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: 03 December 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	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Complaints	✗ Action needed

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
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Cleanliness and infection control	11
Complaints	13
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 3 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We were able to speak with people who used this service during and after our inspection. They were happy with the standard of service and treatment they had received. One told us, "I've been coming here for over five years and I live about five miles away. I feel safe and confident here". Another person said, "The staff are very friendly and helpful".

People were pleased with the level of information provided by the service and the opportunity to make informed decisions about their treatment. One person told us, "Once the dentist took x-rays. He showed me the problem and we talked about what to do next".

This service had a set of policies covering all aspects of the essential standards of quality and safety. Although people told us that they always felt safe in the service, we found a lack of staff awareness and information for service users relating to safeguarding people from abuse.

The standards of hygiene and infection control were found to be compliant. Effective procedures based on current guidance were in place.

The service displayed a notice for people explaining the complaints procedure. This was not supported by a process which responded appropriately to people's concerns

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

What we have told the provider to do

We have asked the provider to send us a report by 25 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Reasons for our judgement

This practice is situated in a two storey converted post office in the village centre. Access to the service is level from the disabled parking bay at the front and we saw that arrangements were in place for patients who use wheelchairs and other people with mobility problems to be treated in one of the two ground floor consulting rooms.

We noted that staff greeted people politely and appropriately. They appeared friendly and helpful. The people we spoke with confirmed that they felt they were treated respectfully.

We saw that the reception was at the front of the building and open plan to the adjacent waiting room. None of the people we spoke with about this service thought that this compromised their privacy. One person told us, "Nothing confidential is discussed out there anyway". They told us that discussions about their treatment had occurred privately in one of the four consulting rooms.

The waiting room was undergoing renovation and at the time of our inspection no floor covering had been laid.

On the wall of the waiting room we saw a copy of the practice complaints policy displayed. A variety of information leaflets relating to oral health and treatment were available in the reception area. This included a practice information leaflet and the tariff for private treatments. Oral hygiene items were also on sale at the reception.

We noted that patient information was in English only. A dentist told us that the first language of all of their current patients was English. We saw that the practice had a 'Language barrier' policy which committed the service to arranging specialist interpreter or translation services. This ensured that all necessary steps had been taken to assist people who used the service to understand their treatment.

We examined one dentist's treatment room, and saw that the others were similarly well equipped and maintained.

A dentist showed us a computer software programme which they told us was used in each of the four consulting rooms. It was called 'Patient Journey' and provided a video demonstration of a number of common dental procedures. This meant that people could be shown relevant aspects of treatment. This had allowed people to make better informed decisions about their treatment.

A dentist told us "It is vitally important that patients understand the treatment we propose and we absolutely would not proceed unless we were certain this was the case and that the patient agreed". They told us that this policy had been applied equally to young people and those with communication difficulties.

People who used the service told us that they understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment.

A dentist showed us the computer based patient record system which was password protected and which had replaced written notes in this service. The dentist told us that the system was backed up onto a portable storage device which was taken away from the practice daily. This ensured that the records were protected in the event of damage to the building and the computer system.

We saw the case notes relating to a recent patient and saw that the dentist had noted 'no change' in respect of the general health of the person. We were also shown examples of treatment plans on patient records. The dentist told us that, where appropriate, people were invited to consider options for treatment and that they had often printed treatment plans for patients to consider.

Training records indicated that staff received training on information security as part of their induction and had been required to sign a confidentiality agreement.

We were told that the service did not retain paper records of any kind. Consent forms, once completed and signed were scanned into the computer record and the documents were then shredded.

Details of all clinical staff and their qualifications had been published on the practice website. This included emergency contact details. This had enabled people to be clear about who was involved in the practice and how they could access treatment from this service.

Care and welfare of people who use services ✓ Met this standard

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

We spoke with people about the care they received at the practice. One person told us "I've had to undergo a very long series of treatments and I can't speak highly enough of my dentist. We took it one stage at a time and discussed each stage." One of the dentists told us that all patients were asked to complete a medical questionnaire at the time of registration. They told us that it was practice policy to ask patients about changes to their medical condition before each consultation.

NHS patients were also asked to sign a standard consent to treatment form. We saw one patient signing a consent form during the inspection. The receptionist told us, "Because the records are computerised now we don't keep the consent forms any more. We just scan them to the patient record and shred them.

A dentist showed us a computerised patient record and we confirmed that medical and dental histories had been updated at every recent consultation. We noted that consent forms had been scanned and attached to the patient records.

We were also shown the record of one patient who had been registered with the service under the previous owner. It had been noted that no medical history had been recorded at that time and the patient record had been endorsed to have details obtained during the next appointment.

People's needs were assessed and care and treatment was delivered in line with the individual's plan.

We saw that the service had published a medical emergency plan which contained easy to follow protocols for staff which included summoning the emergency services. We spoke with one receptionist who was clearly experienced and was able to explain her personal response.

We reviewed the service's incident and accident reporting book and found that entries had been completed in line with the service's policy which we also reviewed. We noted that two accidents had been recorded in the last six months, both relating to minor injuries caused to staff while handling instruments. The records contained full details of the incident, the

actions taken and in one case the advice that had been given to the injured party. Staff training records indicated that staff at the practice had been trained in basic life support during the induction process.

We saw that the practice had oxygen, a first aid kit and emergency medicines in place. Staff told us that the first aid kit and emergency medicines were checked for completeness and expiry dates monthly. We saw evidence of the monthly checks inside the door of the cupboard in which they were kept. We were also told by a nurse that the oxygen cylinder had been checked by the supplier on Friday 30th November 2012. We were unable to verify this by reference to documentation.

Staff told us that they knew where the emergency equipment was kept within the practice and that they had been trained in its use during induction. The induction programme for new staff was reviewed and we saw that it did include training in basic life support.

As a result of the policies and procedures in place and training received by staff, we found that there were arrangements in place to deal with foreseeable emergencies.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse because the provider had failed to take reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We 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 saw that the practice had safeguarding policies for both children and adults. Also that the service had a chaperoning policy in place whereby children or vulnerable people receiving treatment would be accompanied by a parent, carer or appropriate adult acting as a chaperone.

We spoke with people who had used the service recently and they confirmed that they had felt safe while receiving treatment. One person told us, "I have no qualms about my safety at all. I've had some bad experiences in the past with other dentists but this one is very professional and helpful".

None of the staff we spoke with, including a dentist, had received training in protecting people from abuse within the last 12 months. The training records that we saw confirmed this.

People who use the service were not protected from the risk of abuse because the provider had failed to take reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Cleanliness and infection control ✓ Met this standard

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

The people we spoke with told us that they were provided with protective items such as aprons and eye wear before being treated. They said the dentists and nurses always wore gloves and masks and usually protective eye wear when treating them.

We saw that staff had access to supplies of disposable and other protective clothing including gloves, aprons, masks and visors. We noted that clinical staff used this equipment when involved in treating people using the service and during the instrument sterilisation process.

We were shown a copy of the practice infection control policy which was compatible with the Department of Health code of practice on the prevention and control of infections and related guidance.

We saw that the practice was equipped with a dedicated decontamination room. A dentist told us that this had been installed recently as part of the renovation programme. We saw that it contained two autoclaves and other associated equipment.

We were told by a dental nurse that that at the end of surgery used instruments were placed in a sealed container and removed to the decontamination room. We witnessed this occurring during our inspection.

The same nurse then talked us through the instrument sterilisation process and the use and testing of the two autoclaves used by the practice. One of the autoclaves automatically produced a print out to indicate its operating temperature. A nurse told us that these print outs were checked and retained for reference. We confirmed the storage arrangements. We saw that the second autoclave machine was tested daily using test strips and that these were also retained in the practice.

The dental nurse told us that the autoclaves were cleaned daily by clinical staff along with all clinical areas and the floors of the four consulting rooms.

We saw that this was compliant with the practice policy and were shown records confirming that general cleaning of the non clinical areas of the premises was carried out by an external contractor.

In spite of the lack of floor covering in the reception area, we noted that the premises appeared very clean throughout our inspection. The two people we spoke with about the service told us that they considered the practice to be very clean.

We spoke with staff about the procedure for managing contaminated waste within the service. A dental nurse explained the process and told us that clinical and other contaminated waste, including used syringes was collected from the premises by a specialist waste disposal company. The contractor had provided a yellow colour coded bin which was seen at the rear of the premises. We were told that within the service, contaminated waste was only handled and removed by clinical staff, in accordance with the service policy. We saw a dental nurse appropriately disposing of a bag of contaminated waste during our inspection. This meant that no untrained staff were involved in handling any potentially hazardous material.

The two staff that we spoke with told us they had received training in infection control during their nursing training and service induction process. One of the staff told us that she was responsible for providing the induction training on infection control to new staff. We confirmed from training records that this member of staff had provided this training to one colleague who had recently joined the service.

We noted that none of the three complaints recorded in the service complaints folder related to hygiene standards in the service.

People were treated in a clean hygienic environment.

Complaints ✖ Action needed

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was no effective complaints system available. Comments and complaints from people were not responded to appropriately.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

On arrival at the service we saw a notice next to the reception desk outlining the company complaints and comments policy. We saw that the policy invited comment and complaint and assured people that matters raised would be looked into.

We spoke with staff about the availability of complaints forms and they told us that people were usually invited to write a letter.

A dentist told us that they considered it important to deal with any complaints or problems swiftly. They confirmed that their usual practice was to telephone the complainant promptly to try and resolve the issue.

A review of the three letters of complaint received in the last 12 months identified a range of issues. A dentist was able to provide us with a verbal summary of how the service had responded to each complaint. In one case a complainant had requested a change of dentist and we were told that this had been agreed. However, there was no documentation to support this or the outcomes of either of the other two complaints we reviewed. As a result we were unable to confirm that any of the complaints had been adequately finalised or that the complainant had been notified of the outcome.

People's complaints may have been investigated and resolved but this could not be established from the records.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: The registered person has not taken reasonable steps to identify the possibility of abuse and prevent it before it occurs. Staff had not been trained. Regulation 11 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulation 2010
Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	**Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010** **Complaints**
	How the regulation was not being met: The registered person has failed to put in place an effective complaints system for responding appropriately to complaints. Regulation 19 (1) Health and Social care Act 2008 (Regulated Activities) Regulations 2010

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 January 2013.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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