

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

The Bosham Clinic Limited

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Date of Inspection: 30 January 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
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Bosham Clinic Limited
Registered Manager	Mrs. Sarah Stone
Overview of the service	The Bosham Clinic Limited provides both NHS and private dental treatments. The practice also provides cosmetic dentistry.
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'.

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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 announced 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 30 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people on the day of our visit, who were all complimentary about the care that they received at The Bosham Clinic Ltd.

People 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 person said, "I have never had a reason to complain. I am always treated by polite staff, and I really trust my dentist".

Another person told us that they had moved dentists twice and had now found a dentist that they felt confident with. They said that this was because, "All my previous dentists kept moving on, so I never saw the same dentist twice. Here you always see the same dentist so I have built up a relationship of trust with them".

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 had been protected.

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

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

We spoke with three people during our visit. All of the people 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 don't really care what I have to pay as it needs doing, so it's a necessary cost. However, I think that this surgery is very transparent about costs and I always know what I am going to be charged."

We saw that both NHS and private dental charges were displayed in the reception area. There were also a variety of leaflets on display in the waiting area which contained information about treatments and costs.

We saw five records which contained treatment plans. These plans included the dental work that was required and the cost of this treatment. We looked at three NHS treatment plans and two private treatment plans. We observed that patients were given a copy of this treatment plan to take away with them. The people that we spoke with confirmed with us that they had always received a treatment plan when they required treatment following their initial check up.

We were shown records that showed that people were given time to consider their treatment plan before returning for treatment.

People expressed their views and were involved in making decisions about their care and treatment.

All of the people that we spoke with told us that they felt involved in making decisions on their treatment.

We saw in people's records that their wishes had been recorded and acted upon. For example in one record a person had made the decision to have a tooth removed rather than having the tooth refilled.

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

We were told that people 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 had medical history checks recorded at each visit. One of the records that we looked at showed that the person 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 in duplicate with one copy going home with the patient. These plans included the costs involved in the treatment.

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 provided for all staff was completed on 3 January 2013. This training was completed in line with the provider's policy. The practice had procedures and policies in place which related to emergency situations.

Equipment to be used in an emergency and emergency drugs were stored at the practice. We saw evidence that this equipment and the drugs were regularly checked by staff.

The staff that we spoke with were clear about their responsibilities in an emergency. The procedures for medical emergencies were displayed both within policy files and where medical emergency equipment was stored to remind staff of their responsibilities.

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.

We were shown the surgery's safeguarding policy. The policy had procedures for staff and outlined how to recognise abuse, and how to report potential abuse. The policy included the contact details for the local safeguarding authority leads.

The staff that we talked with had a clear understanding of what constituted abuse and how they would react to such concerns. Staff at the surgery had raised two safeguarding alerts where they had seen the signs of potential abuse. Staff had followed the correct procedures when they reported their concerns.

The surgery had two named leads responsible for safeguarding vulnerable adults and children.

We were shown evidence that staff had received training in child protection and adult safeguarding in line with the provider's policy.

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 named lead in infection control. We saw evidence that all staff had trained in infection control and decontamination procedures. This training 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 staff used then discarded personal protective equipment correctly.

We were told that the dental nurse was responsible for cleaning the treatment rooms between patients. We watched a dental nurse following correct procedures. The provider might like to note that the manager was unable to provide recorded evidence that this cleaning took place, however we found that all of the treatment rooms were clean during our visit.

We observed the dedicated decontamination nurse followed procedures for the flow of dirty and clean equipment. We were shown the decontamination process used at the practice. We were able to see that clear processes were in place and were followed to ensure that people were protected from the risk of infection.

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

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. We saw that people were asked to complete questionnaires in order that the practice could capture their views. The last completed questionnaires were distributed in 2009. The 2009 questionnaires had been analysed and service improvements had been made as a result of this. The manager told us that they were currently devising a practice questionnaire which they were hoping to distribute to people within the next month.

The provider might like to note that, although the manager was able to give us examples of where the practice had made service improvements following peoples' verbal comments on the service. The manager was unable to provide documented evidence that comments were being reviewed and acted upon.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the provider's policy for dealing with incidents and accidents. We were shown evidence that incidents had been recorded, and that learning had taken place following incidents. The manager was updating the practice policy regarding incidents and accidents on the day of our visit.

The provider took account of complaints and comments to improve the service.

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw that the surgery's complaints policy, which included details on how people could complain, was displayed in the waiting area. The manager had a good understanding of this policy, however we were unable to test compliance with the policy as we were told that the practice had not received any written complaints.

We saw evidence that the practice had an auditing system in place in order to monitor the quality of its service. For example, we were shown completed audits with regard to infection control, x rays, and health and safety. The manager was working on systems for

further auditing for record keeping.

We were shown the minutes from the practice staff meeting which had been held monthly. We saw that during these meetings staff discussed learning from incidents and patient comments.

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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