

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

## PS Photay and Associates - Picardy Street

1A Picardy Street, Belvedere, DA17 5QQ

Date of Inspection: 02 September 2014

Date of Publication:  
November 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard

## Details about this location

Registered Provider	Photay And Associates
Registered Manager	Dr Surjeet Photay
Overview of the service	PS Photay and Associates provides primary dental care for NHS and private patients in Belvedere Kent.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*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

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 September 2014, observed how people were being cared for and talked with staff. We used information from local Healthwatch to inform our inspection.

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### What people told us and what we found

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The provider had ensured that people were cared for by having suitable qualified staff and equipment available at all times. We found that the provider had adequate systems and processes in place to manage recruitment, requirements related to workers, infection control, management of medicines, dealing with emergencies and the care and welfare of people using the service. The people we spoke with told us they were very happy with the location of the dental service and that they were treated with dignity and respect and that staff were always friendly and polite.

One person told us that they had been coming to the surgery for years and that her family and children also attended the surgery and were equally happy with the treatment and services available. We were told by people that there was always lots of information to read and available, and that they were included in their treatment plans and were asked for consent prior to any treatment being provided.

We found the provider to be adequately equipped and suitably staffed, and were very responsive to people's needs and requirements.

The provider and its staff were very approachable and patient focused.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### 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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four patient treatment records which were all in a paper format. Patient treatment records documented people's relevant personal details, dental examination, treatment, related conditions and medical history. We were told by staff that details of people's medical history were obtained at the first visit and checked at every visit thereafter and we also saw that this was recorded on their treatment cards.

People we spoke with confirmed that they were asked to complete a health questionnaire regarding their medical history and recalled being asked whether there were any relevant changes to their general health during follow up appointments.

This system of checking ensured that any changes to medical history were recorded accurately and available to all staff. Records we saw also confirmed that people had received treatments following a full consultation and discussion of their available options.

All of the treatment plans we looked at had been signed and dated by each person prior to any treatment commencing, to show they understood and gave consent to the proposed treatment. Staff told us that important medical information which included latex and medication allergies was flagged up to alert staff prior to and at the appointment. For example we saw that where a patient was allergic to a particular antibiotic medication, that this was noted and a 'pop-up' alert was visible when the patient attended for treatment.

People we spoke with told us that they were very happy with the care they received and that staff were very polite, kind and gentle when providing treatment. People told us that they found the information relating to health promotion available in the waiting room was very useful. This included information on oral hygiene and smoking cessation.

There were procedures in place for dealing with unforeseen emergencies. All dentist and nursing staff had received training in basic life support (BLS) July 2013 and a new member

of staff had received BLS training in July 2014. Staff that we spoke with were knowledgeable of emergency treatment protocols and where the emergency equipment was kept. An emergency drug kit was available and there was a record of regular checks.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The treatment rooms, waiting room and the decontamination area of the dental practice were clean, tidy and free from dirt at the time of our inspection. The practice had policies on infection control, minimising blood borne virus transmission, decontamination, cleaning, hand hygiene and use of personal protective equipment. There were suitable procedures for the segregation and disposal of waste.

There was a cleaning schedule in place and specific responsibilities were allocated for domestic and clinical staff. For example the work surfaces, equipment and waste disposal bins in the treatment rooms were allocated to the dental surgery assistants to ensure that these were kept clean and tidy at all times. There were designated clean and dirty areas within all the treatment room which were clearly marked. The domestic staff took responsibility on a daily basis for ensuring that all the communal areas of the practice whilst the floor was cleaned by the domestic staff.

People we spoke with told us that they always found the surgery to be clean and tidy at all times. A staff member talked us through the process followed for the cleaning and decontamination of used instruments. There was a clear flow from dirty to clean area and staff used an appropriate disinfectant solution, and checked instruments to ensure that all debris had been removed, prior to using the steriliser. Staff used a separate sink for hand washing and there was information on hand washing procedures available throughout the practice.

Staff had access to appropriate personal protective equipment, which included disposable aprons, eye protection and gloves. After the decontamination process was completed we saw that dental instruments were stored adequately in drawers in the treatment rooms. Staff we spoke with told us that they had received the appropriate infection control training in December 2013. We were also told by staff that they had received regular updates at team meetings and records we saw confirmed this.

We were provided with evidence to show that a Legionella risk assessment had been carried out in May 2014. Regular water temperature checks were also completed and

recorded on a weekly basis, records of which were available for us to see. Further evidence of staffs continual professional development and skills checking was available to see within records of the providers monthly staff questionnaire, which was used to concentrate and focus staff understanding of processes and procedures, or to identify any gaps in knowledge or understanding. This method of continuous learning ensured that all staff had received appropriate and up to date training and guidance in relation to cleanliness and infection control.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the recording of medicine and medicines were kept safely. The practice manager showed us that there was a dedicated refrigerator for the storage of specific dental products such as dental teeth whitening products and dental cements. The refrigerator was thermostatically controlled to ensure that all the products were stored within the appropriate temperature range; for example between 2-8 degrees centigrade. We saw that all the products we checked were in date and unused.

We also saw that medicines, emergency drugs and oxygen were stored and secured appropriately. There was a procedure in place for carrying out weekly checks of medicines, emergency drugs and oxygen. Similar checks were completed to ensure functionality of equipment, the medication refrigerator being an example. We saw the log book which contained records and confirmed that the temperature had remained within the required range for the medication stored by the provider.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

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**Reasons for our judgement**

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People were protected from unsafe or unsuitable equipment because the provider ensured that all the electrical equipment was regularly tested. Staff told us that the last electrical safety check was carried out in May 2014 and records we saw confirmed this.

Decontamination appliances had contractual plans in place for servicing and records we saw confirmed this. Equipment and instruments that had been through the decontamination process and that was reusable was visually checked and clearly labelled for its use by date with an expiry date also clearly marked.

There was enough equipment available to use and match demand. There was enough equipment to promote the independence and comfort of people who use the service. Staff we spoke with told us that there was always enough instruments such as examination probes and mirrors to ensure that treatment was not delayed throughout the day. The provider had a certificate of electrical testing, fire hydrants were also subjected to regular checks the last being in May 2014. The boiler was sited away from the decontamination room secured and enclosed appropriately.

We were also able to see the buildings liability certificate in place for the location was signed and within date. The autoclave was also tested weekly and recorded for records. We were also able to see the autoclave inspection and testing certificate awarded in April 2014. We were able to see staff undertake equipment cleaning, measuring water temperatures by thermometer, and that there was use of appropriate personal protection equipment such as gloves, eye goggles and aprons for example. Airflow from clean to a dirty area was maintained and followed by staff so that the decontamination process of equipment was risk adverse and that people were protected from risk.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We reviewed all the staff files and found that pre-employment checks had been completed prior to staff starting work at the practice. This included proof of the employees' address and copies of identification such as, references, photo identification and passports as examples. Suitable criminal record checks were also available within the staff files. Copies of current professional registration documents and medical indemnity insurance certificates were also available within the staff files.

We saw that all the staff files held details of people's full employment history, qualifications and education. Files contained job descriptions and a contract of employment. Staff we spoke with told us that they had received an induction when they started work at the practice. We were told that the induction that had been provided enabled them to understand their role and responsibilities more clearly.

We saw that an induction checklist was in place, which included being aware of the practice policies and procedures, such as patient confidentiality and data protection, health and safety and infection control and decontamination. The manager told us that the operational staff consisted of two full time qualified dentists and two dental nurses. Recruitment records confirmed staff had the appropriate qualifications and skills relevant to their work including infection control, safeguarding vulnerable adults and children, decontamination processes, needle-stick injuries, oral hygiene and basic life support in July 2014.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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