff would know who to contact should they have a concern.

We saw that safeguarding was discussed at practice meetings. Staff told us that they found this helpful as it ensured they had up to date knowledge. Staff told us and records confirmed that they had received training in safeguarding vulnerable adults. Staff were able to tell us about the different types of abuse they might witness and the possible signs to look for if someone had been abused. They demonstrated a clear understanding of their responsibilities with regard to safeguarding. Patients were protected from the risk of abuse because staff were trained to identify and report concerns.

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

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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Staff were aware of their responsibilities in preventing the spread of infection and there were clear procedures in place for staff to follow. We observed personal protective equipment (PPE) such as disposable gloves and aprons were available. We saw that staff wore PPE when providing treatment.

Staff explained the cleaning procedures which took place at the beginning and the end of the day and between patients. We saw the treatment chair and work surfaces were cleaned between patients.

The service followed guidance on essential requirements of the 'Health Technical Memorandum 01-05: Decontamination in primary dental practices (HTM01-05)'. For example, instruments were cleaned manually, inspected and then loaded into an ultrasonic cleaner. The instruments were then bagged and sent offsite to be sterilised in an autoclave. We saw that the returned instruments were packaged and labelled with a date of expiry and stored in the treatment room. This indicated the date when they would need to be sterilised again if unused. The HTM 01-05 guidance was designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw that manual cleaning took place in a designated area of the treatment room. There was a system in place to ensure dirty and clean instruments did not come into contact with one another.

Patients told us that they always found the practice to be clean.

**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.

Patients 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 had opportunities for professional development. The clinical staff files contained certificates which counted toward dentists and dental professionals continuing professional development (CPD). We were told that the clinical staff had undertaken the level of CPD that met the requirements of the General Dental Council (GDC).

The staff files showed that they had received training in safeguarding vulnerable adults, medical emergencies and clinical training relevant to dentists and dental professionals. Staff told us and records confirmed that they had regular staff meetings. These meetings gave the staff an opportunity to discuss clinical issues and to ensure that they were up to date with policies, procedures and latest guidance and best practice.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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