

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

Willington Dental and Facial Centre

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0HP

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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
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dr. Shafina Jiwani
Overview of the service	Willingdon Dental and Facial Centre is run by Dr Shafina Jiwani. The practice provides general dentistry to NHS and private patients of all ages.
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 announced 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 9 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they were happy with the service they received. They told us, "I am always given an explanation and know the costs up front." Treatment files viewed confirmed that people were involved in decisions about the treatment provided.

We saw that the clinic was clean and hygienic. We spoke to staff and we saw evidence they received appropriate support and training. The provider had a quality assurance system to monitor the quality of service that people received.

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 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

People who used the service understood the care and treatment choices available to them. There was information available for people in the waiting area. This included price lists, information relating to the practice that included opening hours and how to make a complaint.

There was a range of leaflets available which related to dental treatments people were offered or had received. This included information about how to maintain and improve their dental health.

All consultations took place in the dental treatment room and these provided a good level of privacy. Treatment room doors remained closed whilst treatment was taking place. Staff spoke with people appropriately and respectfully.

There were treatment plans in place in people's files viewed. These included the treatment the person was due to receive and the cost. These were signed when agreed by the patient and the dentist. People we spoke with told us they were kept informed about treatment they were received. They were given different options where appropriate. People told us they were aware of what the costs would be prior to commencing treatment. One person said, "we always know the costs up front." Another person told us "I am always kept informed of the treatment and costs and so far there have been no surprises."

There was a Mental Capacity Act (2005) policy in place. Staff told us that where people lacked mental capacity a representative would be asked to accompany the individual to their appointment.

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

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

We looked at four treatment records. We saw that people's records contained dental and medical history. There was evidence that people's medical details were updated at each visit. This included a record of any medication the person required. Allergies were clearly documented at the front of the notes.

We saw that patients received regular examinations of their oral cavity and these were recorded in the treatment plan. Where appropriate people were referred to other professionals such as GP's and orthodontists. There was evidence within the treatment plans of on-going advice to patients about how to maintain healthy teeth and gums. We saw evidence of dietary advice and regular brushing in one treatment plan to prevent the build up of plaque.

There was an emergency drug box, oxygen, defibrillator and a portable suction machine available for staff to use. These were checked weekly. Staff had received basic life support training annually.

Paper records were stored securely in a staff only area. Computerised records were accessible to staff only via a password protected system.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Areas in the dental practice were seen to be clean and appeared well maintained.

Staff told us how they prepared the treatment room between patients. Daily checklists were in place and completed appropriately. All cleaning and infection control was in line with Health Technical Memorandum (HTM) 01-05 guidance. There were clear processes in place to ensure clean and dirty instruments were kept separate at all times.

There were two treatment rooms at the dental practice. The decontamination room was in one of the treatment rooms. This treatment room was used two days a week by the dental hygienist. There were appropriate systems in place that ensured that when the treatment room was in use instruments that had been used were soaked and stored in secure boxes. These were then transported to the decontamination room at the end of each surgery.

There was a portable suction machine in use in the treatment room used by the dental hygienist. Staff told us how this was cleaned at the end of each surgery. This demonstrated there were effective systems in place to reduce the risk and spread of infection.

Staff demonstrated to us how instruments were cleaned and then inspected manually prior to sterilisation. We viewed evidence of daily and weekly cleaning and maintenance checks.

Staff demonstrated a clear understanding of their own roles and responsibilities relating to infection control procedures. We saw appropriate personal protective equipment was available and in use in all areas.

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. We saw evidence that staff received ongoing training and development updates. Staff we spoke with were aware of their own responsibility in accessing training.

Staff received medical emergency training which was updated annually. This included using the defibrillator.

Staff had received training in relation to safeguarding children and vulnerable adults and there was a safeguarding lead at the practice. Staff we spoke with told us how they would recognise abuse and what measures they would take to ensure it was appropriately reported. All staff had criminal record checks undertaken prior to commencing work with the practice.

Monthly staff meetings took place. We saw the minutes and these demonstrated that all staff were involved in the meetings. These included information about changes at the practice and updates to clinical issues. There was no formal supervision at the practice. However, there was evidence in staff files viewed that staff were provided with support and training as they required it. One staff member told us about the computerised notes system that had recently come into use. This person told us they were able to learn at their own pace and were supported to do so. All staff spoken with told us the provider was supportive and they were able to discuss any concerns they may have.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw a copy of the complaints procedure displayed in the waiting room along with a suggestion box.

Patient surveys were held three times a year. The provider told us that individual complaints and concerns would be investigated and responded to appropriately. Other issues raised for example problems with parking were discussed in staff meetings. Where possible solutions were offered and problems resolved.

A comprehensive range of policies and procedures were in place. These were signed by staff as having been read. This included practice quality and safety, data protection, equal opportunities policies, infection control and safeguarding.

The practice undertook a number of audits these included, infection control, record keeping, and radiology. A recent infection control audit related to HTM 01-05 had identified a minor issue which related to the use of the correct bags for waste. We saw evidence that this had now been addressed.

Significant events analysis took place; we saw detailed information in relation to a medical emergency that had occurred at the practice. There was evidence this event had been discussed within the dental team and areas for learning identified.

The provider demonstrated that the practice was continually reviewing their policies and procedures in order to improve the service it provided.

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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