

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

## Arta Dental Care

99 Birk Dale, Bexhill On Sea, TN39 3TG

Tel: 01424845572

Date of Inspection: 08 August 2013

Date of Publication:  
September 2013

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>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Cleanliness and infection control</b>	✘	Action needed
<b>Requirements relating to workers</b>	✘	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Mrs Mershid Saeedbakht
Overview of the service	The Arta Dental Care practice in Little Common, Bexhill is a general dental practice providing private dentistry to adults.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	12
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## 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 carried out a visit on 8 August 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with three patients, the provider and three staff. We looked at two staff files. We looked at four treatment plans.

Patients told us they had been involved in discussions with the dentist about their treatment. However, we found that patients were not afforded privacy within the treatment room.

One patient told us, "I am very happy with the treatment I have received from the dentist". We saw that treatment plans had been completed.

Staff were able to describe the process for maintaining infection control within the treatment rooms. However, parts of the practice we saw were dusty and there no processes for monitoring cleaning.

We looked at two staff files. We saw that there were no systems in place to check on staffs previous employment references. There was no documentation in place to confirm staff identity.

There were no effective systems in place to review the quality of the service provided for patients.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 02 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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** × Action needed

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 not meeting this standard.

People were involved in decisions which related to their treatment. However, people's privacy was not respected. People were not provided with appropriate information regarding fees.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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We saw that patients were greeted by friendly reception staff. We saw the practice had a system to ensure patients updated their medical history when they arrived at the practice. This meant the dentist was aware of any changes to patients health prior to treatment.

The practice had a general information leaflet available in the reception/waiting area. This identified the 'out of hours' procedure. We saw that this information was also displayed on the front entrance. We were informed by the practice manager that if a patient was in pain the dentist would endeavour to see them the same day either at the Arta practice or at a nearby practice where the dentist also offered treatment. We spoke to a patient who told us, "I have never had a problem getting an appointment but I know the dentist works at another practice locally where I could go and see them."

The practice leaflet contained some information which was not current. For example, the practice opening hours were incorrectly identified. We saw that the contact telephone number for NHS Direct was incorrectly recorded for the area.

There was no written information available in the practice regarding fees. The practice manager was able to provide us with verbal information related to the cost of an examination and other treatments such as a filling. We saw from treatment plans that this information correlated with the fees that patients had been charged. We spoke to a patient who told us, "I am told how much work will cost before anything is done."

There were two doors available to access the treatment room. One of the doors was located off the main entrance hall. On the day of our inspection this door was seen to be open and was prevented from closing due to plug extension sockets blocking the doorway. People walking into the practice were able to see into the treatment room. This meant that

people's privacy was not respected.

The practice had an equality and diversity policy. We saw wheelchair access was possible into the practice. We observed the receptionist assisting a patient, who had mobility issues, to the exit.

We saw that patients were provided with individual treatment plans. One patient we spoke with told us, "I am always given the chance to have a think about my treatment."

The practice ran a dual system for patients notes, the computerised system ran alongside a paper based system. Paper based records were stored securely in a locked cabinet.

We saw evidence that risks and options had been discussed within the treatment records and consent was sought prior to 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.

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

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**Reasons for our judgement**

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The practice was accepting new patients and we saw that initial consultations were usually offered within one week. One patient told us, "I have been coming here for many years and never had a problem getting an appointment." We saw that once patients had been seen by the dentist they were encouraged to book a follow up six monthly appointment. We saw patients had been telephoned the day prior to their appointment to remind them of their booking. On the day of our inspection we saw that patients were seen by the dentist in a timely way.

We looked at four treatment records. Patient's records contained dental and medical history. Within the treatment plans we saw that patients received regular examinations of their oral cavity and these were recorded in their notes. One patient we spoke to told us they had been advised by the dentist to seek advice from their GP relating to a sore on their lip. The patient told us that their GP had referred them to a specialist for further medical investigation.

There were arrangements in place to deal with foreseeable emergencies. The practice had emergency equipment available in a cupboard in the staff room. The cupboard contained all the practices first aid equipment, emergency drugs and oxygen. These were checked on a monthly basis and were seen to be in date. We saw evidence of all staff having undertaken First Aid training.

We saw that there was an emergency evacuation procedure in place and staff we spoke with were familiar with the procedure and what they had to do to evacuate the premises safely.

**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 not meeting this standard.

People were not protected from the risk of infection because appropriate cleaning had not been undertaken.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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We looked around the practice and found it to be tidy. However, we saw some parts of the practice were not clean. We were told that the domestic cleaning tasks were shared between reception staff and the dental nurse. There was no domestic cleaning schedule in place. This meant that the practice had no system to track what areas had been cleaned, by who and when. Some parts of the communal areas were seen to be dusty and grubby. For example, the radiator in the hall way was very dusty. This was close to one of the doors for the treatment room.

We saw the practice had an infection control policy. However, there was no date on the policy and no review date was identified.

The decontamination processes took place within the treatment room. There was an area at the side of the treatment room where all cleaning of instruments took place. The dental nurse verbally described and demonstrated to us the routine infection control procedures associated with cleaning instruments'. Dirty instruments were initially placed into the ultrasonic cleaner. The instruments were then rinsed, dried and inspected before being placed into the autoclave steriliser. The instruments were then packaged and date stamped. The dental nurse described the processes that were used to clean the treatment room in between patients. This involved wiping down areas that had been used with disinfectant cleaner.

We were told by the dentist that the autoclave steriliser was tested on days when treatments took place. However, within the record book that was used to document when test strips for the autoclave had been completed we saw that some dates were missing. There was no information to indicate why testing had not been completed for that date. Therefore it was unclear if the autoclave had been tested when treatments took place. This could leave people at risk of harm from cross infection as the provider could not ensure the autoclave was functioning properly.

There was no evidence of infection control audits within the practice. This meant that the

quality of cleaning had not been monitored.

We saw records that demonstrated all clinical staff had undertaken recent infection control training.

We observed that there were a supply of disposable gloves and masks for staff to use. This meant that the risk of cross contamination was reduced. We saw evidence that there was a service contract in place for the safe disposal of clinical waste.

We saw evidence of other policies relating to infection control. For example, a sharps injury policy, which staff had signed to state they had read and understood. These policies provided additional guidance on infection control and dealing with needle stick injuries.

**People should be cared for by staff who are properly qualified and able to do their job**

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## **Our judgement**

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The provider was not meeting this standard.

Although some procedures were in place there were not full, documented effective recruitment procedures in operation to ensure that appropriate checks were in place for staff who were employed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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We looked at two staff files. There was evidence that criminal record checks had been undertaken before staff began to work at the practice.

Curriculum vitae were seen in staff files viewed. However, there was no evidence that references were obtained prior to the individual commencing employment. There was no documentation to confirm staff identification. For example, a photocopy of their passport or driving licence. The lack of references meant that appropriate checks were not undertaken before staff began work.

There were no minutes or notes from a staff member's recruitment interview. There was no system in place to compare candidate's answers to determine their suitability for a position. This meant there were not effective documented recruitment and selection processes in place.

We saw within the files there was a signed contract of employment and a job description. Also included were copies of key practice policies relevant to the staff member's position. These included the health and safety policy and the 'practice rules'. We saw that staff had signed to state they had read the policies.

We saw that staff had completed a pre-employment health declaration and there was evidence included that health screening had taken place. We saw evidence of up-to-date certification with the appropriate professional registration body.

## Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have effective systems to regularly assess and monitor the quality of service that people receive.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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We looked through the practice 'clinical governance' folder. We saw that no policies had a review date attached to them. This meant that there were not systems in place to review policies to determine if they were current with latest relevant best practice.

There were no audits in place that related to infection control or staff recruitment. The practice manager was unable to show us any further practice audit documentation.

The practice had a complaints policy which was displayed in the waiting area. The practice manager informed us that no complaints had been received at the practice.

In the reception area we saw that there was a satisfaction survey available for patients to complete. We looked at the most recent results from the information collected and it was positive. There had been no adjustments made to the running of the practice as a result of the survey.

Staff meetings were not held at the practice. The practice manager informed us that the small team worked closely together and communication worked effectively.

We saw there were processes in place for the recording of accidents and incidents within the practice. There had not been any recent accidents or incidents recorded.

We were shown evidence that all major equipment and services had regular maintenance checks. For example, we saw recent electrical testing had been undertaken by an external contractor.

**This section is primarily information for the provider**

**✘ Action we have told the provider to take**

**Compliance actions**

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Respecting and involving people who use services</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> People's dignity and privacy was not respected. Regulation 17(1)(a) People were not provided with adequate information regarding their treatment. Regulation 17(2)(b)
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> There were not appropriate standards of cleaning within the premises. Regulation 12(2)(c)(i) There were not appropriate standards of cleaning for equipment. Regulation 12(2)(c)(ii)
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b>

**This section is primarily information for the provider**

Treatment of disease, disorder or injury	There were not effective recruitment procedures in place to ensure candidates were of good character. Regulation 21(a)(i)
Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Assessing and monitoring the quality of service provision</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> There were no systems in place to regularly monitor the quality of the services provided. Regulation 10(1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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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