Inspection Report

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

Ripley Dental Practice

The Old Poste, High Street, Ripley, Woking, GU23 6AQ

Tel: 01483223429

Date of Inspection: 15 February 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safeguarding people who use services from abuse	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Chirag Amin
Overview of the service	Ripley Dental Practice is a privately owned and operated dental practice situated in Ripley High Street. The practice is a partnership employing four dentists and a hygienist. The service provides a full range of preventative and restorative dental care for adults and children both privately and NHS funded.
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:	
Safeguarding people who use services from abuse	6
Complaints	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Ripley Dental Practice had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Complaints

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 15 February 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We noted that information about safeguarding people from abuse was available in the waiting rooms and public areas. In addition we confirmed that all staff in the service had received safeguarding training since 3 December 2012. This meant that people and staff had increased awareness of abuse and information on how to report concerns. Staff told us, "All staff and dentists have been trained now and we're more aware of it".

We found that complaint forms had been introduced and provided for use by people who used the service. Staff had been made available to help people to complete them if assistance was required. We also saw that a system of recording and tracking complaints had been introduced. The system enabled the service to demonstrate the action that had been taken to resolve complaints and show that the complainant had been made aware of the outcome. A member of staff told us, "It's much clearer to everyone now exactly what has happened".

This meant that the complaints system was more accessible to people who used the service and that complaints and comments were likely to be dealt with appropriately.

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

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People 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.

Reasons for our judgement

During our inspection of 3 December 2012 we spoke with a dentist and two other staff and confirmed that none had received training in safeguarding people from abuse within the previous 12 months.

We also noted that no information which raised awareness or encouraged the public and staff to report safeguarding incidents or concerns was displayed in the service or published on the service website.

We found that the service had not taken reasonable steps to protect people from abuse or identify abuse where it might have occurred and we asked the provider to take action. The provider wrote to us (Care Quality Commission) in December 2012 specifying the action they proposed to take to become compliant.

We revisited the service on 15 February 2013 and noted the following; Displayed on the wall in the waiting room in the clear view of staff and patients was a poster outlining the procedure for reporting safeguarding incidents and concerns, which included current contact numbers. In addition, 'keeping you safe' leaflets providing the same information had been made available on the reception desk for people to take away and read in their own time.

This meant that people who used the service and staff had been provided with current information that enabled them to report any safeguarding incidents or concerns.

We spoke with a member of staff who showed us certificates confirming that all dentists and all staff working in the service had received training in safeguarding people from abuse during December 2012 and January 2013. They told us, "All staff and dentists have been trained now and we're more aware of it".

The member of staff identified the forms of abuse to which people who used the service

might be vulnerable and explained correct reporting procedures.

This meant that people 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.

Complaints ✓ Met this standard

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

During our inspection on 3 December 2012 we examined the service procedure for dealing with complaints from people who used the service. We found that although the complaints procedure had been published and available for people to read, no complaints forms had been available in the service.

The records relating to the three complaints received within the previous 12 months had not confirmed whether the matter had been fully investigated in all cases. Nor did the records identify the conclusions reached. Two of the three records had not been completed to indicate whether the complainant had been made aware of the outcome.

We concluded that people's complaints may have been investigated and resolved but this could not be established from the records and we asked the provider to take action.

In December 2012 the provider wrote to us (Care Quality Commission) specifying the action they proposed to take.
We revisited the service on 15 February 2013 and noted the following; Complaint forms were available in the reception area for use by people who used the service. We also found that the service had introduced a method whereby a complainant was supported, by staff, to complete the form if required. This meant that the complaints process was readily available to people who used the service and people were supported, as necessary, to submit complaints.

A review of the service complaints folder showed that each complaint report was attached to a progress sheet which outlined the action that had been taken. In addition we saw a summary sheet which showed, at a glance, all relevant information including the date on which the complainant had been informed of the outcome of their complaint. This meant that people's complaints were investigated and resolved, where possible, to their satisfaction.

We spoke with the member of staff who managed the process and they told us, "It's much clearer to everyone now exactly what has happened".

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.

Contact us

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