

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

## Hollies Dental Practice

41 Rectory Road, Benfleet, SS7 2NA

Tel: 01702557232

Date of Inspection: 14 August 2013

Date of Publication: October 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>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</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	Dr Christina Stefou
Overview of the service	Hollies Dental Practice is a established dental practice situated close to Hadleigh High Street. The practice offers a range of NHS and private dental treatments.
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
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Consent to care and treatment	7
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Supporting workers	12
Assessing and monitoring the quality of service provision	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 carried out a visit on 14 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 and reviewed information given to us by the provider.

---

### What people told us and what we found

---

People we spoke with during our visit in August 2013 told us that they were very happy with the care and treatments they received at the practice. People said that treatments were explained to them in a way that they could understand. They told us that they felt safe and well cared for and that staff were caring and knowledgeable.

We saw that appropriate assessments of each person's oral health needs were carried out before each treatment. People were offered a choice of treatments where possible and consent to treatment was obtained.

There were arrangements in place to deal with any foreseeable medical emergencies and staff were trained to support people.

The premises were clean and well maintained. There were rigorous procedures for cleaning and sterilising equipment and dental instruments so as to minimise the risks of cross infection.

Staff received training and support to enable them to carry out their duties and care for people safely and effectively.

There were arrangements in place for safeguarding people from the risks of abuse or harm.

The service was regularly monitored and people's views were obtained as part of an overall quality improvement system.

The service met the standards for quality and safety across each of the outcome areas we inspected.

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](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

---

### Our judgement

---

The provider was meeting this standard.

People's privacy, dignity and independence were respected and they were involved in making decisions about their care and treatment.

---

### Reasons for our judgement

---

We looked at the arrangements for ensuring that people using the service were treated with respect and involved in making decisions about their care and treatment.

People we spoke with during our visit to the service in August 2013 told us that they were treated with respect by all staff. One person told us, "Staff are very friendly and treat me very well." Another person said, "I am very nervous. All staff explain everything and really help put me at my ease."

The dental practice was located in a doctor's surgery. There was a private reception area where people could discuss private and confidential matters. The service had policies and procedures in place for dealing with maintaining confidentiality and handling information in relation to people's care and treatment.

There was a detailed practice information leaflet available, which described the services provided, information about opening times, arrangements for emergency appointments and out of hours services, how to make a complaint and arrangements for paying fees. This showed that there were arrangements for providing information to people and involving them in making decisions about their care and treatment.

The premises were located on the ground floor and provided access for people using wheelchairs and others who may have difficulty in mobilising.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

---

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

---

### Reasons for our judgement

---

We looked at the arrangements for ensuring that people who were using the service were able to give consent to their treatment based upon the information provided to them.

Both people we spoke with told us that their treatment, benefits and risks were explained to them in a way that they could understand. They told us that costs of treatments were provided before treatment started. This showed us that people were provided with information about their proposed treatment before it started so that they could make decisions and give informed consent.

We saw that the service had appropriate policies and procedures in place for obtaining people's consent. From records we viewed, we saw that treatments and procedures were explained in detail and people's views were taken into consideration in the way that treatment was planned and delivered.

The service had arrangements in place under the Mental Capacity Act 2005 so as to ensure that where people lacked capacity to make decisions about their treatment, any decisions were made on their behalf were done so in their best interests.

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

---

**Our judgement**

---

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.

---

**Reasons for our judgement**

---

We looked at the arrangements for ensuring that people received safe and appropriate care and treatment that met their individual needs.

People we spoke with during our visit to the service told us that they were very happy with the care and treatment they received. One person told us, "I am extremely happy with the dentists and the treatment I receive here. I have no worries or complaints. Everything is fantastic." Another person said, "The service is excellent. All the staff are friendly and helpful."

Patient records we viewed were detailed and described the treatments provided. Records showed us that treatment options were discussed with each individual and that people's views and wishes were taken into consideration in the way that treatment was provided. We saw that assessments were carried out in relation to people's medical history and any medication prescribed for the person. This helped to ensure that treatments were carried out safely and effectively.

A detailed oral assessment was carried out for each person including 'soft tissue' examinations. This helped to identify any underlying conditions such as gum disease or signs and symptoms of oral cancer. We saw that advice about good oral hygiene, diet, alcohol and smoking cessation was given to people as needed.

The service had arrangements in place for dealing with medical emergencies such as anaphylaxes, shock or cardiac arrest. There were suitable emergency medicines available including oxygen. These medicines were stored appropriately and checked regularly to ensure that they were available and in date for use where needed. All staff working at the practice had undergone training in dealing with medical emergencies. This helped to ensure that people received appropriate care and treatment.

X-ray equipment was situated in a suitable area and x-rays were carried out safely and in line with local rules that are relevant to that practice and equipment. There was a radiation protection advisor and a radiation protection supervisor in place to ensure the safe operation of the equipment to protect people who required x-rays to be taken as part of



their treatment.

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

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

---

### **Reasons for our judgement**

---

We looked at the arrangements for ensuring that people were protected from the risk of abuse.

Each of the four people we spoke with during our visit to the service in August 2013 told us that they were treated well. People told us that they had confidence in the dentists and dental nurses and that they felt safe and well cared for.

We saw that the service had appropriate policies and procedures for safeguarding children and vulnerable adults from the risk of abuse. Staff we spoke with were aware of their responsibilities to keep people safe. Staff were aware of how and to whom to report any concerns about the health, safety and welfare of people who were using the service. This showed that there were arrangements in place for recognising and reporting concerns and for protecting children and vulnerable adults from the risk of abuse.

**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 and people were cared for in a clean, hygienic environment.

---

**Reasons for our judgement**

---

We looked at the arrangements for ensuring that people were treated and care for in a safe and clean environment and that risks of cross infection were minimised.

People we spoke with told us that the practice was always clean, One person said, "The practice is always clean."

The decontamination area was purpose built and met the requirements of the Department for Health's guidance Health Technical Memorandum 01-05: Decontamination in primary care dental practices. Decontamination equipment was maintained and serviced within the timescales set out by the manufacturers. Daily records were kept of decontamination cycles and appropriate checks were carried out to ensure that the machines were cleaning and sterilising properly at every cycle. This ensured that instruments were cleaned and sterilised appropriately after use. The cleaning and sterilising procedures were regularly audited. This helped to minimise the risks of cross infection.

The areas we visited in the practice were clean and well maintained. There were cleaning schedules and regular audits and checks were carried out to ensure that the cleaning procedures were effective. There were appropriate arrangements in place for disposing of clinical waste matter. Sharps bins were appropriately placed, labelled and dated.

Staff were well presented and wore clean uniforms. All staff had received up-to-date training in infection control and decontamination.

**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**

---

We looked at the arrangements for ensuring that people were treated and cared for by suitably qualified, skilled and experienced staff.

People we spoke with told us that they felt staff were skilled, friendly and knowledgeable.

We saw that all dentists and dental nurses at the practice were seen to be undertaking their continuing professional development (CPD) hours, as required to maintain registration with the General Dental Council (GDC). They were on course to complete the required number of verifiable and non-verifiable hours of CPD, which ensures that the skills are up to date as part of the lifelong learning initiative.

The principal dentist had recently introduced an appraisal system for staff. These were to be used to identify areas for training and personal development for each individual. Staff we spoke with told us that they were well supported and provided with sufficient opportunities for training.

## 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

---

We looked at the arrangements for ensuring that the quality of services provided to patients was regularly assessed, monitored and improved as needed.

People we spoke with were very complimentary about the service and treatment they received. One person told us, "This is a fantastic, well run and professional practice."

The views of the people using the service were sought by way of a satisfaction survey. Any areas for improvement identified were discussed at the staff meetings and actions taken to improve the service were taken as needed. This showed that people who used the service were asked for their views about their care and treatment and they were acted on.

Regular audits and checks were carried out to ensure that people received safe and effective care and treatments. There were systems in place for checking patient records to ensure that they were up to date and accurate, radiation and decontamination practices to ensure that people were protected from the risks of unsafe care and the spread of infection.

There was a process in place for reporting and investigating serious untoward incidents and adverse events. These were discussed at staff meetings to ensure learning from such incidents so as to minimise their recurrence.

The surgery premises were well maintained and regular audits and risk assessments were carried out so as to ensure premises and equipment were fit to provide safe care and treatments.

## 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---