

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

Saltdean Dental Practice

80 Longridge Avenue, Saltdean, Brighton, BN2
8RB

Tel: 01273309988

Date of Inspection: 21 June 2013

Date of Publication: July 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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Saltdean Dental Health
Overview of the service	Saltdean Dental Practice is located in a residential area of the town. It provides ground floor facilities with disabled access. The practice team comprise two dentists, dental nurses, a practice manager and a receptionist. In addition to routine treatments the practice offers cosmetic dentistry, fissure sealing and an orthodontic service.
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
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	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	12
Assessing and monitoring the quality of service provision	14
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 21 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with the dentist and practice manager, a dental nurse and four patients who used the service. We saw that patients were involved in the planning of their own treatment and were consulted about the treatment options available to them.

We looked at documentation including patients' treatment records, which showed the practice was meeting individual needs and respecting patients' choice.

Patients we spoke with told us their treatment and all available options had been fully explained and discussed with them, in private, before any work was undertaken. They described the dentist as "Very professional", "Lovely calming nature" and staff working at the practice as "Helpful and reassuring".

We saw that all areas of the practice were clean and well maintained. Staff were well trained and supported and followed appropriate guidance in relation to infection control.

Staff we spoke with understood their roles and responsibilities regarding safeguarding vulnerable adults and children.

There were effective systems in place to assess and monitor the service and to effectively deal with complaints.

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 were given appropriate information and support regarding their care and treatment. We saw patients had access to clear information about the practice, including a range of information leaflets.

Four people who used the service who we spoke with during our inspection told us they were happy with the care and treatment they had received. They said they had been provided with good information and the cost of the different NHS and private treatments that were available had been discussed with them.

The dentist told us that all new patients were seen and assessed during an initial consultation. They would spend time with the patient explaining any treatment options which may be available to them, including "risks and benefits". The dentist told us "All our patients are directly involved in the planning of any treatment they receive and I will discuss all available treatment options with them." This was supported by treatment plans that we saw and demonstrated that patients were able to participate in making decisions relating to their care and treatment.

Patients we spoke with confirmed that all necessary treatment, including other available options, had been discussed and clearly explained to them.. This was supported by individual treatment plans we were shown, which included details of any associated costs and recorded that the dentist had discussed other options available. This demonstrated that people who use the service understood the care and treatment choices available to them.

Patients told us they had been given time to consider the options presented to them. They told us how much they appreciated the time the dentist spent reassuring them and explaining what was going to happen. They described the dentist as "Very professional", "Lovely calming nature" and staff working at the practice as "Helpful and reassuring".

We saw that the practice had developed and implemented various policies including: Equal Opportunities Policy and Patient Privacy, Dignity and Confidentiality Policy. The practice manager told us that all staff were made aware of these policies and their implementation was regularly monitored, through practice meetings. This was supported through discussions with staff and by minutes of meetings that we saw. This demonstrated that the practice recognised the diversity, values and human rights of people who used the service.

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. During our inspection, we spoke with the dentist, who told us they always had a consultation with a patient before any treatment was carried out. We were told that, having discussed all available options, patients would sign to confirm they understood and consented to treatment.

We saw that patients' treatment records contained comprehensive notes relating to specific advice that had been given regarding oral health and welfare, medical histories and personal information. We also saw that patients had been involved in the decision making process, their treatment plan had been developed with their participation and their consent was recorded before the treatment began. The dentist confirmed that they reviewed individual care plans at the beginning of each visit to establish whether anything had changed, and updated the plans accordingly.

The patients we spoke with said they felt they had received enough time and sufficient information to make an informed decision about their treatment. They told us the dentist had listened to them and talked through all the different NHS and private treatment options. This demonstrated that the service assessed people's needs, planned and delivered care and treatment in such a way as to meet their identified needs.

The practice manager told us "We are committed to oral health through prevention. Patients are regularly screened for their gum condition, oral cancer and dental disease. Oral hygiene, dietary and lifestyle advice is given as needed. All patients are assessed for risk factors and advised accordingly. The patient's general health is always assessed at check-up appointment and medical conditions are identified if possible and patients and referrals for specialist treatment are made as necessary".

We saw that there were arrangements in place to deal with foreseeable emergencies. We were told that staff had training in medical emergencies and basic life support. The dentist told us that all staff received regular training in cardiopulmonary resuscitation (CPR) and a training session was being held later that day. This was confirmed by staff we spoke with and supported by training records that we were shown.

We saw that procedures to follow for various emergencies were clearly displayed and these reflected current published guidance. We were shown that all clinical areas had immediate access to an automated external defibrillator (AED). The practice also had in place a portable oxygen cylinder including airways, bags, facemasks and tubing. We were told that the cylinder was manually inspected every week by a designated member of staff, and serviced every year. We saw that the practice checked the emergency drugs weekly. Records we were shown supported this. This demonstrated that the service had procedures in place for dealing with foreseeable emergencies.

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

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.

The practice manager showed us the policies in place relating to child protection and adults at risk. We saw that the procedures provided guidance for staff regarding what steps to take if a child or adult at risk is suspected of being abused. It also provided guidance on how children should be treated in the practice environment in order to safeguard them. We were also shown a guidance document which provided extensive information on the different types of child abuse, practical steps to be taken in suspected cases, as well as how to raise concerns and report suspected abuse.

We were told that the safeguarding and child protection lead was the practice manager, who had undergone specific training provided by the local authority. A poster and child protection flow-chart was displayed in the staff area that contained local contact information, should abuse be suspected. The practice manager told us that all patients were 'chaperoned' whilst in the treatment room. We were told that staff received training in child protection issues and it also formed part of their induction programme. The relevant policies and procedures were also regularly discussed during practice meetings. This demonstrated that the practice ensured that staff understood safeguarding processes.

The practice manager also told us that staff had received training relating to safeguarding and the Mental Capacity Act. This was by certificates and training records that we were shown. We saw that staff received training entitled 'Safeguarding children and vulnerable adults' on 26 March 2012 and 'The Mental Capacity Act – compliance in practice' on 28 November 2012. This was also confirmed through discussions with staff, who told us they were aware of child protection and safeguarding issues and understood they had a responsibility to report any witnessed or suspected abuse.

We saw that the practice had a whistle blowing policy in place. This provided guidance on how staff could raise concerns if practice procedures or the actions of other staff members

put children at risk of harm. It was based on the General Dental Council publication 'Principles of Raising Concerns'. This demonstrated that the practice had taken reasonable steps to safeguard patients 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 cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection we saw that all the areas we visited in the practice were clean and well maintained. We spoke with the designated infection control lead. We were shown cleaning schedules and routines for the practice. We were advised the infection control lead completed regular audits of policies and procedures in relation to infection control. We saw that records of these were maintained.

There were effective systems in place to reduce the risk and spread of infection. We found the practice operated in line with Department of Health guidelines. The recommended infection control audits were carried out on a daily basis and appropriately recorded. This indicated that the provider had effective systems in place, designed to prevent and control the spread of health care associated infection.

The practice had a robust and comprehensive infection control policy in place that was audited regularly and documented that the practice operated in line with the Department of Health guidelines. These guidelines provide primary care dental services with best practice on cleaning processes of medical equipment. The infection control lead told us that the policy was tailored to the routines of the practice and was regularly updated. This demonstrated that the practice was working to current guidance and recommendations for all aspects of infection control including personal protection, instrument decontamination and equipment maintenance.

The dentist told us that plans had been drawn up to create a decontamination room from an existing ground floor kitchen area. The dental nurse we spoke with described in detail the process undertaken to eliminate the risk of cross contamination. We saw that sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination. This demonstrated there were effective systems in place to reduce the risk and spread of infection.

We found clear and comprehensive guidelines for sterilisation procedures were in place. They detailed daily duties and routines before, during and after the daily sessions. We were told the dental nurse was responsible for cleaning treatment areas between patients and at the end of the day. We noted that staff wore uniforms and that other protective

equipment was available. This meant the risk of cross contamination between people using the service was minimised.

The practice manager told us the immunisation status of all staff was kept up to date and regularly monitored. We saw copies of current certificates confirming that all staff within the practice were 'up to date' with their Hepatitis B immunisations.

Staff spoken with told us they received infection control training and updates within the regular practice meetings and training sessions. We were told the training included protocols on decontamination of new and re-usable instruments, practice procedures for cleaning instruments with ultra-sonic baths and manual cleaning procedures including the transfer and storage of instruments.

We were shown policies and records that detailed and confirmed the routine sterilisation and decontamination of instruments. We saw the clinical areas in the practice had hand washing facilities and further facilities for washing used instruments. We were also shown specialist equipment, including a sterilisation unit.

We were also shown policies relating to waste disposal. We saw records showing that clinical waste was segregated and disposed of appropriately. We saw that there were adequate arrangements for the disposal of sharp instruments and that these had been followed. This meant the risk of infection posed by clinical waste and sharps were minimised through appropriate waste management.

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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw that the practice had regularly carried out audits of many areas of the service, including clinical audits, treatment records, infection control, record keeping, missed appointments and medical history. This meant the practice gathered and analysed information about the quality of the care and treatment at the surgery and made necessary improvements where needed.

We saw the practice had environmental risk assessments in place to ensure that dental materials used for treatments were not a risk to patient safety. We noted regular and routine maintenance and testing had taken place of oxygen cylinders, x-ray equipment, water lines and sterilisation equipment. A legionella risk assessment had been completed and further risk assessments were in place for handling sharp instruments, hand cleaning of instruments and the disposal of clinical waste. This meant the practice had monitored and managed the risk to patients of faulty equipment and infection.

The practice manager told us that they welcomed feedback from patients and as well as a suggestion box in the waiting room the practice also carried out regular patient satisfaction surveys. The results were then collated and an action plan was formulated to address any issues raised. This meant that the practice had continually reviewed feedback from patients and made improvements when needed.

We saw that an up-to-date incident reporting system was in place at the practice, as well as a complaints policy. We viewed evidence that incidents and complaints had been recorded and handled appropriately and outcomes were recorded. This demonstrated that the provider took account of complaints and comments to improve the service.

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

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

Website: 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.
