

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

Thakray Dental Practice

11 Central Road, Strood, Rochester, ME2 3HF

Tel: 01634716840

Date of Inspection: 25 July 2013

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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 |
| Cleanliness and infection control | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Assessing and monitoring the quality of service provision | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Records | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Dr Rashmi Ray |
| Overview of the service | <p>Thakray Dental Practice provides dental care to children and adults in the local community. The practice sees mainly NHS patients, together with providing a service for private patients.</p> <p>There are two surgeries on the ground floor and one surgery on the first floor. People with disabilities are able to be seen in one of the ground floor surgery rooms.</p> |
| Type of service | Dental service |
| Regulated activities | <p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p> |

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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 25 July 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

On the day of the visit we saw that one dentist, one dental nurse and the receptionist were working in the practice. The principal dentist assisted with the inspection process.

People were positive about the treatment received at Thakray Dental practice. People's comments included, "Thank you for all your kindness, care and patience during my treatment. I really have appreciated the time and effort you have both put in to my dental care", "The dentist made me feel at ease, I cannot fault it at all" and "It is very clean, everything is wiped down, even the arms of the chair are covered".

People were given all the information they needed to make an informed decision about their treatment, and were asked to sign their consent to such treatment.

Staff at the practice, were given regular training and were given a professional appraisal of their work every year.

People were asked for their views about their care and treatment and were cared for in a clean, hygienic environment.

A complaints/comments system was in place that encouraged patient feedback as this was considered important for improving the service.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment.

We saw that the reception area/waiting room had a variety of patient leaflets on display; with copies available for patients to take away. These included a patient information leaflet that contained information about services available, charges and payments and making a complaint. This procedure gave people information about who to complain to, and what process would be followed if the Practice received a complaint.

A number of posters were on display on the walls in the waiting area. These included and provided information about emergency out of hours contact numbers, National Health Service (NHS) dental charges, private patient charges and the complaints procedure.

We saw that the required NHS form was completed in relation to patients treated under the NHS. The form showed what treatment was needed and the costs for the treatment. We saw that completed forms had been signed by the patients. This meant that people understood the care, treatment and support choices that were available to them. Private patients were provided with a treatment plan that set out the treatment to be undertaken and the costs of the treatment. This ensured that treatment would not be given without ensuring that each person clearly understood and agreed to it.

We observed that staff showed respect for the views of people from different cultures and backgrounds. Staff understood the requirements of privacy, dignity and confidentiality and this was respected. We were told that patients were treated in privacy in the surgery room of the dentist. We heard the receptionist talking to people on the telephone in a respectful manner. This showed that people had their privacy, dignity and independence respected.

We viewed some responses to a survey completed by people that used the practice. This showed that people found the staff to be friendly and helpful. We saw comments that people had written about the practice and included, "Thank you for all your kindness, care

and patience during my treatment. I really have appreciated the time and effort you have both put in to my dental care".

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

On the day of the visit there was one dentist, one dental nurse and the practice manager working in the surgery. The principal dentist assisted with the inspection process. One person told us, "The dentist made me feel at ease, I cannot fault it at all".

We looked at a sample of patients care and treatment records and found that they contained a dated record of the most recent treatment/examination and signed copies of treatment plans. The records included details of patients' medical histories and the receptionist told us that patients were asked at every visit whether their medication had changed. We heard the receptionist asking people to complete a medical history form and to sign it.

We were told that children were encouraged to be involved in their treatment, and clinical staff always ensured that treatments were explained to children in a gentle, and easy to understand manner. For adults who may lack capacity to make decisions or choices about their treatment, the practice encouraged a representative to accompany them. Treatment plans were discussed with the patient, and if necessary the patient's representative was involved in the discussion. This meant that the person was supported with their care in a way that was individual and in accordance with their wishes.

We spoke with the dentist and he talked us through a typical dental examination. He explained that he conducts both an 'extra-oral and intra-oral dental' check that included a soft tissue examination and examination of the patients' swallowing action. To assist people to maintain their dental health we saw products on display that included toothbrushes, toothpastes, interdental brushes and dental floss. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Staff were trained in emergency life support, and had yearly updates for this training. The practice had appropriate equipment to support people in the event of a medical emergency. There was a list of medicines that showed the expiry date of each product.

There was a regular check undertaken and recorded in relation to these medicines. We were told that the equipment had been checked regularly and that the external provider of the equipment carried out regular monitoring of the equipment.

There were processes in place for people to access the dentist in an emergency. Patients were given information on how to contact the local NHS dental emergency service out of hours. The practice manager told us that they would always see a patient at short notice if they were experiencing any problems. This meant that people experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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.

Reasons for our judgement

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

People told us they always found the practice clean and had no concerns over cleanliness or infection control. One person told us, "It is very clean, everything is wiped down, even the arms of the chair are covered". Records showed the practice had policies and procedures in place to manage cleanliness and infection control. The dental nurses were responsible for keeping all areas clean during working hours. We saw that all surgery areas were clean and tidy. This meant that people were cared for in a clean, hygienic environment.

The practice was compliant with the essential quality requirements of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This showed that the practice was compliant.

We found that the practice had effective systems in place to reduce the risk and spread of infection. We saw that the surgery room had the required dedicated hand washing facilities. The practice had a decontamination room, and we were told the stages of the decontamination process undertaken by the dental nurse. The staff discussed the cleaning procedures for equipment between patients with us and identified that patients were protected from the possibility of cross infection. This showed that there were effective systems in place to reduce the risk and spread of infection.

We saw that all clinical staff wore uniforms. Staff wore personal protective equipment when working in the surgery or carrying out decontamination procedures. We saw evidence that protective equipment, including eye goggles, face masks and gloves were available for staff to use when caring for and treating patients.

Staff told us that they had undertaken infection control training that included hand hygiene, instrument decontamination, general infection control and personal protective equipment. We saw staff training certificates that confirmed that staff had completed training in relation to infection control.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We saw that there was induction training documentation in place. The practice manager and staff members confirmed they had access to a structured training and development programme. Each person had their own individual continual professional development (CPD) plans. This ensured that the people in their care were being supported by a well-trained and competent staff team.

Staff confirmed to us that they had undertaken all necessary mandatory training. We saw staff training certificates that included Emergency First Aid at Work, CPR Basic Life Support, Infection Control and Child and Adult Protection. The staff were aware of the required amount of training and continual professional development required to enable them to remain on the dental register. We saw from the staff files that staff had yearly appraisals. This meant that people received appropriate professional development and were able to obtain further qualifications.

We were told that the staff had worked together at the practice for some years, and that they had regular staff meetings. We saw the minutes of the staff meeting for March 2013, and this included the topics patient appointments, staff training courses and general cleaning information. There was also a refresher training provided in relation to medical emergency situations.

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

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People told us that they were invited to feed-back information at any time. They told us that they knew who to contact if they should have any concerns. We saw that people were informed about the complaints procedure for the service.

The quality of the service provided was checked regularly in a number of ways, for example, surveys for people using the service. We viewed some recently completed survey forms. Questions included, "When you telephoned to make an appointment, were the staff members courteous and helpful in finding a suitable time", "Were you seen by your appointment time or advised of any delays", "Did the Dentist adequately explain the treatment plan and answer your questions", "If you had a concern during your last visit, do you think it was properly handled by staff" and "Are you comfortable with the level of technology used in the Surgery". The overall results from the large number of surveys returned were positive. This meant that people's views about their care and treatment were listened to and acted upon as needed.

We saw regular monitoring processes in place that included emergency drugs, oxygen flow rate check, weekly electrical check and legionella check. We saw that regular checks were recorded in relation to the x-ray equipment and autoclave usage. The monitoring processes in place ensured that people were protected against the risks of inappropriate or unsafe care and treatment as the practice regularly assessed and monitored the quality of the services provided.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance.

People told us that there was an open atmosphere and they felt they could make a complaint if necessary. They said they would speak to the dental staff or practice manager if they had any concerns.

The practice had a clearly displayed in-house complaints procedure for the effective and speedy resolution of any complaints or concerns. There was information in the practice leaflet that explained to people how they could comment on any aspect of their treatment. We saw that there had been no complaints made in the last twelve months.

We found that there was complaint documentation ready in a folder ready to be used should a complaint be received. This meant that people that used the service had their comments and complaints listened to and acted on effectively.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff records and other records relevant to the management of the services were accurate and fit for purpose.

People did not comment directly to us about their personal records that were held in the office. We saw a variety of records that included patient records, staff training certificates, and policies and procedures. They were neat, legible and fit for purpose. Records requested as part of the visit were produced promptly. These records were comprehensive and up to date. There was a confidentiality policy in place for sharing information with other agencies.

We saw that records were stored securely when not in use. This meant that records required to be kept to protect people's safety and wellbeing were maintained and held securely where required.

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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