

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

South Lane Dental

3 South Lane, Clanfield, Waterlooville, PO8 0RB

Tel: 02392596444

Date of Inspection: 29 November 2012

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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

Safeguarding people who use services from abuse

✓ Met this standard

Cleanliness and infection control

✓ Met this standard

Complaints

✓ Met this standard

Details about this location

Registered Provider	South Lane Dental
Registered Manager	Mrs. Lyndsey Pepperman
Overview of the service	South Lane Dental Practice is registered for the regulated activities; Diagnostic and screening procedures; Surgical procedures and Treatment of disease, disorder or injury. The practice has one registered dentist Dr Pepperman and an in-house Clinical Dental Technician
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	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Complaints	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 29 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us they had been going to South Lane Dental practice for years. People told us they were treated with respect and dignity. People told us they had every confidence their records were stored appropriately. People said if they had any concerns they knew they could discuss these with any member of staff in private.

Records held demonstrated an assessment is carried out before any treatment is put into place. People told us they always knew what treatment they were going to receive and had been given an estimate of how much that would cost. The provider had procedures in place for dealing with any emergencies.

Staff working in the practice had a good understanding of safeguarding people and the necessary policies and procedures associated with keeping people safe.

South Lane Dental practice was clean and provided a calm atmosphere. A range of newspapers and magazines along with hot beverages were offered. The practice had invested in a new decontamination room, with new equipment in the previous year.

People told us they would feel comfortable to raise a complaint with any member of the practice if they were unhappy with any part of the service.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with people before consultations and observed how people were supported whilst at the surgery. All consultations were carried out in private. We found that there was a relaxed atmosphere and people were each given time. A treatment plan was explained to people in an appropriate pace. People told us their care plan for treatment was always explained to them and if necessary they were shown details on the screen in the dentist surgery.

We saw that consent was sought for examination and again for treatments. We saw that all records were stored securely.

People expressed their views and were involved in making decisions about their care and treatment. Two people told us they had chosen South Lane Dental Practice as they were very nervous about going to the dentist but had been told the surgery was calm and staff were relaxed with nervous patients. They reported they had been using the practice for years and were always happy with the way they were treated by staff.

People who use the service were given appropriate information and support regarding their care or treatment. We saw a range of information leaflets in the waiting room. There was a practice leaflet that gave details of the dentists and services offered. Other information included opening times, general treatment costs, and the number to call in emergency and out of hours.

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

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We followed patients during their visit and they told us they had been informed of the consultation process. People told us the dentist or staff would happily discuss various options for treatment if this was possible. People told us they were always given an estimate of how much the agreed treatment was likely to cost.

We were shown records which demonstrated for a new patient a full social and medical history would be taken along with information about previous dental treatments. It was agreed the full medical history would be scanned into the patients' records. Staff told us they would always record how anxious or not the person was about receiving treatments. We observed that staff completed the records with the patient and patients signed a consent form agreeing to the examination

There were arrangements in place to deal with foreseeable emergencies. We were shown records demonstrating staff updated their training to manage any medical emergencies as part of their continuing professional development. The dental practice had emergency equipment available including emergency drugs. Staff were aware of their roles and expected actions should there be an emergency.

Staff told us they had a system for recording adverse events, accidents and incidents. The practice was small and communication was good between all staff. We were told that informal staff meetings occurred where any issues or concerns or information could be discussed

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 had policies and procedures and general information about safeguarding people. Staff we spoke with were aware of the procedures for protecting vulnerable people. They demonstrated a good knowledge of action they would take if abuse was suspected. Staff said that they worked in a very small team and they would have no hesitation to report any concerns. Staff in the practice had not attended any courses on safeguarding people, but told us they had looked into attending these courses. They informed us so the courses had been full but they were hoping to attend a course on safeguarding people in the future.

Discussions with the staff showed that they were aware of issues around consent for people who may be vulnerable. Information was available on the Mental Capacity Act for staff.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed. Staff told us about how they prepared the treatment room between patients. We were told that all items used were disposed of in designated containers or taken away to be decontaminated. The chair was cleaned, surface areas wiped and covers were used to protect all touch areas such as overhead lights. We saw that staff wore uniforms and protective equipment such as disposable gloves.

We were told how instruments that required decontamination were processed. We observed that instruments were transported in secure trays. There was a clear process in the room to ensure that clean and dirty instruments did not come in contact with each other.

Staff described their process where all instruments that were 'bagged' and date labelled to ensure that they were either used or re-sterilised before the expiry date.

The practice had a designated person who was responsible for infection control. They told us and showed us evidence that demonstrated how the practice met the essential standards requirements of HTM01-05: decontamination in primary care dental practices. The HTM 01-05 was designed to assist all registered primary dental care services meet a satisfactory level of decontamination. The practice had invested in a new decontamination room, with new equipment in the previous year. This room contained specialist equipment to ensure equipment was cleaned and sterilised correctly. Records we inspected showed that all decontamination equipments were serviced regularly.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We asked for and received a summary of complaints people had made and the providers' response.

We were shown the complaints log, which had one complaint logged. From this we were able to establish what action had taken place since the complaint had been made and how they had resolved the complaint. The manager told us the service did not receive many complaints. She said complaints were welcomed as it was a way the service could improve.

The complaints procedure was sent with the information pack to all new patients. We were told the complaints procedure would also be added to the website for the practice which was currently being updated. On the day of our visit there was not any details of the complaints procedure displayed. The manager told us there was usually a leaflet on the reception desk, which detailed all the information. The manager told us she thought this had been 'tidied up' the previous day. People spoken with told us if they were unhappy they would discuss their complaint with the manager. They said they were confident the manager would be able to resolve their complaint. The practice had a comments book in reception. This had many positive comments about the service people had received.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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