

*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: 07 January 2014

Date of Publication: February 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

**Cleanliness and infection control**

✘ Action needed

## 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>

## Contents

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

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Cleanliness and infection control	6
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	8
<b>About CQC Inspections</b>	9
<b>How we define our judgements</b>	10
<b>Glossary of terms we use in this report</b>	12
<b>Contact us</b>	14

## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 7 January 2014, observed how people were being cared for and talked with staff. We were accompanied by a specialist advisor.

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### What people told us and what we found

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Thakray Dental Practice had three surgeries with a separate decontamination room. Surgeries one and two were located on the ground floor, surgery three was located on the first floor. The decontamination room was located on the ground floor and access to the decontamination room was via the kitchen/staff room. We carried out a visit to the practice to look at infection control systems. This was in response to concerns that had been raised with the Care Quality Commission.

During our visit we found that all areas of the practice were clean. Staff were trained in infection control and knew what to do to make sure that patients were safe. There were systems in place to reduce the risk and spread of infection. However these systems were not always implemented effectively.

Overall we found that this service had not achieved compliance with the standard we inspected at the time of our visit. However the practice manager took immediate action to reduce the risk of infection while we were on the premises. We have judged the risk to people to be moderate.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 18 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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

### Cleanliness and infection control

✘ Action needed

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

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### Our judgement

The provider was not meeting this standard.

People were not always protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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

During our visit we saw that all areas of the practice were visibly clean. Staff followed cleaning schedules to make sure all areas of the practice were covered. We saw that hand cleaning gel was provided in the reception area and there were hand washing facilities in surgeries and in the decontamination room. We looked at all of the surgeries and found equipment, fixtures and fittings were all visibly clean. This meant that people were treated in a hygienic environment.

There were systems in place to make sure that good standards of hygiene were maintained. We saw staff were provided with adequate supplies of suitable protective clothing such as disposable gloves, masks and uniforms. Infection control procedures included guidance for staff about hand washing and maintaining a safe and hygienic environment. Staff who we spoke with described safe procedures they followed when providing treatment to patients. This meant that people were protected against the risk of infection.

There were safe systems in place for cleaning equipment used in patient treatments. Items requiring decontamination were washed in the surgeries and transported to the decontamination room in locked boxes where safe decontamination processes were followed. Decontamination equipment was in good working order and there was sufficient equipment to make sure that decontamination could be carried out effectively. Staff were provided with training in infection control which was updated regularly to make sure that staff knew how protect themselves and patients from risk of infection.

All surgeries were noted to have adequate numbers of varying sizes of disposable items of

equipment to ensure that items intended for single use during the treatment of patients such as dental impression trays and endodontic reamers were only used for one patient. During our visit we spoke with two dental nurses. They described the process regarding the use of these items. Both members of staff confirmed that these were single use items and were disposed of after use on one patient. This meant that staff knew how to protect patients through the correct use of items intended for single use.

There were systems in place for the safe disposal of clinical waste. However during our visit we found two bags of clinical waste had been left on the floor under the hand washing sink in the decontamination room, one of the bags was open. The practice manager advised us that clinical waste was not usually left in this area. We asked the practice manager whether the clinical waste bags were routinely transported to the garden area clinical waste bins via the kitchen. She advised that this was the case but agreed that another route would be used in future. We saw that two lockable clinical waste bins were located in the garden area, we found that both bins were unlocked. This area was accessible to the public and visitors which constituted a direct hazard and significant risk to patient safety. The practice manager removed the bags from the decontamination room and locked the bins before we left the premises to make sure that people were protected from the risk and spread of infection.

We noted some areas where there was a minor risk to patients or staff. We found that the box containing endodontic reamers was stored uncovered in the drawer in surgery two as was the bur stand. Surgery two had three scaling tips, which the practice manager told us only fitted the scaling hand piece in that surgery. Surgeries one and three had one scaling tip each. The practice manager advised that one tip had been sent for repair and said that there were times when patients had to wait for the sterilization process to be completed before they could be treated.

The door between the decontamination room and kitchen was missing which meant there was a possibility of contaminated air entering the kitchen. The practice manager advised that the door would be re-fitted once the provider returned from holiday during the week following our visit.

The practice manager told us that they were designated infection control lead for the practice. We looked at the most recent infection control audit which was dated November 2012. This showed that the practice was 98% compliant with recognised infection control standards at that time. The practice manager told us that action had been taken following the audit to address minor areas of concern that had been identified. The practice manager was not aware of the guidance that infection control audits should be carried out every six months in dental practices. This meant that effective infection control systems were not being implemented in accordance with guidance provided to dentists to make sure that people were safe from the risk of infection.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b>
Surgical procedures	<b>Cleanliness and infection control</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> The registered person was not ensuring that service users and persons employed for the purpose of carrying on the regulated activities are protected against identifiable risks of acquiring an infection by means of the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection. Regulation 12. (2) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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

### 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)

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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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