

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

## Forge House Dental Practice

High Street, Staplehurst, Tonbridge, TN12 0AH

Tel: 01580892509

Date of Inspection: 20 June 2013

Date of Publication: July 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

**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	Dr. Sandeep Sharma
Overview of the service	Forge House Dental Practice provides general dentistry. The practice treats NHS and privately funded 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

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with four patients who told us they were happy with the service provided. One patient told us the dental team are "First class, welcoming and courteous".

Patients said they had not had to wait for long for appointments and there was flexibility in the way new appointments were offered. Patient's treatment plans and costs were discussed and explained with them. One patient said "I was involved and received a treatment plan with the costs...my treatment was tailored to suit me".

Patients told us they felt safe at the practice and the dental team were "Excellent at making you feel at ease".

Patients said the practice was always clean. One patient told us the practice was "Pristine, tidy and everything in order".

The practice provided opportunities to patients to feed back their views in person. One patient told us they were "So happy with the service...so good...cannot praise them enough". Patients said that they were more than happy to raise any concerns and felt they would be listened to and the practice would act upon their concerns promptly.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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Patients told us they were satisfied with the service provided by the practice. Staff respected patients dignity and privacy, as all consultations were held in private. Patients told us that the staff were polite and helpful. The dental team provided time and space to explain patient's treatment and answer any questions they had. One patient said the dental team "Knew me as a person and took a genuine interest in me and my treatment".

The service had patient leaflets relating to prevention and treatment of dental conditions. For example, oral health and preventative dentistry. The provider told us they had a website and media system in place which gave information about for example the dental team and their qualifications, emergency contact numbers, out of hours and opening hours. The contact information was also displayed inside and by the external entrance to the practice.

People generally booked their next appointment at the end of each treatment. The date was decided in consultation with the dentist who ensured that patients whose condition needed closer supervision were seen more frequently. There were two systems in place regarding recalls. Patients were notified by email or letter depending on their own preference, either the month before or the month of their appointment. The practice also called 24 hours prior to an appointment as a reminder to patients. Patients told us the practice was flexible in providing appointments to suit their needs and appointment times were kept to wherever possible. One patient told us "I am updated regarding any possible delays and if a cancellation arose the practice calls me to see if I would like to attend my appointment earlier". Patients told us staff ensured patients were provided with an explanation regarding any changes in their appointment.

We looked at eight patient's records to see how people and their representatives were involved in making decisions about their treatment. People were invited to an initial consultation with the dentist during which an assessment of dental health issues and possible treatment options were discussed. The dental team provided information about possible risks to teeth and gums. For example, the effects of smoking and diet. Some

patients with more complex treatment needs were invited back for a further appointment prior to their treatment plan being agreed and signed. This meant the patient had time to consider their treatment options and the dentist was able to plan and further discuss the proposed processes to provide an effective treatment. We saw that patient records contained a treatment plan and that the plans had been agreed and signed by the patient. The plan and dental photography showed proposed dental treatment. We saw evidence of treatment options and cost breakdowns. Patients and the practice manager confirmed that patients were given a copy of their treatment plan.

The provider provided an individual service accommodating the different needs of patients. We saw the practice promoted accessibility to their service for disabled patients by providing a domiciliary service in their own homes.

Patients told us that if they had a concern they would speak to the dental team directly. One patient told us they had not had any cause to complain but if they had a concern they felt they would be "Listened to and their concerns would be discussed carefully and acted upon in a considerate manner". Another patient told us "Staff are so good and caring with patients". We saw a complaints procedure with relevant contact details on display in the waiting room.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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Patients told us that their medical history was always discussed at every visit. A detailed health questionnaire was completed at their initial consultation. This was updated at subsequent visits. Patients told us the dental team supported patients with dental anxiety. They were encouraged to inform the dental team of any worries and concerns they might have during treatment and to help the dental team to support patients to cope. One patient told us their "Anxieties were managed considerately and therefore, I know I'll be absolutely fine". Patients said they felt confident and cared for by the dental team because the clinical staff had made sure they knew their current health needs well and that this was taken into account when they received treatment. The patient electronic record system was reviewed alongside the patient's paper records to remind the dental team of individual patient's health needs and any specific concerns. One patient told us the dental team were very detailed in their approach to treatment "Everything was explained and in writing". Patient records showed discussions had taken place with the patient about their treatment. For example, we saw evidence of the explanation of treatment for a child, the involvement of their representative and consent and treatment plans signed.

All the core dental team at the practice were trained in emergency life support. This training was updated annually and we saw certificates on personnel files which confirmed this. The provider had a protocol in place in the reception area to summon the emergency services if required.

There were emergency treatment arrangements including emergency medication and access to oxygen. We saw a monthly audit check of the emergency medication, which ensured staff were aware that the medication was in date. There was an oxygen test record in date until May 2016. Staff had received training in responding to emergencies and this was confirmed by certificates on personnel files.

People were supported by the dental team to promote good oral health. This included being given advice about the correct way to clean their teeth and gums. Advice was also provided about healthy eating so as to avoid foods that are associated with tooth decay.

The practice provided a service to both adults and children. For adults who lacked capacity to make decisions or choices regarding their treatment, the practice encouraged a

representative to accompany them. Treatment plans were discussed with the patient and if necessary the patient's representative would be involved in the discussion. We saw evidence of the patient and their representative's involvement in their treatment.

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

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### **Our judgement**

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The provider was meeting this standard.

People who use the service 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.

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### **Reasons for our judgement**

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Patients told us they felt safe and well cared for by the dental team.

The service had a safeguarding policy in place to protect patients and provide the dental team with guidance about how to keep them safe. The dental team we spoke with were clear about the action they would take if they had any safeguarding concerns. The core dental team had received training on safeguarding and this was confirmed by certificates on personnel files. In relation to adult patients who lacked capacity, the dental team knew about the need to consult with social care professionals so that the person's well-being was safeguarded. The provider had ensured the relevant contact numbers were available and accessible to staff in both treatment rooms and the reception area in the event a concern arose.

There was a whistle blowing policy and the dental team knew how to "whistle blow" and who to inform if they had any concerns.

We saw a detailed protocol for dealing with physical and verbal abuse from patients and their representatives.

We saw records which showed the provider had ensured staff were suitable to work with vulnerable adults and children. For example, we saw that Criminal Record Bureau (CRB) checks and personal references were in place for all staff who worked at the practice.

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

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**Our judgement**

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The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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Patients told us they always found the practice clean and had no concerns over the cleanliness or infection control. One patient told us in relation to cleanliness they had "No concerns, none at all".

Records showed that the practice had policies and procedures in place to manage cleanliness and infection control. The policies had been signed and dated to show when the detail was agreed and a review date was evident. We saw protocols for needle stick injuries, blood and mercury spillage which provided the dental team with concise and detailed guidance how to manage these situations if required.

The practice had an induction programme in place which ensured that all new staff understood the practice infection control procedures. The practice had not had any new staff for some time. All clinical members of the dental team had annual training in infection control. Staff we spoke with told us they had been trained in infection control and they had updated their knowledge through continuing professional development (CPD).

Records showed that regular cleaning routines were in place and we observed that good standards of hygiene were being achieved. For example, in respect of hand hygiene, instrument decontamination and sterilisation, general infection control and the use of personal protective equipment. Patients told us the treatment rooms were very clean and that the dental team always wear gloves and protective clothing.

There was a system in place to ensure that reusable items of equipment were only used for one patient before being reprocessed by being decontaminated and sterilised. There was specialised equipment to undertake this reprocessing and records showed this operation had been completed correctly.

Sterilised equipment and used items were kept separately. Clean instruments were stored in hygienic conditions to reduce the risk of recontamination. In the main treatment room instruments were bagged and dated correctly after cleaning. However, the provider might wish to note in another treatment room which was used less frequently, we found a number of instruments that were not bagged or dated correctly. On the day of the inspection the provider provided us with an explanation regarding a fault with the necessary equipment to complete this task on one occasion. The fault had been promptly

addressed and action was taken to rectify the situation regarding the cleaning of these instruments. The provider told us they did not believe patient safety had been compromised.

There was a system in place for safely handling, storing and disposing of clinical waste so that it was unlikely to result in cross contamination.

The dental team followed good hygiene practices. These included wearing clean uniforms, washing their hands thoroughly and using personal protective equipment such as disposable gloves, aprons and face masks.

There were procedures to help ensure the water used in the practice complied with purity standards. A log book showed monthly checks had been completed to ensure that no special measures were needed to be taken to guard against legionnaire's disease.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Patients told us they were asked their views about the service in person. The practice manager showed us a testimonial page on their website with patient comments such as "The dentist has always been very caring and reassuring", "Very professional, friendly and caring" and "Treatment received is thorough and competent". The practice had carried out a patient survey in 2012. The comments were mostly positive and where suggestions had been documented, the practice had taken action to implement improvements to the service. For example, the provision of a media board with further information for patients and the waiting room being decorated.

The practice had regular staff meeting to discuss the service offered to patients. We saw minutes of practice meetings, which confirmed that regular updates of staff training took place, regularly discussing and reviewing their practices to improve the patient experience in respect of the 'essential standards of quality and safety' at the service. For example, care and treatment and cleanliness and infection control.

We saw fire protocols in all patient areas to give the dental team guidance about how to support the safe evacuation of patients in the event of a fire. We saw records that the practice had carried out the necessary monitoring and servicing of equipment in April 2013, which included fire alarms and fire hydrants. We saw evidence of a 2013 fire risk assessment with action taken in respect of its findings. For example, the emergency oxygen cylinder had been relocated to a safer location within a treatment room to further minimise the risk of fire. We saw the practice had carried out a full fire drill in January 2013.

The provider took account of complaints. There was a complaints policy in place with clear information regarding the practice's processes and timeframes to respond to a complaint. The provider told us they had not received any formal complaints, however, one patient's minor concern had been resolved locally with the dentist involved.

We saw compliment cards patients had written about the treatment they had received from the practice. For example, "Thank you for giving my smile back" and "Thank you for looking after me so gently".

We saw a number of audits to assess and monitor the practice processes. For example, x-ray audits and an audit in March 2013 regarding patient information accuracy, which we saw 90% accuracy evidenced for the sample taken. This was achieved by moving from completing initial consultation patient information to checking patient details at every visit to the practice.

The provider told us that accidents and incidents were logged alongside patient's notes and that there had been no recent accident or incidents in the practice.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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