

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

Karma Dental Care - London

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2014

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
Records	✓ Met this standard

Details about this location

Registered Provider	Dr. Karnan Nirmalathanan
Overview of the service	Karma Dental Care provides general dentistry to both NHS and private patients. Staffing consists of two dentists, two dental nurses and reception staff.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 17 January 2014, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

We were unable to speak with people using the service during our inspection. We therefore reviewed people's written feedback. People's feedback showed that they were positive about the service. The service was described as "great" and the dentist as "skillful".

People were provided with sufficient information to enable them to make informed decisions about their treatment. A medical history was taken for each person and updated every time they visited. All staff were trained to deal with medical emergencies and had received annual training.

There were systems in place to reduce the spread and risk of infection and the decontamination of reusable instruments was in line with published guidance.

Staff received appropriate opportunities for professional development and they were registered with their relevant governing bodies. Records were held securely and were fit for purpose.

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.

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 treatment. Staff told us people were given written information and encouraged to read it so that they understood the treatments. The practice also had a website with information for people relating to their opening hours, treatments available and testimonials from other patient's. The provider may find it useful to note that information on the website regarding the staffing team was not up to date.

The dentist told us they used a camera and pictures to help people understand the problem they may have. Treatment options were explained sometimes using models to allow people to understand the difference between their options. For example the dentist said "we used models to show people the difference between bridges and implants". An estimate was drawn up with a summary of the findings and treatment options and costs. The dentist told us people were required to sign the estimate, which also acted as a consent form.

We were unable to speak with people during the visit however we reviewed feedback from people. They were positive about the service and indicated that they felt informed and involved in decision making.

People's diversity, values and human rights were respected. There was no step-free access to the building; however the practice referred people to a dental practice close by if they had mobility problems. There were two private treatment rooms. There was an appropriate system in place for people to access the service out of hours. This consisted of a message on their answer machine and a contact telephone number for the local NHS out of hour's dental service.

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

Treatment was planned and delivered in a way that intended to ensure people's safety and welfare. People were required to complete a medical history form which was updated every time they visited or if it was more than an year since they visited. The medical history took information relating to existing medical conditions and known allergies. The dentist told us that if something was identified it would be "highlighted" on their records when they were accessed.

People's needs were assessed and treatment planned and delivered in line with their individual treatment plan. The dentist told us that they "always found out what a person's "wants and needs" were in relation to their treatment. They would then conduct a full oral assessment and take x-rays if necessary. From this an individual treatment plan was drawn up. We reviewed records and saw that treatment plans were completed. We saw that the dentist made referrals to specialists such as orthodontists. Details of referrals were recorded appropriately.

We were unable to speak with people during our visit. We reviewed people's feedback about the service and saw that people were positive. One person commented that the dentist was "the best dentist" they had ever experienced. Another person described the treatment they had received as "skilful".

There were arrangements in place to deal with foreseeable medical emergencies. All staff received annual medical emergencies and resuscitation training in June 2013. This training was conducted annually. The provider may find it useful to note that they did not have a defibrillator in accordance with the European Resuscitation Council guidance. There was a medical emergencies kit with emergency drugs which was checked by the dental nurse on a monthly basis. We saw records of checks and saw there was a system in place to monitor the expiry of drugs. On the day of our visit all items were in 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 cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice had an up to date infection control policy. The policy took account of published decontamination guidance.

The dental nurse who was the infection control lead demonstrated the decontamination process. The demonstration was in line with published guidance. It included wearing personal protective equipment, manually washing instruments, inspecting under an illuminated magnifying glass, sterilising and bagging and date stamping.

The nurse told us the autoclave was tested daily and weekly to ensure it was working effectively. The strips to check the temperature and pressure of the machine were seen. Records of the tests staff carried out were also seen. Checks were carried out every six months by a contractor and the repair/ service sheets were filed appropriately.

The practice had daily surgery "setup" and "set down" tasks. This included cleaning the clinical areas of the surgery and flushing the dental lines. The surgery was cleaned by a contracted cleaner every day. We were told that they used separate cleaning tools. The dental nurse was responsible for cleaning the surgery between patients. On the day of our visit the surgery was visibly clean and well maintained.

There were appropriate arrangements in place for the safe storage and disposal of clinical waste. A contract was in place with a disposal company for the collection of clinical waste monthly. Clinical waste was stored in a secure location until it was collected. Hand gel, gloves and paper towels were available in both surgeries. A legionella risk assessment had been carried out in March 2013 to test the safety of the water. All water used in dental lines was purified.

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. The dentists and dental nurses had current registration with the General Dental Council (GDC). We saw examples of the courses and events staff had attended to maintain their continuing professional development. This included implants, pressure cells and restorative and impressions training.

The principal dentist and operations manager met weekly to discuss general and development issues. Meeting were held with all staff every two weeks. Appraisals for all staff were completed on a bi-annual basis. We saw staff appraisals conducted in July 2012. The manager told us that the frequency of appraisals was being revised and were now planned to occur annually.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

All records were held electronically. There were computers in each surgery and the main reception and they were all password protected. Staff had individual passwords. Staff told us that all paper work completed by people was scanned on to the computer and then the paper record shredded. The computer at reception was protected by a "block out screen" to prevent unauthorised people gaining "sight" of information.

People's information was stored electronically. The provider was registered with the Information Commission to store personal and confidential information electronically.

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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