

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

## Concordia Dental Care

138 Holtye Road, East Grinstead, RH19 3EA

Tel: 01342313886

Date of Inspection: 20 September 2013

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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>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

## Details about this location

Registered Provider	Healthy Smiles Ltd
Registered Manager	Mrs. Ann King
Overview of the service	The practice provides private dental care to patients in East Grinstead and the surrounding area.
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	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with four patients who used the service. They were all happy with the care and treatment that they had received. One patient said about the practice, "It's first class." Another said, "It's very good."

All of the patients we spoke with said the dentists clearly explained the treatment options available to them and the risks and benefits involved. They said they always knew how much their treatment would cost and were given a written treatment plan.

The practice had policies and procedures in place for safeguarding vulnerable adults and children. All staff had received training on safeguarding and understood their roles and responsibilities in relation to this. This meant that patients who used the service were protected from the risk of abuse.

The practice had effective policies and procedures in place for the decontamination of instruments and controlling the risk of infection. We observed that the treatment rooms in the practice were clean and hygienic. One patient said, "It's spotlessly clean."

You can see our judgements on the front page of this report.

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### More information about the provider

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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

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### Our judgement

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The provider was meeting this standard.

Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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Patients who used the service understood the care and treatment choices available to them. All of the patients we spoke with told us that their treatment options and the costs were clearly explained to them. One patient said the dentist was, "Very good about telling me the stages, my options and the costs." Another patient said the dentist was, "Very clear about what I need." Another explained how they liked they did not feel under pressure to choose more expensive treatment options. All of the patients said they were given written a treatment plan which outlined the costs of planned treatments. We also saw that there was a price list available for patients in the waiting area.

We saw that the practice had a range of patient information leaflets available for patients. These provided visual images and written explanations about different types of treatments, what they involved, the risks and the benefits, for example, tooth extraction.

We looked at the care records of six patients. We saw written evidence that different treatment options were explained to patients and that they were given time to make a decision. For example, we saw that one patient was given information about various alternatives for teeth that needed replacing which included having implants, a bridge or partial dentures. It was recorded that the patient would return to discuss the options once they had time to give them more consideration. We saw that patients were given written treatment plans which clearly set out the costs of proposed treatment. Patients were therefore able to make informed choices about their care and treatment.

Patient's privacy and dignity were respected. We saw that the practice had a code of conduct in place for protecting patient confidentiality which all staff had signed to confirm that they had read and understood. During our visit we observed that consultations took place in private in the treatment rooms. The patients we spoke with confirmed that confidentiality was respected and that staff were professional and discreet. We observed that staff were friendly and polite. This was confirmed by the patients we spoke with. One patient said, "I find them friendly and approachable." Another said, "They're really pleasant

and polite."

We saw that the practice recognised patient's individual needs in relation to their dental care. We saw that patients were given information about translation services should their first language not be English. We also saw that the practice made arrangements to cater for people with disabilities. For example, the practice made arrangements to ensure that patients who were unable to use the stairs to see the hygienist were seen in the ground floor surgery instead.

The practice regularly sought the views of the patients who used the service. We saw the results of an annual patient survey which summarised the findings and identified improvements that needed to be made. There was evidence that identified improvements had been implemented. This meant the practice took patient views into account in the way the service was provided.

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

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**Our judgement**

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The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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All of the patient's we spoke with were happy with the care and treatment they had received. One patient said, "It's excellent." Another explained how their experience had been, "Really positive" and how the dentist had helped them get over their fear of going to the dentist to the point their dental health needs were now minimal. Another patient explained how the dentist always discussed treatment alternatives with them and tailored them to meet their own individual needs. All of the patients we spoke with said they could get an appointment when they needed to and that if they needed to see the dentist urgently they were seen quickly. This meant that the service was able to meet patient needs at a time which was convenient to them and at short notice.

People's needs were assessed and care and treatment was planned in line with their needs. We looked at the care records of six patients. We saw that each patient had a record of a full mouth assessment which had been undertaken by a dentist. There was evidence that the results of examinations and x-rays were explained to patients and that treatment options were discussed. Each patient had a written treatment plan. There was evidence that patient's had been appropriately referred for more specialist advice where appropriate. We saw that for each patient there was a record of their medical history which was checked at each appointment. This meant that there was up to date information about any medical risks so that their care could be planned safely.

The dentist informed us that appointment intervals for patients were based on an assessment of disease levels and risk of or from dental disease. This was in line with the National Institute for Clinical Excellence guidelines which stipulated that the length of time between appointments was determined on the basis of need specifically each patient. We saw that the risk for each patient and recall interval for each patient was recorded. This meant that the appropriateness of patient recall intervals could be clearly determined.

There were arrangements in place to deal with medical emergencies. We saw records that showed all staff received annual training in the management of medical emergencies and Cardiopulmonary Resuscitation (CPR). We saw that there were written procedures on display for staff on how to deal with a collapsed patient. We saw that emergency drugs and equipment were kept in the practice. We were shown records of the regular checks

that were undertaken to ensure that the drugs were in date and that the emergency equipment was working. This meant that they would be fit for use in the event of a medical emergency.

The practice had arrangements in place to deal with foreseeable emergencies. We saw that there was a comprehensive and up to date business continuity plan in place. The plan outlined the arrangements in place to deal with foreseeable events such as loss of energy supplies, loss of the computer system and essential data and fire.



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

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### **Our judgement**

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The provider was meeting this standard.

Patients who used 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.

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### **Reasons for our judgement**

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We saw that the practice had up to date policies and procedures in place for safeguarding children and vulnerable adults which included key contacts in the local authority for referral and advice. We saw that all staff had signed to confirm that they had read and understood them. We saw training records which showed that all staff had attended training in the last year on safeguarding children and vulnerable adults and The Mental Capacity Act 2005. The dental nurse we spoke with was able to show that they understood the relevance of safeguarding children and vulnerable adults in dentistry. They were able to describe the types of abuse that could occur and signs that might suggest someone was being abused. They knew who to contact if they had any concerns. This demonstrated that they understood their roles and responsibilities in relation to safeguarding.

We saw that all staff who worked at the practice had been subject to relevant employment checks with the Disclosure and Barring Service in order to confirm their suitability to work with children and vulnerable adults.

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

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**Our judgement**

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The provider was meeting this standard.

Patients were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We saw that the practice had a comprehensive infection control policies and procedures in place which covered key areas including the decontamination and sterilisation of instruments, clinical waste disposal and hand hygiene. We looked at training records which showed that during the last year staff had undertaken training in infection control which meant they would be up to date with current practice.

The dental nurse showed us the procedures for cleaning and sterilising instruments. This included soaking used instruments in an enzymatic solution, scrubbing, rinsing and then inspecting them under a magnifying glass for any residual debris. The instruments were then dried, bagged and sterilised in an autoclave. We saw records to show that the autoclave was checked daily to ensure it was fit for purpose. We saw that the treatment rooms were wiped down with disinfectant between each patient. This included the work surfaces, the chair and the dental inspection light. There were separate basins for hand washing and guidelines for good hand hygiene were displayed on the wall. We observed that the treatment rooms were kept scrupulously clean and provided a hygienic environment for patients.

We saw records of daily checklists for the cleaning of the surgery premises. We also saw that the practice undertook six monthly Infection Prevention Society audits in order to assess that the requirements of the Decontamination Health Technical Memorandum 01-05 (HTM-01-05) were being met. This meant that the practice had arrangements in place to ensure infection control procedures were being implemented.

All of the patients we spoke with said that they thought the practice was clean. One patient said, "It's always clean." Another said, "It's spotlessly clean."

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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

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

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

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