

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

## Thakray Dental Practice

11 Central Road, Strood, Rochester, ME2 3HF

Tel: 01634716840

Date of Inspection: 18 June 2014

Date of Publication: July 2014

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

**Cleanliness and infection control**



Met this standard

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Dr Rashmi Ray  |
| Overview of the service | <p>Thakray Dental practice provides dental care to children and adults in the local community. The practice sees mainly NHS patients, together with providing a service for private patients.</p> <p>There are two surgeries on the ground floor and one surgery on the first floor.</p> |
| Type of service         | Dental service   |
| Regulated activities    | <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>  |

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

- Cleanliness and infection control

This was an announced inspection.

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### How we carried out this inspection

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We carried out a visit on 18 June 2014, observed how people were being cared for, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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Our inspection on 7 January 2014 found that patients had not always been protected from the risks of infection, because the provider had not taken appropriate measures to ensure that the risk and spread of infection was minimised at all times.

We asked the provider to take action to address these concerns. They wrote to us confirming that all required actions had been taken to comply with the regulations regarding cleanliness and infection control. A planned follow-up inspection was scheduled to check that the provider had achieved compliance.

At this inspection on the 18 June 2014, we found that the provider was able to demonstrate that they had met the compliance actions set to address the areas of concern identified at our previous inspection.

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

### Cleanliness and infection control

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

There were systems in place for the safe disposal of clinical waste. The practice used a specialist contractor to remove clinical waste from the premises, who provided lockable clinical waste bins that were stored in a dedicated area outside the building. We saw that these were locked and observed that clinical waste had been removed to this area. We were told by staff that the practice had reviewed how clinical waste was removed from the building and saw that a revised route was used that no longer required waste to be transported through the staff room kitchen area. This meant that the risks associated with clinical waste was minimised for patients and others.

We looked at the decontamination room and saw that this was clean, tidy and clutter free. A door had been fitted to separate this room from the staff room kitchen, which meant that the risks of contaminated air entering the kitchen had been reduced.

We observed that clinical instruments and equipment were appropriately stored in the surgeries. For example, single-use instruments were stored in purpose made containers with protective covers and kept in closed cabinet drawers. This meant that the risks of contamination were minimised.

The practice had replaced clinical equipment when needed. For example, we saw that a broken scaling tip had been sent for repair and returned to the practice labelled 'beyond repair'. We saw that the practice had purchased two new scaling tips to ensure that there were sufficient numbers available in each surgery.

We spoke with clinical staff at the practice, who told us that they received annual infection control training, were aware of the procedures to follow and demonstrated their knowledge in relation to single-use clinical equipment. They said that equipment was always readily available and that the surgeries were re-stocked as required. They also told us that they had no concerns regarding infection control at the practice and that any issues or changes to procedure were discussed with the provider at staff meetings.

People were protected from the risk of infection because appropriate guidance had been followed. We saw that the practice had implemented six monthly infection control audits and had taken action to address any issues that arose, for example, clinical waste management. This meant that effective infection control monitoring had been implemented in accordance with national guidance.

## 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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