

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

## Concordia Dental Healthcare (Hove)

39a Salisbury Road, Hove, BN3 3AA

Tel: 01273711507

Date of Inspection: 08 July 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
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Healthy Smiles Ltd
Registered Manager	Mrs. Ann King
Overview of the service	<p>Concordia Dental Healthcare is a small modern practice situated in the heart of Hove. They are open two days a week and have a sister practice in East Grinstead. They offer general and cosmetic dental treatments including preventative and hygiene treatments, dental Implants, fillings, veneers, crowns, bridges, dentures, orthodontic braces, metal/mercury free dentistry and teeth whitening. Staff include one dentist, one dental nurse, and one practice manager who also ensures patients' reception.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

## Contents

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## 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 unannounced 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 8 July 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.

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### What people told us and what we found

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We spoke with the dentist, the practice manager, one dental nurse and five patients who used the service. People told us that they were fully involved in the planning of their treatment. The dentist discussed different options available with people and enabled them to make informed decisions about their care. One patient told us, "Everything is discussed with me, I am involved throughout". The dentist reviewed and updated the care plans at the beginning of each visit. They told us, "We prescribe a treatment for patients as if they were a member of our own family or friend".

We saw that Concordia Dental Healthcare had policies and procedures in place for safeguarding children and adults at risk. The staff knew where to access this information if they suspected abuse.

We saw that the service maintained appropriate standards of cleanliness and hygiene throughout the premises. A patient told us, "The practice is always very clean, modern and spotless". Staff told us, "We are very thorough, and we follow the decontamination cycle after each patient".

We found the practice manager had an effective system of audits concerning every aspect of the dental practice. We found that the service had an incident reporting system and a complaint policy with clear procedures. The provider monitored the quality of service that people received and sought patients' views to identify how the service could improve. A patient told us, "The quality of care is simply top class".

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.

People'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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People who use the service were given appropriate information and support regarding their care and treatment.

We saw that patients had access to clear information about the practice in a dedicated folder in the reception area. The folder included a summary of the practice's policies including their complaint policy, and their confidentiality and data protection policy. Fees were displayed and informative leaflets about private membership schemes were available. New patients were also referred to an informative website. A leaflet containing information about the practice, the staff, cost of treatment and membership plans was being designed at the time of our visit. This demonstrated that the service provided appropriate information and support to patients about their care and treatment.

We spoke with four patients who all said that they were fully involved in the planning of their treatment. The dentist had discussed the advantages and disadvantages of different options available with them and had enabled them to make informed decisions about their treatment. Patients were given clear information concerning private membership schemes. One patient told us, "The dentist is very clear, every step of the treatment is clearly explained, we never feel under pressure to make a decision". Another patient told us, "Everything is discussed with me, I am involved throughout." This indicated that the provider enabled patients to participate in making decisions relating to their care and treatment.

The dentist told us that during the initial assessment of patients' needs, they established what they wanted to achieve. For example, some patients preferred the treatment to focus on pain reduction, others on function to enable them to eat, and others on the way their teeth looked. Following an examination, the dentist proposed different options relating to the goals patients wanted to achieve. We saw evidence in patients' files that their wishes were respected. For example, some patients requested no anaesthetic and this was facilitated. The service offered metal and mercury free fillings. This indicated that the service took into consideration the wishes that were important to patients.

A patient told us, "We discuss my treatment in private in the surgery, and I have plenty of time to consider my options". The practice manager told us how each appointment was scheduled allowing ten minutes respite following each treatment. This ensured patients were not rushed. This indicated that the service ensured that the environment allowed privacy in which the support needs of patients were met.

We looked at seven patients' records which included care plans that had been agreed. There were entries which confirmed that the dentist had discussed options with them. Patients' consent was sought and recorded before care and treatment began. The dentist described to us how they accommodated people with anxiety. The dentist described to us how they offered reassurance and a gentle introduction to the premises and equipment. One patient told us, "I can get quite apprehensive but the dentist and nurse always make me feel at ease within minutes". The practice manager told us that the practice ensured emergency appointments were scheduled at short notice. The practice accommodated patients who required late evenings appointments. This indicated that the service ensured that care and treatment was provided to patients with due regard to their individual needs.

We saw that the premises were adapted to accommodate wheelchair users. We saw that the toilet facilities were spacious and equipped with grab rails, a call cord and automated lighting. The practice was situated on the ground floor and the surgery was fully accessible to wheelchairs. This meant the practice met the requirement of the Disability Discrimination Act with regard to access.

We saw that computerised records were protected with a security and back-up system to respect confidentiality. We saw that all staff had signed the service's confidentiality policy. We observed the staff in reception addressing patients discreetly when needed. Patients' records in hard copy format were stored securely. This indicated that the need to maintain confidentiality was taken into account by the service.

Questionnaires inviting patients to comment on their care and treatment, were given to patients following their treatment. We saw that patients completed and returned the questionnaires in reception or in a survey collection box. The staff emptied the box regularly and acted on comments and suggestions. This meant the provider had systems for gathering the views of people who used the service.

**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.

People 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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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We spoke with the dentist who explained each step of the process involved when people first came to the service. The dentist described how people's needs were assessed to reflect their wishes and how care plans were written. The dentist planned care and treatment in three stages: restoration of health, function and aesthetics. We looked at seven sets of clinical records in hard copy and three sets of computerised care plans. All included details of people's allergies, a summary of their medical history and current medication, a clear assessment of needs and a treatment plan to meet these needs.

We saw that treatment plans had been discussed with patients and their consent was recorded before their care and treatment had begun. There were records of suggestions made and discussed. The dentist reviewed patients' medical history at the beginning of each visit to check whether anything had changed, and updated their care plans accordingly. This indicated that the service assessed people's needs, planned and delivered care and treatment in such a way as to meet their identified needs.

We saw recommendations for regular oral hygiene techniques in some patients' care plans. We saw records showing the dentist discussed healthy lifestyle alternatives with patients when necessary to promote oral health. The dentist referred patients to specialists and dental hospitals when necessary and followed up after care appropriately. The dentist carried out risk analysis taking into account medical condition, tooth wear, current oral health regime, decay, jaw, skin and diet. The dentist discussed risks associated with oral cancer. The dentist provided informative leaflets on care and after care, and promoted smoking and alcohol awareness. This indicated that the practice encouraged the prevention and early detection of ill health wherever factors presented a risk to patients' health and welfare.

We spoke with three patients who were treated at the practice. All told us that they were satisfied with the care they had received. One patient told us, "I have followed the dentist to this new location as I totally trust him, he is very professional". Another patient told us,

"The quality of care is simply top class".

The service had procedures in place for dealing with emergencies. We found that the provider had a business continuity plan. This addressed the steps that were to be taken in case of fire, flooding, equipment, heating or electrical failure, pandemic, and staff illness. We saw that there were clear evacuation plans for people to follow and that all staff practised regular fire drills.

We noted that smoke detectors and fire extinguishers were in the premises and that fire protection equipment was in place and regularly serviced and tested. Training records indicated that all staff were appropriately trained in fire emergency response.

We saw training records that indicated that staff had been trained in dealing with medical emergencies. This included resuscitation and basic life support for adults and children. We saw oxygen, a first aid kit, and an emergency drugs kit clearly accessible to staff. We saw records indicating the drugs were checked weekly and replaced before their 'use-by-date', this was complemented by a computer-generated warning system.

There was an emergency contact number for patients to call out of hours if needed, clearly displayed. The dentist told us that people who were in pain were prioritised during the appointment process. One patient told us, "I get seen the same day if in pain". Spaces for emergency appointments were planned each day. The practice called staff from the sister practice in case of staff absence or sickness. The service's computer had a back-up system which secured all data. This indicated that the service had procedure in place for dealing with foreseeable emergencies.

**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.

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.

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## **Reasons for our judgement**

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Patients 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.

We saw records confirmed all staff had completed a criminal records check and obtained clearance from the local safeguarding authority. We found that staff had received appropriate training in the safeguarding of children and vulnerable adults. We saw that a newly recruited member of staff was scheduled to attend training in safeguarding shortly. The practice manager ensured that all mandatory training, including safeguarding, was regularly updated.

We saw that the provider followed local authority policy and procedures for safeguarding children and adults at risk. The policy and procedures were updated following emerging policy and guidance from the Department of Health and Central Government. Guidance reflected the review of the publication 'No Secrets' by the Department of Health. Staff told us they knew where to access this information and relevant contact details should they suspect abuse was taking place. Staff stated that they knew how to identify signs of abuse. This indicated that the provider took reasonable steps to identify the possibility of abuse and prevent it before it occurred. No referrals to the local authority safeguarding team had been made by the time of our visit.

We asked the dentist and practice manager to tell us about steps they would take if they suspected abuse was taking place. They demonstrated a sound knowledge of the appropriate procedures including the referral process to other organisations. The new member of staff we spoke with was fully aware of the whistleblowing policy and stated they would implement the procedure without hesitation or fear of reprisal. This indicated that the staff recognised their personal responsibilities in safeguarding people who used the service.

We saw that staff had a system in place to record significant events. However there had been no incidents to report since the practice had opened sixteen months ago. The practice manager told us the practice held informal team meetings on a daily basis where staff could discuss any concerns they may have. We saw that safeguarding featured on

the agenda of each formal monthly practice meeting. This indicated that the provider took reasonable steps to identify the possibility of abuse and prevent it before it occurred.

We were told that no form of control or restraint was used when carrying out of treatment. There had been no instances of referrals to the relevant authorities to establish someone's best interest when they lacked capacity.

**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.

People were protected from the risk of infection because appropriate guidance had been followed.

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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 found that the practice operated in line with Department of Health guidelines. These guidelines provide primary care dental services with best practice on cleaning processes of medical equipment. The recommended infection control audits were carried out on a daily basis and appropriately recorded. This indicated that the provider had an effective operation of systems designed to prevent and control the spread of health care associated infection.

We inspected the principal surgery, the reception and waiting areas, toilet facilities, and decontamination room. We found the premises were cleaned to a high standard and well maintained. One patient we spoke with told us, "The practice is always very clean, modern and spotless". We saw evidence of a cleaning log and rotas which demonstrated that the practice was cleaned daily. We saw that all water lines were flushed regularly and that this was recorded. Legionella and water hygiene risk assessments had been carried out. The latest assessment indicated a satisfactory outcome and was dated June 2012. This indicated that the provider maintained appropriate standards of cleanliness and hygiene in relation to the premises.

Staff we spoke with had a good knowledge of hand hygiene and used appropriate personal protective equipment. We saw clear notices about hand cleaning techniques were displayed. We saw records that indicated that all clinical staff had been vaccinated against Hepatitis B. Staff followed good hygiene practices: they wore clean uniforms, washed their hands thoroughly and followed a system to ensure that reusable items of equipment were only used for one patient before being cleaned and sterilised. This included placing instruments in individually sealed pouches after the sterilisation process. This meant staff and patients were protected from the risk of infection.

We saw records confirming that all staff had received training in infection control. The dentist was trained in radiation protection in 2010 and was scheduled for an update course in 2015. The dental nurse we spoke with held a certificate in dental radiology. They told us, "We are very thorough, and we follow the decontamination cycle after each patient". We observed each step that was taken after each treatment had taken place in the surgery and in the decontamination area. We saw each instrument that had been used was removed, all the surfaces were wiped down, gloves were changed and hands washed. The

decontamination process that was followed ensured each instrument was washed thoroughly, checked under a magnifier and sterilised. The instruments were then subjected to high pressure saturated steam. We saw that sterilised equipment and used items were kept separate and that clean items were stored in hygienic conditions to reduce the risk of contamination. All equipment in the practice was new and we saw records indicating that sterilizing equipment was scheduled for regular servicing and maintenance. This indicated that the provider maintained appropriate standards of cleanliness and hygiene in relation to the equipment and reusable medical devices.

We viewed the practice's disposal of waste procedures and saw that the system was efficient in its recording and auditing. Clinical waste, hygiene waste and dental amalgam waste were separated in line with best practice guidance. The practice did not use mercury. We saw that waste was fastened in dedicated refuse bags, and disposed of securely by external commissioned services. This confirmed that the practice correctly disposed of hazardous and non-hazardous waste.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We saw that the practice had a system of internal and external audits in place. The practice manager audited every aspect of the practice to identify how the service could improve. This included auditing radiography, patients' records keeping, staff files, drugs, laboratory work, practice cleaning, infection control and surgery. Electrical and sterilisation equipment, patient surveys, complaints and incidents were subject to a similar rigorous process.

The practice held a practice meeting every month where staff were invited to comment on how the service was run.

We saw evidence that all recommendations for improvement or updates of policy following audits were communicated to staff at practice meetings. For example, we saw that legionella risk assessment procedures had been discussed at meetings and the need for a new piece of equipment to facilitate the process was identified. This was obtained and in use within a few days of the meeting.

Staff were able to add any concerns they had to the agenda of the staff meeting. We saw a practice meeting was dedicated to reading and understanding the Care Quality Commission requirements within the daily context of the practice. This indicated the provider monitored the quality of the services provided against the legal requirements. The practice also held informal staff meetings on a daily basis where concerns were discussed. This means that the practice identified, monitored and managed risks to patients.

We found that the practice had an effective incident reporting system, and a complaint policy with clear procedures. No complaints had been lodged and recorded since the practice began. We saw that the service provided patients with questionnaires to assess their views on the overall quality of the practice. This addressed patients' level of satisfaction or dissatisfaction regarding their experiences regarding reception, respect, fees information, care, and cleanliness of the premises. The practice manager had analysed patients' comments to determine satisfaction levels after their treatment. We saw that they were fully satisfied at the time of our visit. We saw comments in the last survey which included, "Excellent service and fantastic dental treatment", "Professional service at all time", and " Highly friendly and professional. Doesn't feel like you are going to a

dentist". This indicated that the service regularly assessed and monitored the quality of the services 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.

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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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