

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

Tangmere Dental Centre

Malcolm Road, Tangmere, Chichester, PO20
2HS

Tel: 01243775545

Date of Inspection: 14 October 2013

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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	Tangmere Dental Care Limited
Registered Manager	Miss Karen Adams
Overview of the service	Tangemere Dental Centre provides both NHS and private dental services. There are two dentists working at the practice along with a dental hygienist.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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'.

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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 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 14 October 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

We spoke with two people on the day of our visit, who were both complimentary about the care that they received at Tangmere Dental Centre. Patients told us that they were involved in decisions that were made about their care. They said that they understood the choices available to them because the dentists at the practice took time to explain treatments to them.

One patient said, "The staff here are great, wonderful, the best place I have ever been". Another patient said, "The treatment is good here. The dentist is helpful and considerate".

We found that the practice provided clear information for people to make informed choices about their care. We found that the practice had clear procedures to ensure that people's safety and welfare were protected.

We found that the practice took infection control seriously and that people were cared for by staff that were trained and supported to provide good care. We also found that the practice had procedures in place to monitor and ensure that the quality of the service that people were receiving was of a good standard.

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.

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 use the service were given appropriate information and support regarding their care or treatment.

Both of the patients we spoke with told us that costs of treatments had always been discussed and written down along with the treatment plan for them to take home.

One person said, "I am always told what things are going to cost. The dentist sometimes gives me more than one costing so that I can choose what I have done".

We saw that the costs of private dental charges and NHS bandings were displayed in the reception area and in the waiting area.

We saw four records which contained treatment plans. These plans included the dental work that was required and the cost of this treatment. Both of the patients we spoke with told us that they were given a copy of this to take home and consider before they had treatment. The dentist demonstrated for us how the electronic system translated the information that the dentist had recorded, and produced a clear treatment plan for people to take home with them. The treatment plans that we looked at were detailed and clearly broke down treatment costs in a way that people would understand.

We were shown records that showed that patients were given time to consider their treatment plan before returning for treatment. The dentist told us that they often gave people more than one option in terms of cost and outcome and allowed people time to consider this. This meant that people were able to make informed choices about the costs involved in their treatment. The dentist said, "I encourage people to ring me if they get home and have any further concerns or questions."

People expressed their views and were involved in making decisions about their care and treatment. Both of the patients that we spoke with told us that they felt involved in making decisions about their treatment. We saw in patient's records that their wishes had been recorded and acted upon. The dentist was able to demonstrate to people what treatment choices were available by showing them the inside of their mouth on a screen above the dental chair. The dentist told us that this was a useful bit of equipment as it helped people to understand what was required and to see the condition of their teeth and gums.

The practice also had a screen in the waiting area which demonstrated different dental treatments and procedures. Along with this staff at the reception desk were able to print information guides for people which related to the treatment that they were having.

During our visit we saw staff talking to people in a polite and respectful manner.

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 viewed five patient records and saw that consent had been obtained prior to treatment. Records were held electronically and on paper and included information discussed with the patient and a record of the findings from the examination and any treatment given.

We were told that patients were asked to complete a medical history form when they registered at the surgery; and that the dentist checked at each appointment to ensure that a person's medical history had not altered. All of the records that we looked at included a copy of people's medical history. All of the records had medical history checks recorded at each visit. One of the records that we looked at showed that the patient had a change in their medical history since registering at the surgery. This was reflected in the patient records.

We were shown that treatment plans were written electronically. The dentist then printed a copy for the patient to take home. These plans included the costs involved in the treatment. We also saw that the dentist offered people choices about how they wished to proceed and which treatment they preferred to have.

There were arrangements in place to deal with foreseeable emergencies. We saw evidence that staff had completed training in medical emergencies and cardio-pulmonary resuscitation. The training for all staff was completed in July 2013. This training had been completed in line with the provider's policy.

The practice had procedures and policies in place which related to emergency situations. We saw that flow charts directing staff on these procedures were displayed in each of the three treatment rooms in the practice. Equipment to be used in emergency and emergency drugs were stored at the practice. We saw evidence that this equipment and the drugs were regularly checked by staff.

We spoke with the dental nurse on duty during our visit; they were able to describe their role in an emergency situation. They also confirmed with us that they had recently

attended emergency first aid and life support training.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

The practice had a comprehensive infection control policy. We were shown the minutes from staff meetings which showed that staff had discussed infection control issues during these meetings. Staff we spoke with demonstrated a good understanding of infection control and decontamination procedures.

The practice had a named lead in infection control. We saw evidence that all staff had trained in infection control and decontamination. This training was completed annually which was in line with the provider's policy.

We observed that the treatment rooms had a good supply of personal protective clothing such as gloves, aprons and face masks. We observed the dentist and dental nurse using then discarding personal protective equipment correctly.

We were told that the dental nurse was responsible for cleaning the treatment room between patients. We were shown cleaning schedules and checklists that showed us that this was being done. We watched a dental nurse following correct procedures when decontaminating equipment. The dental nurse was able to describe to us the flow of dirty to clean equipment and the processes in place to ensure that the practice met with current guidelines, and practice policies.

We saw that clinical bins were not overfilled and were being emptied regularly. We were shown the practice autoclave log and saw that this had been completed correctly and showed evidence that the autoclave was being tested regularly.

We were shown infection control audits which were being completed monthly at the practice. During these audits the cleanliness of the surgery and the decontamination process was examined. Audits that we looked at showed that the practice was able to

demonstrate high standards in infection prevention and decontamination processes.

We were also shown that the dentist had an electronic monitoring system which identified and recorded the instruments that were used for each patient. This meant that the dentist would be able to trace which decontamination cycle each piece of equipment had been through and relate this directly to each patient. Therefore the dentist would be able to track any infection control issues, should any occur, back to the decontamination processes.

Both of the people that we spoke with told us that they had observed staff using PPE during their treatments. They both also felt that the practice was always clean when they visited.

On the day we visited we saw that the practice was clean and free from odour. Staff were aware of their responsibilities and infection control was taken seriously.

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 were told that all new staff completed an induction programme. The induction programme included training, and shadowing experienced staff. Records confirmed that during induction new staff completed training in health and safety, fire safety, infection control, and first aid.

The practice had a policy in place which stated that all staff received an annual appraisal. We spoke with the dental nurse on duty during our visit who told us that they had received an annual appraisal. They also told us that they felt supported in their role by their manager and that they were encouraged to develop within their role. They said that they found their appraisal to be useful as it gave them an opportunity to discuss training and development needs. We were told that there were plenty of opportunities for informal supervision, observation of practice, and discussions to improve practice and development.

We were shown minutes from monthly practice meetings. We saw that during these meetings staff discussed training needs, along with other areas affecting the quality of the service being provided. For example, lessons learned from patient feedback, infection control, and safeguarding.

Staff received appropriate professional development. A training and development programme was in place to ensure staff were suitably qualified to meet patient's needs. We were able to see evidence that staff training was being delivered in line with the provider's policy. Staff we spoke with told us that the training provided was good.

The staff we spoke with confirmed that they were supported to undertake their roles. They also expressed the view that communication was good between staff and 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.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were shown patient questionnaires which were being completed electronically with patients using a touch screen tablet in the waiting area to complete survey questions and write comments. Along with this patients were encouraged to write comments and to post them in a box in the waiting area. Both the survey answers and comments people provided were collated throughout the year. We were shown that the results of these questionnaires had been analysed and that where service improvements had been recognised that they had been acted upon.

The manager showed us a number of audit tools used to monitor service provision and outcomes for people. These included audits of health and safety, infection control, and patient records. Where necessary these audits included actions plans which stated what the service needed to do to improve. For example, the infection control audit had prompted the practice to complete hand hygiene audits. We were shown that these had been completed monthly as a result.

The provider took account of complaints and comments to improve the service. Both of the people that we spoke with told us that they felt that their comments would be listened to and acted upon if needed. Patients told us that they would speak to the manager of the service if they had concerns. For example, one person told us, "I am happy, but I would be happy to approach the receptionist or dentist if I had a problem". We saw that the practice complaints procedure was displayed in the waiting area and in the practice leaflet which was given to all new patients. We looked at one complaint and saw that it had been dealt with in line with the provider's policy.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The practice had a policy in place for reporting accidents incidents and significant events. We were told that staff recorded any incident in a book and that the manager would then be responsible for ensuring any necessary action was taken and the appropriate people informed where necessary.

The staff that we spoke with on our visit were aware of the reporting procedure. We were shown the incident/accident log on our visit and were able to see that staff were following procedures.

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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