Inspection Report

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

Ashford Dental Care - Practice

Ashford Dental Care - CCRD, 8 New Rents, Ashford, TN23 1JJ

Tel: 01233639289

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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	Dr. Dipesh Patel
Overview of the service	Ashford Dental Care Practice provides dental care, including cosmetic and reconstructive dentistry to adults and children in the local community. The practice primarily treats private patients, but also undertakes some NHS dentistry.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced 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 19 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four patients who used the practice and they told us they were very satisfied with the treatment and care they received. They said they never had to wait long for appointments, and in an emergency they were always seen quickly.

Patients said their treatment plans were always explained and discussed with them, including choices about treatment and costs. One patient told us "it was all explained to me very clearly; I knew exactly what the costs would be".

They said that staff were always friendly and helpful and always ready to explain their treatment and answer any questions they had. One patient we spoke with said "I find them very professional and very pleasant". Another patient told us "they are marvellous; I can't praise them enough".

We found that oral health care advice was provided by the practice and patients' medical information was kept up-to-date.

Patients told us they felt safe and well cared for by the dental team and we found that the practice had arrangements in place to minimise identified risks as far as possible.

Patients told us that the practice was always clean, and that they had no concerns regarding cross infection. We found that arrangements were in place to monitor the quality and safety of the service that the practice provided.

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 and dignity 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

We spoke with patients who used the service and they told us they were involved in making decisions about their treatment. They said that all consultations, discussions and treatments were undertaken in the privacy of the treatment rooms with the dentists who were providing their care. We saw that the practice had a confidentiality policy and a policy setting out how patient information was kept, stored and used in line with the requirements of the data protection act. We observed that patients' records were kept securely in a locked cabinet and computer records were kept securely on a data-base.

Patients told us they always found the staff to be friendly and respectful, and willing to answer any questions and explain anything in further detail, if they felt unsure about any aspect of their treatment.

The service had a range of information displayed for patients in the reception and waiting area. This included leaflets regarding oral health, NHS dental charges, details about the complaints procedure and the out-of-hours contact details for emergency treatment. One patient we spoke with told us "there is plenty of information". The practice also had visual aids (DVD's) for patients to view, to further explain the full range of treatments available.

We looked at patient records to see how discussions were recorded with people about the decisions they made regarding their treatment. We saw that patient records contained a treatment plan and that the plans had been signed by the patient and showed the proposed dental treatment. We saw evidence of treatment options and cost breakdowns, including the costs of any additional private treatment and the charges that would be incurred if certain treatments were undertaken. Where more complex treatments were required, the dentist prepared a detailed written report which was sent to the patient to consider and decide their preferred treatment plan. This included the treatment options available and a full breakdown of costs. We saw that information was provided about possible risks to teeth and gums, for example the effects of smoking and diet.

We saw that the practice had an equality and diversity policy, which set out how the practice intended to meet the needs of all patients who used the service. The provider told us that an interpretation service was available from the British Dental Association's translation service for those patients who needed to have information in other formats or languages. We also saw that there was a 'check in' facility available in the reception area that provided information in a range of different languages. The practice had wheelchair access to two ground floor treatment rooms and had received an 'Access Award' from a local charitable trust, supported by the local borough council.

Care and welfare of people who use services ✓ Met this standard

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

Patients told us that they were able to access a dentist at the practice quickly if needed, usually the same day if it was urgent. Information about the emergency 'out of hours' service was displayed both inside and outside the practice. Routine check-up appointments were made with patients at the end of each visit and appointments for identified treatment made in consultation with the patient. Patients also said that the practice had a messaging service to remind them about appointments two or three days in advance.

Patients told us that their medical history was always discussed and updated at every visit, including details of any medicines that they had been prescribed. We saw that patient's records contained notes of any changes made, or a note stating 'no changes', which was signed and dated by the practice staff. A general risk assessment form had been developed by the practice to monitor and minimise identified risks for individual patients as far as possible, when considering the type of treatments to be offered.

All clinical staff at the practice were trained in emergency life support; we saw staff training records that confirmed the training was updated annually. The practice had a supply of emergency medicines and oxygen and we found all medicines to be within useable date and the oxygen cylinder sufficiently full. Records showed that these were regularly checked by the provider to ensure they would be safe and effective if used. We also saw that the oxygen cylinder had been maintained and serviced by a specialist contractor, to ensure it worked correctly.

The practice provided a service mainly to adults. The provider told us that where patients lacked capacity to make decisions regarding their treatment, the practice encouraged a representative to attend appointments with them. This was usually a family member and they would be involved in discussions about treatment plans and any associated costs. We spoke with the staff at the practice who were able to explain their awareness of patients' rights in having someone with them if they lacked the capacity to make decisions themselves. We saw that young children were helped to understand their treatment and their parents involved in supporting them. One patient we spoke with told us that the practice had "a good attitude regarding younger patients" as their child had been happy to attend regular appointments since joining the practice.

We saw records that showed the type of health care advice provided by the dentist, for example, a diet analysis to identify the 'hidden' sugars that some foods contained. We also saw that checks for gum disease were made on a regular basis to help maintain and improve patients' oral health.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used 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.

Reasons for our judgement

Patients told us they felt safe and well cared for by the dental team at the practice. The practice had a specific child protection policy and a safeguarding policy that set out arrangements for the protection of children and vulnerable adults. This included guidance for staff in recognising the types and signs of abuse. It provided guidance about what they should do and who to inform if they had a concern that a patient was at risk of abuse, or suffering abuse. We saw that the policy was kept up-to-date and all staff in the practice had signed to confirm their awareness to the content.

The provider told us that all staff had received child protection training and were aware of the policy and procedures regarding the safeguarding of vulnerable adults. The records confirmed that child protection training was updated annually by all staff within the practice. We saw that an incident form had been developed that identified the contact details of external organisations where safeguarding incidents, alerts or concerns should be referred.

We spoke with staff, who were able to confirm their awareness to the policy and the procedures they should follow, including who to contact if they had any concerns. Although contact details were not displayed, staff had access to, and knew where to find the contact details of organisations outside the practice who would need to be alerted.

The practice had a policy on dealing with physical and verbal abuse from patients, and staff were aware of the procedure they should follow, if the situation arose.

We looked at staff records and saw that all staff who worked at the practice had undergone employment checks (formerly known as a Criminal Records Bureau check) to help ensure the safety of patients who used the practice. However, the provider may wish to note that in the case of one member of staff, the CRB check had been undertaken by another employer and not directly by the provider themselves.

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 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

People we spoke with told us that they always found the practice clean and had no concerns regarding cross infection.

Records showed that the practice had policies and procedures in place to manage cleanliness and infection control. These were reviewed and updated with new information as required. We saw that all practice staff had signed that they had read and were aware of the contents.

The infection control policy included a range of procedures, for example, hand hygiene, and we observed staff following safe hand-washing routines to minimise the risk of cross-infection. Staff were also observed using personal protective equipment, such as disposable gloves, aprons and face guards and we saw that these were accessible and in good supply in each treatment room.

We were told that all clinical staff in the practice had annual training in the prevention and control of infection, including decontamination procedures. We saw records that confirmed this.

We spoke with staff who explained infection control procedures, for example, the process used in the decontamination and sterilisation of instruments. We saw that staff followed guidelines regarding the correct dilutions of chemical solutions to be used and that specially treated water was used for clinical processes. Sterilised and used items had been kept separate throughout the process and decontaminated items stored in hygienic conditions to reduce the risk of re-contamination. We saw that instruments were bagged and dated after they had been through the process, in accordance with decontamination requirements. We saw records kept in the treatment rooms that identified the checks and tests that staff had undertaken throughout the decontamination process and these were dated and signed in accordance with audit requirements.

We found that the practice used a manual process for the cleaning and sterilisation of clinical equipment and instruments. This included the use of a single clinical sink in each

treatment room, with a removable container used for cleaning and sterilisation purposes. A second sink was not available for clinical use, although a dedicated sink was provided for hand washing purposes in each treatment room. We noted that the decontamination process was undertaken within each treatment room, using 'clean' and 'dirty' zones, as a separate decontamination room was not in use within the practice. These arrangements remain acceptable under the 'essential quality requirements' of the Health Technical Memorandum (HTM) 01-05; Decontamination in Primary Care Dental Practices, updated in April 2013. This document also states that providers should have plans in place to work towards 'best practice' requirements, which includes the provision of a separate decontamination room. The provider was aware of the requirements and showed us a room that had been converted and designated as a decontamination room, although it had not been brought into practical use at the time of our inspection.

Records showed that a six monthly infection control audit was undertaken by the provider, using the monitoring check-list provided by the Infection Prevention Society (IPS). This included all aspects of decontamination, general cleanliness, as well as the prevention and control of infection. We looked at the recent audit undertaken, which identified one outstanding action. This related to the wash-hand basins within each treatment room, which contained plugs and overflow outlets. The provider may wish to note that at the time of our inspection, we saw that this requirement had not been addressed and did not therefore comply with the Department of Health guidance, Health Technical Memorandum (HTM) 01-05, April 2013 edition.

We were told how staff prepared and cleaned the treatment rooms between patients and records were kept that were signed during the course of each day. At the time of our inspection, all the treatment rooms were clean, well equipped and in good repair. We noted that equipment used for general domestic cleaning of the practice had been colour coded to minimise the risk of cross infection.

There was a system in place for storing and disposing of clinical waste and there were procedures to help ensure that water used in the practice complied with purity standards. We saw records that confirmed specialist contractors monitored and checked these, including risks associated with legionella.

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 people received.

Reasons for our judgement

The provider took account of complaints and comments to improve the service. Patients we spoke with told us that they regularly provided feedback to the practice. Following visits to the practice, patients were routinely contacted by text message, to request feedback about their experience and a link was provided to a patient survey webpage. We saw that feedback was collated regularly by the practice and the results reviewed and discussed with the staff team. We looked at the latest survey results and the comments made about the practice and they showed positive feedback.

The practice had regular meetings where all practice staff attended. We looked at the staff meetings log and saw that meetings were usually held on a monthly basis. The topics discussed included training and on-going professional development for the clinical staff. A review of the online survey results was also undertaken each month to see where any changes or improvements could be made, for example, the type of magazines available in the reception area.

Records showed that the provider undertook regular audits and safety checks. For example, we saw that a monthly x-ray audit was undertaken to check that the equipment was working effectively and to required safety standards. There were service contracts in place for practice equipment, such as the decontamination units and the x-ray equipment.

We saw that the provider had implemented a patient record audit, and had developed an action plan to implement and follow-up any identified shortfalls in patient information and recording processes.

We looked at the complaints folder and saw that the provider had a policy and procedure regarding complaints. This included who to contact, how the complaint would be investigated and the timeframe for responding. There were no outstanding complaints at the time of our inspection, although we saw a recent complaint where the provider had investigated and resolved the issues raised and the outcome noted as satisfactory to the complainant.

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.

Contact us

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