

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

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Manjul Vasant
Overview of the service	M K Vasant and Associates is a large dental practice offering a wide range of dental services for National Health Service and private 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

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 April 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

People who use the service told us, "Absolutely amazing. I have no complaints whatsoever. I would not consider changing dentists." One person said, "They don't do anything without asking and explaining." Another said, "My old dentist recommended this practice when he was moving on. I have been here a few years and have recommended it to a number of friends."

We found that people understood the treatment choices available to them. Treatment was delivered in line with an individual treatment plan.

We also found that people were protected from the risks of abuse. There were effective systems in place to reduce the risk and spread of infection. Staff received appropriate professional development. There was an effective system in place to assess and monitor the quality of service 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. People who used the service understood the treatment choices available to them.

We examined the website for the service. It provided information about the treatments that were provided and included a comprehensive table of fees. We were told that the information in the website had also been converted into a format compatible with mobile devices.

The reception area provided information to people who used the service. We saw a large television screen that continuously displayed short informative films about various dental issues. A number of the films were aimed at children.

Numerous patient information leaflets were available providing information about treatments, effects and aftercare. We noticed that an analysis of a patient satisfaction survey was displayed in the waiting room. The policy for broken appointments was also displayed which outlined how many surgery hours were lost when people failed to attend.

We examined the records of four people. We saw people's treatment needs had been documented in a treatment plan. Alternative treatment options were discussed and further sources of information were provided. Possible after effects and positive post operative behaviour were clearly explained.

We noticed that costs of treatment were clearly outlined and treatment plans were signed and dated by people who used the service. If treatments were more involved, for example implants or extractions, people were provided with more information and a consent form was completed. This ensured that people had been provided with sufficient information to come to a decision and provide informed consent. We saw a number of examples of these consent forms.

We saw a patient satisfaction survey that provided positive feedback and confirmed that treatment, options and fees had been explained and consent had been sought before any treatment was commenced.

We spoke with seven people who used the service. One person told us, "Everything is broken down and explained." Another said, "They don't do anything without asking and explaining." Another person said, "They provide you with a printout of the proposed treatment and the costs." The people we spoke with were happy with the information provided about their treatment and the choices that were available

People's diversity, values and human rights were respected. A number of languages were spoken by members of staff. The service also had access to an interpreter service and the more popular information leaflets were published in a number of languages.

People told us that staff were friendly and helpful. Treatment and discussions took place in private. Staff members we spoke with demonstrated an awareness of the importance of confidentiality.

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

Peoples' needs were assessed and treatment was planned and delivered in line with their individual treatment plan.

We looked at the treatment plans of four people who used the service which were based on a full mouth examination, up to date medical history, x-rays and photographs. Clinical notes were completed for each person. We also noted that patient records and treatment plans were audited to ensure that patient details, their medical history, mouth cancer risk factors, dental history and consent to treatment were recorded.

It was apparent that people had been involved in the development of their treatment plan. We observed that treatments agreed during consultation were confirmed in written correspondence to the patient.

One person who used the service commented, "Absolutely amazing. I have no complaints whatsoever. I would not consider changing dentists." Another said, "My old dentist recommended this practice when he was moving on. I have been here a few years and have recommended it to a number of friends." Another person told us, "Fantastic dentist, would never change. I hated dentists before but now I am making appointments in advance."

Everybody we spoke with provided positive comments. Two people had been extremely nervous due to previous poor experiences of dentists. They told us that everything was explained to them, step by step and they were not rushed during treatment. One told us, "My confidence has been boosted." The service has a section on their website for nervous patients where painless injections and options for sedation are outlined.

We were also told by two of the people that we spoke with that they had needed emergency treatment. They had called into the service and were provided with an appointment on the same day.

We were told that the service held children's clinics twice a year. They were held during the February and October half terms to enable younger children to become familiar with the dentists before their first appointment. They were encouraged to play at being dentists

by dressing up and using two old dental chairs that had been retained for training. They were rewarded with goody bags, dental passports and photographs with the tooth fairy to provide pleasant experiences of the dentists.

We were told by the practice manager that drugs for use in emergencies were checked by staff every month. Records were kept of the emergency medicines in stock and their expiry dates. All members of staff knew the location of the emergency drugs.

We examined the emergency drugs and equipment. We were told that all members of staff knew the locations where they were stored. Oxygen was available on each of the three floors. Emergency drugs were stored on the ground and first floors and the defibrillator was stored on the first floor.

We were told that emergency items were checked on a weekly basis. We checked one of the oxygen cylinders which was in date and filled. We noted that all of the recommended drugs were in the emergency drugs containers.

We were assured that that all clinical staff were trained in cardio-pulmonary resuscitation (CPR) in line with the General Dental Council guidelines. There were always at least two members of staff available to deal with any emergencies.

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

Our judgement

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.

Reasons for our judgement

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.

We looked at the policy for child protection and the protection of vulnerable adults. It provided information and guidance to staff about the types of abuse that could occur and the signs staff should look for to indicate possible abuse or harm. There were contact details and telephone numbers for the relevant departments at the local authority.

We spoke to a member of staff about her knowledge of safeguarding children and vulnerable adults from abuse. They were able to answer questions about types and signs of abuse. They told us that they would report any concerns to the provider and would escalate their concerns to an agency outside the service if necessary. They completed regular safeguarding training for children and adults. We confirmed the training had taken place when we examined staff files.

One member of staff told us that staff had regular discussions with the provider about child protection and safeguarding vulnerable adults. They said that the service emphasised that patient interests came first.

We noticed the service had a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" and detailed guidance about child protection. The service's policies supported these documents. There was also a policy for whistle blowing.

On the wall in an area for staff we saw flowcharts for the safeguarding children protocol and safeguarding vulnerable adults. They contained contact numbers for reporting any concerns.

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

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

We were shown the service's infection control policies. They provided staff with instructions and guidance about the minimisation of blood borne virus transmissions; decontamination of instruments and equipment; cleaning of work surfaces and equipment; hand hygiene; clinical waste disposal; use of personal protective equipment (PPE); blood spillages and environmental cleaning.

We also looked at procedures in place for dealing with needle stick and sharps injuries; decontamination of instruments, cleaning instruments manually and the transfer of instruments to the decontamination room.

A dental nurse outlined the procedures for decontamination of the treatment room between patients and correctly demonstrated how they reprocessed instruments used in treatments. They explained the flow between clean and dirty areas in the treatment and decontamination rooms.

Dirty instruments were transferred safely to the decontamination room in a closed lid container. We were told that a container transferring dirty instruments would be clearly marked with a "Dirty" red coloured label. Clean instruments, that had not been stored in sealed pouches, were transferred in a closed lid container clearly marked with a "Clean" green coloured label.

Staff wore disposable gloves, aprons, and face protection. After washing, disinfecting and inspection, instruments were sterilised, stored and dated for future use.

We observed the sharps bin and clinical waste bins were located in a safe place. There were hand washing facilities and guidance was displayed for staff about hand washing techniques.

We noticed that the service was clean and well maintained. The people we spoke with told us that the service was always clean and tidy. We looked at the service's cleaning schedule and policy. It set out a continuing schedule of cleaning tasks.

Staff were able to tell us about the waste policy and the handling of clinical waste and storage.

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. Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with four members of staff and examined four staff files. Staff told us that they had regular training on both a formal and informal basis. Clinical staff were responsible for maintaining their continuing professional development which is a requirement of registration with the General Dental Council. Staff also received informal training through quizzes set by the provider and lunchtime training sessions.

Staff told us that the provider had paid for the dental nurses to attend a training course for implants.

The service has a large seminar room that has a number of functions including training and meetings.

Staff appraisals were carried out annually. At the time of our inspection staff had received a pre-appraisal questionnaire. Appraisals comprised a one to one discussion about the previous year and future development.

One member of staff told us that they had ongoing informal supervision and training throughout the year. Another told us that they were permanently supervised. All members of staff we spoke with enjoyed working at the service and commented that the provider was very approachable.

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 receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on.

People could provide comments and feedback about their treatment and experiences of the service by completing a questionnaire. We were shown the patient satisfaction analysis dated March 2013 which covered a period of five months. It was also displayed in the waiting room. The feedback provided by people who used the service was positive.

We noted that the service carried out regular audits of various aspects of service provision such as patient's medical histories, record keeping, prescription of antibiotics, X-rays, infection control, referrals and failed appointments. Where audits identified areas that could be improved we saw evidence that they were addressed by the provider.

We saw that the service had a comprehensive range of policies in place. This included detailed complaints policy that complied with recognised good practice. We looked at three complaints and were satisfied that the resolutions complied with the policy and were addressed quickly and appropriately.

Staff meetings were held regularly and staff we spoke with told us that they were encouraged to contribute. The provider was very approachable and encouraged dialogue through informal lunches.

The combination of feedback, audits and meetings enabled the service to assess and monitor their service provision to protect people from the risks of inappropriate or unsafe care and treatment.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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