

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

First Choice Dental

16 Lushington Rd, Eastbourne, BN21 4LL

Date of Inspection: 07 August 2013

Date of Publication:
September 2013

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	First Choice Dental Clinic Limited
Registered Manager	Dr. Aniko Lazar
Overview of the service	First Choice Dental is a dental practice providing private dental services to children and 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
<hr/>	
Summary of this inspection:	
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
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	9
Supporting workers	11
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	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 unannounced 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 7 August 2013, 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 carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we saw information available for patients, including treatment options and price lists.

People were given choices and time to make decisions about their treatment options. We saw evidence in people's records that information had been provided to people regarding treatment plans and cost. People who were anxious were given extra time. Patients we spoke with told us that all consultations took place in the dentist's surgery and this afforded a good level of privacy.

We spoke with people using the service. Everyone we spoke with told us they were happy with the care and treatment they had received. One person told us "I have no concerns, I always know what's going on."

We saw that patients were involved in decisions about the treatment they received, and had consented to treatment. Medical histories had been reviewed at each visit. We saw computer records that confirmed that medical histories had been updated when required.

Infection control audit tools had been completed, and cleaning systems were documented. This provided assurance that systems were in place to protect people against infection control risks.

Staff spoken with told us they felt supported by the provider, with adequate training provided. Checks and audits were seen to be in place to assess and monitor the quality of service provided.

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 privacy, dignity and independence were respected.

Reasons for our judgement

The dental surgery treated private patients. We looked at computer files for people who had attended for treatment.

Patients we spoke with understood that they had a choice with regards to the treatment they received, understood their choices and felt involved in decisions about treatment. We were told "I know what I am having done, the costs and everything, there are no surprises."

We saw evidence in people's records that information had been provided to people regarding treatment plans and costs. We looked at one person's records who had attended for treatment the day before the inspection. Discussions between the dentist and the patient had been documented, and information was given to the patient to take away to enable them to make an informed decision.

During treatments surgery doors were kept shut. People's privacy, dignity and independence were respected. Staff were seen to speak with people in a respectful and appropriate manner. We saw one patient invited into the treatment room to discuss treatment options in private.

There was a digital X-ray system available at the surgery. The provider showed us how the X-rays were assessable via the computer system. This allowed patient's the opportunity to view X-rays and have treatment options explained by the dentist.

Staff told us that they specialised in providing dental treatment for people who were particularly anxious. Information was seen in people's records to inform the dental team when people may be anxious and extra time had been provided for appointments to account for this.

The manager told us that staff had attended safeguarding training and information around the Mental Capacity Act 2005 (MCA) had been included.

Staff spoken with demonstrated a good understanding with regards to the MCA, and were able to give us clear examples of how they would respond should they feel that a person arriving for treatment lacked capacity.

A selection of patient information leaflets were available for people to view in the waiting area. There was also information about the practice which included opening hours, services provided, and a guide to fees.

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

We looked at five treatment records for people using the service. Treatment records were kept on a computer system. All computer records were password protected.

Treatment plans and discussions with patients were documented within the computerised records. Treatment records were detailed and gave a clear indicator of examinations undertaken and treatment received. Records included soft tissue checks, check-ups and treatment plans. We saw documentation which stated when patients had consented to treatment, or when information had been provided to people to take away and read. This meant that people had information provided to make informed decisions about treatment options.

Patient records included a dental and medical history. The manager told us, and we saw evidence that medical checks were updated at each visit and changes documented.

Allergies and other relevant medical conditions were highlighted on the computer to alert staff whenever the record was accessed. We saw further information and guidance in place for patients who were taking specific medications which may have contraindications with some procedures. The provider was able to give us a clear explanation of procedures they would follow before carrying out any treatment.

Notes had also been added to patient's records to inform staff if they were particularly nervous or anxious about dental visits and treatment.

We saw there was an emergency drug box and oxygen available for staff to use. Records were in place to show when medication needed to be replaced due to expiry dates.

Basic life support training updates had been booked for staff to attend in August 2013.

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

We looked at protocols, audits and policies which informed staff of their responsibilities. Staff told us how they prepared the treatment room between patient's. This included the cleaning of equipment and work surfaces.

There was a separate decontamination room at the practice. Appropriate cleaning and decontamination equipment was seen. There was one sink for cleaning equipment and a separate hand washing sink. There were clear processes in place to ensure clean and dirty instruments were kept separate at all times. All cleaning and infection control was in line with Health Technical Memorandum 01-05 Department of Health guidance for decontamination in dental practices.

Equipment used included an autoclave and ultra sonic cleaner. Weekly foil tests had taken place to ensure the ultra sonic cleaner was operating effectively. We were told by the manager and staff that the autoclave would alarm to alert them if the machine was not functioning correctly. The autoclave (used for sterilisation of equipment), was computerised and had a daily log which was uploaded onto the computer monthly to allow for an analysis of any errors if they had occurred.

A further machine had recently been purchased. This was used to clean, sterilise and oil hand pieces used during dental treatments.

A laminated instruction card was seen in the decontamination room which instructed staff of all 'before surgery' procedures. Hand washing instructions were also displayed. We saw appropriate personal protective equipment including face masks, gloves and aprons.

Staff told us the process they followed to wash and then inspect equipment manually prior to sterilisation. Instruments which had been sterilised were pouched and stored in the decontamination room, or taken into the treatment room and stored in a cupboard at the beginning of each session. Dates instruments were pouched and expiry dates were printed onto the pouches.

We viewed evidence of safety checks, cleaning and maintenance checks. Infection control policies were available for staff to view. Infection control audits had been completed, the

most recent in April 2013. The manager told us these would be completed every six months.

Legionella checks had been completed in April 2013. However, the provider may find it useful to note that these had been specific to the two treatment rooms and did not include the whole building. We received information from the provider to inform us that a full legionella assessment had been arranged to take place the week after the inspection.

All areas we looked at appeared to be cleaned to a high standard. Recent entries in the comments book commented on the high standards of cleanliness.

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 told us they received appropriate training, and felt supported by the provider. We saw evidence that staff received on-going training. This included safeguarding and resuscitation. The two dental nurses we spoke with had both recently completed their training, therefore they were aware of their need to maintain their professional competencies, and were aware of their own responsibility in accessing training.

Basic life support and safeguarding vulnerable adults training was due to take place in August and October 2013.

Staff meetings took place regularly. Staff spoken with told us that they found the meetings very useful as they had recently discussed issues relating to child protection, equality and diversity and looked at the relevant policies and guidance.

Supervision took place monthly. Staff told us they felt comfortable to raise any concerns or worries at any time. Staff felt they received adequate training, and felt supported to access further training if required.

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

A complaints policy and procedure was in place. The provider informed us that they had not received any complaints. Complaints forms were available for people to access in the waiting room. A suggestion box was also available, and a comments book for patients to use. We viewed the comments and saw they were all complimentary and included comments about the building, staff and the support given to anxious patients.

We saw that systems for recording adverse events, accidents and incidents were in place. These included medical emergencies, fire, chemical spills and mechanical malfunction.

Patient satisfaction surveys had been completed. The provider told us that all feedback had been positive. Surveys were planned to take place every six months, to continue to monitor people's satisfaction with the service.

Fire safety risk assessments had been completed, and evacuation process information was displayed. The provider may find it useful to note that the fire safety certificate stated that it was valid for six months. This was dated November 2012. The provider contacted an alternate outside agency to arrange a fire safety review during our inspection. We received confirmation from the provider after the inspection that this had been arranged for the following week.

General environmental and maintenance checks were seen to be in place. We saw service reports for equipment including suction pumps and all portable appliance testing for electrical safety. The autoclave was computerised and had a daily log which was uploaded onto the computer monthly. This data was analysed by the provider to allow for an analysis of any errors if they had occurred.

Policies and procedures were available for staff to access if required. These included safeguarding, infection control, manual handling, sharps injuries and health and safety.

Staff meetings took place regularly, and staff supervision monthly. Staff told us they felt comfortable to raise any concerns or worries at any time. Staff felt they received adequate training, and felt supported to access further training if required.

Regular auditing and monitoring of the service showed that the provider had systems in place to continually assess the quality and provision of the service 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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