

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

JR Dental Practice

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Jayesh Ruparelia
Overview of the service	JR Dental Practice is located in Sevenoaks, Kent. The service provides general dental treatment for fee paying patients and treatment under the NHS for 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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Cleanliness and infection control	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 3 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

As part of our inspection we spoke with three patients about the support and treatment they received. They told us that they were happy with the service. One patient said "I'm always happy with the work they do, my dentist explains things well and is very gentle". Another patient said "It's very easy to get an appointment" and "I have come here for a number of years and never had any concerns".

We looked at the records for six patients. We found these included treatment plans, medical histories, visit dates and the treatments patients had received.

We spoke with two members of staff who said they had received training for safeguarding vulnerable adults and children. They told us that they felt confident with reporting any concerns they had so that the appropriate action would be taken.

We saw that the service had the appropriate policies in place to manage infection control effectively and that good infection control procedures were followed.

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.

Patients' 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

Patients who use the service were given appropriate information and support regarding their care or treatment.

As part of our inspection we spoke with three patients. They were very complimentary about the staff, the service and the treatment they had received. Comments included "I'm always very impressed with it when I come here" and "It's great here".

During our inspection we observed a patient during their consultation. We saw that the dentist spoke appropriately, asked the patient about their medical history at the beginning of the consultation and completed a full oral examination. We saw that this information was then updated in the patients' records by the dentist. We saw that the dentist had checked to ensure the patient was comfortable and that they had given their consent verbally to the examination. We spoke with one patient after their consultation and they told us that they were happy with the service and had been fully informed about the costs associated with their on-going treatment.

We looked at the care records for six patients. The records contained treatment plans for each patient who had received treatment outside of their routine examination and the costs involved. We saw that each patient had been given appropriate information with regards to their treatment options in order to make a decision which best suited their needs. The provider may find it useful to note that three out of the six patients had not signed a consent form to confirm that they had given their consent to the treatment. When we spoke with the Registered Dental Practitioner about this they told us that verbal consent was gained from patients before their treatment had started but they now planned to always gain written consent from patients.

We saw that the service had a range of patient information leaflets that patients could take away with them. These included information about the different treatments the service could provide and the associated costs, the practice opening times, emergency treatment

and information on how to raise a concern or complaint. This meant that patients had access to appropriate information in order to make informed decisions about their oral health.

Patients' diversity, values and human rights were respected. We saw that the service had wheelchair access to the premises. The treatment rooms were on the ground floor and were accessible for patients with a disability.

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. On the day of our inspection we observed a patient during their consultation with the dentist. We saw that the patient was asked about their medical history and oral health and this was updated in their records. We also saw that the dentist ensured the patient understood what would happen during the examination and they were happy to proceed. This meant that patients were assured of receiving appropriate treatment in line with their oral health needs.

We reviewed the care records for six patients and saw that treatment plans and options had been explained and recorded. We saw that records included details of the patients' medical history. We noted that patients had been given information about their treatment and the associated costs before it commenced to ensure they were happy with the treatment to be provided.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had access to emergency equipment such as oxygen and emergency medication such as adrenalin. We checked the contents of the emergency drugs box for the practice and saw that all drugs were within their expiry date. We saw that there was information in the form of posters on display for staff should they need to refer to it in an emergency. We reviewed the training records for all staff and saw that they were trained to manage medical emergencies and provide cardio pulmonary resuscitation (CPR). This meant that patients would be supported by trained and informed staff in an emergency situation.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had a vulnerable adults and child safeguarding policy and a whistleblowing policy in place. These clearly outlined the duty of staff to report any concerns they had to a responsible authority for investigation. We saw that the policies detailed the appropriate contact details for the responsible authorities and were easily accessible for staff. This meant that staff had access to the relevant guidance for reporting safeguarding concerns.

We spoke with two members of staff about their understanding of the safeguarding procedures for vulnerable adults and children. They were all able to describe the different types of abuse and demonstrated a clear understanding of the safeguarding and reporting procedures. They said that they would be confident in promptly reporting any concerns to the manager or a responsible authority for investigation. This was in line with the service's policy and procedures for safeguarding vulnerable adults and children. We reviewed the training records for all staff employed by the service. These indicated that staff had received training in safeguarding adults and children. This meant that staff had received up to date information with regards to identifying and reporting safeguarding concerns.

We saw documents which confirmed that all professionally practicing staff held registrations with the appropriate professional bodies. We also saw documents which confirmed that staff employed by the service held checks with the Criminal Records Bureau (CRB). These checks ensured that only people who were suitable to work with vulnerable patients were employed by the service.

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

Our judgement

The provider was meeting this standard.

Patients were protected from the 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 service had decontamination areas in each of the treatment rooms. We spoke with a Registered Dental Nurse who explained the procedure for the decontamination of instruments. Decontamination is required in order to minimise the risk of cross infection between equipment, patients and staff. We observed the sterilisation and decontamination procedure following a patient consultation and noted that the process followed by the practice was in line with the Department of Health requirements for decontamination in dental practices.

We saw records to show that suitable arrangements were in place for validating and testing the autoclave systems, which were used to sterilise the equipment on a daily basis. This meant that patients could be assured that the correct procedures were followed by the service to ensure the instruments used during their visit were sterilised and appropriately maintained.

The service had policies and procedures in place to manage infection control. The policies included areas such as hand hygiene, inoculation injuries and infection control. We saw that staff had signed to confirm that they had read and understood the policies. We reviewed the training records for staff employed by the service and noted that they had attended training in infection control. This meant that staff had access to information and guidance with regards to infection control which helped them to maintain a clean and safe environment. However, the provider may find it useful to note that some staff had not attended recent refresher training in infection control. When we spoke with the Registered Dental Practitioner about our concerns they confirmed that they would ensure all staff attended annual training in infection control.

Patients were treated in a clean and hygienic environment. We saw that personal protective equipment (PPE) was used by staff such as gloves, aprons and face masks. Separate hand washing basins and hand wash was used in the treatment rooms. We observed that staff followed good infection control and hygiene practices throughout consultation. This helped to protect patients against the risk of infection and cross contamination.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients receive.

Reasons for our judgement

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on. Staff told us that they gained feedback from patients to make sure they were satisfied with the treatment the service had provided. We saw that there was a comments box in the reception area for patients to make comments or suggestions anonymously. We also saw that some patients had completed feedback questionnaires. We viewed the most recent questionnaires that had been completed by patients and noted that these indicated an overall level of satisfaction with the service. Comments included "Very happy with the practice and staff" and "A very well run practice with good staff". However, the provider may find it useful to note that there was no formal process for reviewing the results from the questionnaires. We spoke with the Registered Dental Practitioner about our concerns. They told us that they were in the process of redesigning the questionnaire and that the results from these would be collated in order to review the suggestions made by patients to further improve the service.

The Registered Dental Practitioner told us that any concerns or suggestions for improvement that had been raised were considered and acted on when appropriate. For example, patients had raised a concern that the chairs in the waiting area were too low so were difficult to get up from. The Registered Dental Practitioner told us that this concern had been acknowledged and the decision had been made to replace the chairs. This meant that patients were able to express their views and these were used to improve their experience of the service.

The service had completed regular checks to identify areas of needed improvement to include health and safety and a check of the general environment. We saw that regular audits had been completed to include infection prevention, clinical waste and radiograph quality audits. We saw that any identified issues were resolved. For example, a risk had been identified for patients as the entrance door to the practice was clear glass. We saw that this risk had been minimised by the use of a dental sign placed on the door which helped to ensure that patients could clearly see when the door was closed. This meant that the service had completed appropriate checks in order to maintain a safe and suitable environment for staff and patients who visited the service.

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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