

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

Ramani Dental Practice

167 Selsdon Park Road, South Croydon, CR2
8JJ

Tel: 02086510444

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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
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr. Nareshchandra Himatlal Gohil
Overview of the service	Ramani Dental Practice offers a range of NHS and private treatments to adults and children.
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 16 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People who use the service were given appropriate information and support regarding their care or treatment. People we spoke with confirmed they were involved in their treatment planning. One person told us, "he puts me at ease, he explains everything to me." Another person told us, "he always goes through the costs with me in detail. I know exactly what is going to happen next."

People told us treatment was delivered in accordance with their individual treatment plan. One person told us, "we discuss what needs to be done and how it can be done and then he does it." People we spoke with were satisfied with the service at the surgery and with their treatment. One person told us, "the treatment here is good." Another person told us, "the staff are all very nice here. I've been coming here for 20 years and I won't go anywhere else."

People were protected from the risk of infection because appropriate guidance had been followed. People were treated in a clean, hygienic environment. There were systems in place to ensure the equipment used was safe and well maintained.

We found that staff felt supported by the provider and received adequate professional development, training and supervision.

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 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. People had access to a large amount of information regarding the surgery and the treatments offered. The information was available in a variety of formats including leaflets and digital video discs (DVD) and was presented in a way that the majority of people including children would be able to understand. DVD with more detailed explanations of the treatments offered were available in the treatment rooms.

A dentist told us they involved people in their treatment planning by sharing the results of their assessments and examinations. They also explained in detail the risks and advantages of a particular course of action and the difference between NHS and private treatments. People we spoke with confirmed they were involved in their treatment planning. One person told us, "he puts me at ease, he explains everything to me." Another person told us, "he always goes through the costs with me in detail. I know exactly what is going to happen next." People were required to sign their treatment plans to signify they understood and agreed with the plan. People were given a copy of their treatment plan.

People's diversity, values and human rights were respected. The surgery was fully accessible for wheelchair users and we saw evidence that an audit, analysis and planning for disability access had been conducted. Staff were able to speak several languages in addition to English, including Spanish, Hindi and Farsi. This enabled staff to communicate effectively with people who did not speak English or spoke English as a second language. We saw that information on treatment options was available in a picture book format to assist people with learning difficulties and children to better understand their treatment.

People should get safe and appropriate care that meets their needs and supports their rights

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.

Reasons for our judgement

We reviewed ten people's treatment records and found that people's needs were assessed. A dentist told us people's needs were assessed in a variety of ways including a discussion with people about the reason for their visit and previous treatment history, oral examination and xray if appropriate. This was confirmed by people we spoke with. People had to complete a medical history questionnaire which was reviewed at every visit. People were required to complete a new medical history questionnaire annually.

We saw detailed treatment plans in the treatment records we reviewed and people told us treatment was delivered in accordance with their individual treatment plan. One person told us, "we discuss what needs to be done and how it can be done and then he does it." People we spoke with were satisfied with the service at the surgery and with their treatment. One person told us, "the treatment here is good." Another person told us, "the staff are all very nice here. I've been coming here for 20 years and I won't go anywhere else."

There were arrangements in place to deal with foreseeable emergencies. The practice had procedures in place to deal with medical emergencies. We saw procedures for the treatment of paediatric choking and for the most common medical emergencies. Staff were familiar with the content of these policies and were confident they would know what to do in the event they had to deal with a medical emergency. We saw evidence that all staff had received training in basic life support. There was emergency equipment and medicines available at the practice and we saw evidence that regular checks were made to ensure these were in good working order and that medicines were within their expiry date.

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. People were treated in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. A cleaner was employed to clean the surgery daily. On the day of our inspection all areas of the surgery were clean, tidy and well maintained. People told us the surgery was always clean and tidy. We saw records of daily checks made by staff to ensure that specific cleaning tasks had been carried out. The practice had an infection control policy and policies which covered hand hygiene and the decontamination of used instruments.

The practice had an infection control lead who was responsible for ensuring that regular audits of infection control took place and that general infection control standards were met. We saw evidence that the sterilising machine and other equipment used to minimise the risk of infection were regularly checked and serviced to ensure they were safe and in good working order. There were suitable arrangements in place for the storage and disposal of clinical and non-clinical waste.

There was a plentiful supply of personal protective equipment such as, gloves, aprons and visors throughout the practice. All clinical areas had hand washing facilities and we observed that the dentist and his assistant washed their hands immediately before and after treating people and that they wore personal protective equipment. The practice had a dedicated room for the decontamination of reusable instruments. We spoke with the staff responsible for this process about the process and looked at the equipment used. We found there were appropriate procedures in place for the safe cleaning of reusable instruments which was in line with current guidance.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had systems in place to ensure the equipment was properly maintained and used correctly. We saw evidence that a Legionella risk assessment and survey had been conducted recently and that the provider had followed the recommendations in the report. The quality of the water supply to the practice's water outlets was regularly checked. We saw that regular audits were conducted to ensure equipment such as the sterilising machine, was in good working order.

There were service agreements in place with outside contractors for much of the equipment used by the practice such as the xray machine. For other pieces of equipment such as the oxygen tank, records confirmed that regular checks were carried out by staff to ensure they were safe to be used and compliant with relevant regulations. Internal checks were also carried out to ensure that equipment was available in sufficient quantities to meet people's needs. For example, the oxygen tank levels were checked every day and the expiry date of emergency medicines were checked weekly. We observed people being treated and saw that equipment was used in a way to ensure people's comfort, safety and dignity.

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

Staff received appropriate professional development. New staff members received an induction which lasted three weeks. The purpose of the induction was to introduce staff to the main policies and procedures of the practice and to provide them with training in topics relevant to their job such as, infection control. We saw evidence that staff had regular appraisals. All staff members were up to date with their continuing professional development training.

Staff told us they felt supported and were able to obtain further relevant qualifications. Trainee dentists had tutorials every week but told us they felt able to ask for advice or guidance from the dentists at any time. Monthly staff meetings were held during which staff discussed any issues affecting them or people using the practice and new procedures or clinical guidance was explained. We saw evidence the provider kept abreast of recent developments in policy and guidance and had worked to maintain high standards of care by creating an environment where clinical excellence could do well.

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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