Inspection Report

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

East India Dock Road Dental Practice

62 East India Dock Road, Poplar, London, E14 6JE
Tel: 02079872763

Date of Inspection: 13 December 2013
Date of Publication: December 2013

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

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<th>East India Dock Road Dental Practice</th>
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<tr>
<td>Registered Manager</td>
<td>Dr. Pradeep Bagga</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>East India Dock Road Dental Practice provides general dental services under the NHS and on a private basis.</td>
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<tr>
<td>Type of service</td>
<td>Dental service</td>
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<td>Regulated activities</td>
<td>Diagnostic and screening procedures</td>
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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 13 December 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

We spoke with two people who used the service. People said they were happy with their care and treatment. One person told us, "it's a good reliable service."

People's needs were assessed and a detailed medical history was taken from each person and discussed prior to treatment. Care and treatment was planned and delivered in line with their individual treatment plan. People told us their treatment and any related risks and the costs were explained. One person we spoke with said, "they [the dentist] tell you the treatments available and the cost."

We found people received care and treatment in a clean environment. There were effective systems in place to reduce the risk of infection. Staff were able to describe the decontamination process and provided evidence to show that checks were carried out on equipment used.

All staff were trained and supported to undertake their roles. People told us they felt well treated by competent professionals.

The complaints procedure was displayed in the waiting area. One complaint had been made in the last year and had been appropriately dealt with.

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.
Respecting and involving people who use services  

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.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. People we spoke with said they were given verbal and written information about treatment options and costs to help them make informed decisions. One person said, "they gave me two options to save my tooth." Another person told us, "they tell you the treatments available and the cost."

People's diversity, values and human rights were respected. We observed staff treating people with respect, being polite and courteous. We spoke with three members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and confidentiality. We also spoke with two people who used the service and they told us that their privacy, confidentiality and dignity was always maintained and respected. One person told us, "they [staff] discuss my private matters in a private room so other patients don't overhear."

There were patient information leaflets available in the waiting room. The leaflet included details of the staff and their qualifications, services offered, opening times, the out of hours emergency service, information about patient confidentiality and how to make complaint.

There was a suggestion box and people were asked to comment on the service and how it could be improved. The service also had a patient satisfaction questionnaire which people were given the opportunity to complete. We looked at copies of the most recent completed questionnaires. These showed that there was a high level of satisfaction with the practice.

We observed the reception staff having conversations with people and helping them to arrange appointments at times that best suited them. The staff told us that dental emergencies would be seen as soon as possible, usually on the same day. One person told us it was easy to make an appointment. This meant people were able to express their views.
Care and welfare of people who use services  

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People said they were happy with their care and treatment. One person said, "better than my last dentist. I get seen on time. I like the dentist here." Another person told us, "it's a good reliable service."

The dentist told us before treatment was started they would check whether a full medical history form had been completed by the patient. This enabled the dentist to make the appropriate clinical decisions in the best interests of the patient. People told us their medical history was discussed before they had any treatment. One person told us, "I filled out a form if I was allergic to anything." This meant people were protected against the risks of receiving inappropriate or unsafe care or treatment.

We saw that equipment and medication were available and accessible for emergency use. Records showed that equipment and medication were checked regularly to ensure they were fit for purpose. All the staff had recently received training in basic life support which had been tailored to dentistry. Staff we spoke with were able to give us examples of what they would do in an emergency or how they had managed an emergency situation. This showed us there were arrangements in place to deal with foreseeable emergencies.
Cleanliness and infection control  ✔️ Met this standard

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 cared for in a clean, hygienic environment.

Reasons for our judgement

We spoke with two people who told us that the practice was always clean, tidy and they had no concerns with the hygiene. One person told us, "it's very clean and everything is neat. Staff wear gloves, goggles and gowns." Another person told us, "they [the staff] wear gloves and face protection."

There were effective systems in place to reduce the risk and spread of infection. During our inspection we asked a member of staff to show us the decontamination process. We saw that there was a room dedicated to carrying out decontamination and sterilisation of equipment. The room had the equipment required to decontaminate and sterilise items used. The member of staff was able to talk us through the decontamination process and they showed us the records to support their work in this area. We saw that sterilised instruments were pouches, dated and stored. This meant there were systems in place to ensure that the equipment used was monitored and checked regularly to ensure that it met infection control standards.

Clinical and domestic contracts were in place for the safe removal of waste from the practice. Needles used for giving injections were disposed of in a sharps box to protect staff from the risks of a needle stick injury. These were available in all treatment rooms. There were appropriate cleaning schedules in place. We saw the checklist for cleaning had been signed and dated appropriately.

There was an infection control lead for the practice. The infection control lead oversaw infection control procedures which included the infection control audits. All staff had training on infection control, hand hygiene and sterilising instruments.
Supporting workers

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

We saw records which demonstrated that staff were trained to perform their roles. Staff had completed Continual Professional Development (CPD) on safeguarding, infection control, basic life support, and hand hygiene. Training records demonstrated that training had been recorded as ‘completed’ in order to provide evidence of CPD when renewing their professional registration. This meant staff were appropriately qualified to do their job and met the professional standards expected of them.

Staff told us they did not have formal supervision meetings. However, they were able to meet with the registered manager when required to discuss any practice issues and training and development needs. The registered manager said they held formal staff meetings every month. We saw meeting minute records which included topics on infection control, complaint handling, safeguarding and training.

We saw evidence that staff received an annual appraisal which looked at training and development needs. This meant the provider was working continuously to maintain and improve high standards of care by creating an environment where clinical excellence could do well.
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 complaints system. All the people we spoke with said they were confident on how to make a complaint. They told us they had used the service regularly and had not had a reason to complain but thought the service would respond promptly and effectively. One person said, "I would talk to the receptionist but I have no reason to complain."

The complaints procedure was available in the waiting room. Staff told us that complaints had been discussed in the formal staff meetings.

We viewed a summary of complaints people had made and the providers’ response. During the last year one formal complaint had been received. We saw evidence that this complaint had been investigated and a response had been made to the complainant. The practice’s complaints policy outlined that all complaints were to be acknowledged within three working days and responded to within ten working days, and we saw the response to the complaint made was in line with these deadlines.
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.

<table>
<thead>
<tr>
<th>✔ Met this standard</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗ Action needed</td>
<td>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.</td>
</tr>
<tr>
<td>✗ Enforcement action taken</td>
<td>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.</td>
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</table>
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:

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<thead>
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<th>Essential Standard</th>
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<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
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<td>Consent to care and treatment - Outcome 2</td>
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<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
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<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
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<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
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<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
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<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
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<td>Safety and suitability of premises - Outcome 10</td>
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<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<td>Complaints - Outcome 17</td>
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<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
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</table>

**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.
## (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.