

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

2 Green Dental

2 Green Walk, Dartford, Dartford, DA1 4JL

Tel: 01322521044

Date of Inspection: 23 July 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

Cleanliness and infection control ✓ Met this standard

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Miss Ameeka Jayant Ruwala
Overview of the service	2 Green Dental surgery in Dartford Kent provides dental care for NHS and private patients.
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 23 July 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

People who used the service we spoke with told us they were happy with the service they received, and that the dentists provided them with relevant information about their proposed treatment. People said the information provided was very thorough and the dentist took time to allow them to make decisions about their treatment.

People told us their privacy was protected by the staff and dentists, and they were always spoken to in a respectful manner. People said they were asked update their health records at each visit and had included relevant information in their treatment plan. One person said: "the staff really put you at ease and are very friendly". A number of people we spoke with said they had recommended the practice to friends and family.

The practice treatment rooms were clean and the dentists' practices were hygienic. People said that the premises were maintained in a good state of cleanliness. One person told us: "the place is always spotless". The premises were wheelchair accessible to ensure access included all patients regardless of disability.

Staff were qualified and had appropriate training and supervision and were supported to update training to do their job safely. Staff said they were supported by the dentist in their personal development, and one person was being supported to complete their dental nurse training. People understood their rights to make complaints or raise concerns and there were processes in place to manage these 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

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 and their 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

People who use the service were given appropriate information and support regarding their care or treatment. Six people we spoke with told us the dentists had provided them with relevant information about their treatment plan and had explained different options available to them to allow them to make informed decisions about their care and treatment. People told us the information provided was thorough, saying the dentist was sensitive to their needs and responded when they were having problems. For example one person told us they felt unable to have the full course of treatment on the agreed date due to experiencing pain and the dentist was supportive and scheduled a second appointment. People told us information about costs was made clear to them, and that they had given their consent before treatment went ahead. People told us that the dentist always discussed the options for their treatment and sought their agreement before carrying out any treatment.

People's privacy and dignity were respected. People told us their privacy and dignity was maintained during treatments and consultation, and we saw that that the treatment rooms were quiet and private. People said the dentist and staff were very respectful and friendly and maintained their records safely and securely.

People who used the service understood the care and treatment choices available to them. The practice policy was always to ensure that all children under the age of 16 years were accompanied by an appropriate adult at all consultations, to ensure they understood the proposed treatment and were able to consent. Dental records we looked at included detailed information and support regarding people's care or treatment and confirmed that dentists had given people information relevant to their treatments. People were shown the different treatment and procedure options available and allowed them time to make informed decisions. For example one person told us the costs of some treatments options were expensive such as having an implant, and said they were given time to consider the treatment cost that best suited them.

We saw information about the costs of treatments provided to people was clear, and people told us they were given treatment options. There was a letter and consent form in each person's file showing the proposed treatment, the cost of the treatment, and the treatment options discussed with the dentist. Consent forms we saw had been signed by the person receiving treatment and were dated.

People's diversity, values and human rights were respected. The dentist told us the surgery could provide care to people from different backgrounds and disabilities, and we saw that treatment had been provided for some people with learning disabilities. The premises were fully wheelchair accessible on the ground floor, which included an accessible toilet and treatment room. There was a system installed on the premises to enable people who were hard of hearing to take part in discussion about their treatment. The provider told us that in cases where the person could not use English as their first language interpretation services were available and we saw that the instructions for emergency dental treatment was available in a range of languages.

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

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. Six people who used the service told us the dentist always asked about their health and risks associated with their proposed treatment before each appointment. Patients' records we look at included health questionnaires, treatment plans and consent to treatment forms. Records we saw confirmed that people had received treatments following a full consultation and discussion of their options. All of the treatment plans we looked at had been signed and dated by each person, to show they understood and agreed to the proposed treatment.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The majority of patients treated were adults and children were always accompanied by an adult to ensure that information about issues such as allergies medication and health was correct and up to date. Health questionnaire updates were completed by all patients at the start of any new course of treatment to ensure they were treated safely and we saw these were kept available on file for the dentist to refer to. All of the people we spoke with confirmed they were asked to complete and update these. People's dental care plans included risk assessments, for example regarding risk of gum disease or bite problems. People we spoke with told us that these were discussed with them and appropriate recommendations were made by the dentist to reduce the risk.

There were arrangements in place to deal with foreseeable emergencies. The Department of Health risk assessment for dental practices had been completed by the provider and to ensure that the environment was free from risk to people who received treatment. Practice procedures, for example regarding infection control, were regularly discussed during team meetings to refresh staff knowledge. Emergency equipment including oxygen, first aid kit and adrenaline for dealing with allergic reactions were available and we found staff undertook regular checks of these to ensure they were in date and working correctly.

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 risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the provider had completed the Department of Health infection control self-assessment and was reviewing this regularly, to ensure that the information and action being taken was up to date to protect people from risk of infection. There were also policies and procedures in place to protect people, such as the cross infection policy and the staff had read and signed this policy. The practice ensured that staff had been screened at the start of their employment by occupational health, to ensure they were in a good state of health to safely work at the practice. Relevant training in infection control and hand hygiene was also provided for all staff. The provider had a legionella risk assessment in place, and carried out regular water temperature checks to ensure the water used was safe.

People were cared for in a clean, well maintained environment. People we spoke with who used the service told us they felt the surgery was clean and well maintained. For example one person said: "the place is always spotless". They said the dentists and nurses always wore protective clothing and gloves when treating people, and that the premises were very well maintained. The practice had a cleaning schedule detailing the frequency of cleaning and a cleaner attended the practice each day. The manager told us the cleaner did not clean the treatment room equipment, work surfaces or deal with clinical waste disposal bins, which were part of the nurses' duties. A section of the work surface in each treatment room was used as a clean area for preparation of dental materials to reduce the risk of cross infection.

We observed the cleaning and decontamination processes followed by the dental nurse after patients had been treated and noted that safe, hygienic cleaning and decontamination processes were followed. The surgery's procedures included the use of personal protective equipment such as gloves, masks and aprons, and the sterilisation of all equipment used after each treatment. Equipment in each treatment room to treat patients was stored securely in drawers. We saw the dental nurses cleaned the treatment room immediately after the patient had left, and took used instruments to a separate decontamination room for sterilisation. Clinical waste was safely stored in a locked cupboard and removed under contract.

There was appropriate equipment available in the decontamination room for sterilising the dental instruments used. These included sinks, a sterilising unit and a magnifying glass for inspecting cleanliness of tools. Sterilising equipment was checked daily to ensure that it reached the appropriate temperature and pressure levels, and records of these checks were maintained. There was a written process for staff to follow to ensure consistent cleaning standards were maintained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. Staff we spoke with told us they had received an induction that provided them with an understanding of their responsibilities. We noted there was a separate induction checklist was in place for dentists, nurses, hygienists and receptionists, which took them through all relevant policies and procedures, including the practices for health and safety and decontamination.

Staff received appropriate professional development. The clinical staff's training records that we looked at confirmed that both the dentist and dental nurse had attended training relevant to their work including infection control, safeguarding vulnerable adults and children, decontamination processes, needle-stick injuries, oral hygiene, eating disorders and manual handling. Staff told us that they felt they had received enough training to enable them to do their jobs safely and to provide additional specific support for people such as helping people with physical disabilities to use the service. One staff was being supported by the manager to study for their dental nurse examinations. There were regular lunchtime learning sessions organised with a relevant outside speaker attending to keep people updated in current procedures and practices, for example one of these updated people in the practice of dental fluoride applications.

The dentists supervised the dental nurse on a daily basis and group supervision meetings took place every two months to discuss reflective practice issues and training and development issues. The staff we spoke with said that they met the manager and dentist on a daily basis and were able to ask for support and direction about practical work issues and training and development. They said that they felt sufficiently supported by their peers and by the dentist.

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

People were made aware of the complaint's system, this was provided in a format that met their needs. As all of the current patients were English speaking and were able to read and write, the complaints policy was currently only available in English. The provider told us that where necessary arrangements would be made to have it translated to relevant other languages. There were up to date complaints policy and procedures in place, reviewed in June 2013, to advise people of their rights and the process for making a complaint. The policy included an escalation process in the event that people were not satisfied with the outcome of their complaint, including information about how to contact the Ombudsman should they wish to have an external review. A copy of this policy had been given to people who used the service and the six people we spoke with confirmed they were aware of their right to complain.

People's complaints were fully investigated and resolved where possible to their satisfaction. People we spoke with who used the service said they felt the dental practice had explained the complaints policy including their rights and the process clearly and that they knew how to make a complaint if they needed to. There was a system in place for logging complaints. We saw that there were six complaints recorded in the past 12 months and that these had been responded to and investigated promptly by manager. An example of these was: a concern by one person about being charged for emergency treatment, which was not upheld as the cost for emergency treatment had been clearly explained and documented. We saw that for all complaints received appropriate action had been taken and the complaint had been resolved to the complainant's satisfaction.

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.

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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