Review of compliance

Dr Damian Rattigan Histon Dental Clinic	
Region:	East
Location address:	10A Station Road Histon Cambridge Cambridgeshire CB24 9LQ
Type of service:	Dental service
Date of Publication:	May 2012
Overview of the service:	Histon Dental Clinic is owned by Dr Damian Rattigan and is registered to provide the regulated activities of: 'Treatment for disease, disorder and injury', 'Surgical procedures' and 'Diagnostic and screening procedures'. The practice provides primary dental care to privately paying patients and does not carry out National Health Service dental care.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Histon Dental Clinic was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 February 2012, talked to staff and talked to people who use services.

What people told us

During our visit we received positive comments from patients stating they had been consulted about their course of treatment and that they had had been given clear information about the choices they could make. They told us they had always been treated with respect whenever they visited the surgery and that all staff had been polite to them. One patient said, "The dentist is fantastic I would not go anywhere else for treatment". Another patient said, "The dentist takes their time to explain everything to me and makes sure that I understand. I can't speak too highly of them". Another patient said, "I have been treated by the same dentist for a long time and that suits me".

What we found about the standards we reviewed and how well Histon Dental Clinic was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider is compliant with this standard. Patients are treated with respect and are given information to ensure they understand the treatment they are offered and the choices they can make.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this standard. People experience safe and effective treatment after their needs have been assessed.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is not compliant with this outcome. Staff are familiar with child protection protocols and had a clear policy to follow for these procedures. However, the service has not ensured that staff are suitably aware and trained to safeguard vulnerable adults. The safeguarding policy does not refer to how the service will protect both children and vulnerable adults from harm.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider is compliant with this standard.The service has clear and suitable systems in place to ensure that staff are capable of carrying out effective and correct procedures to ensure that equipment is correctly and safely decontaminated and sterilized, so that people are protected from the risk of cross infection.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our visit to the practice on 10 February 2012 we spoke to seven patients. We received positive comments from each patient about how they had been consulted about their course of treatment and that they had had been given clear information about the choices they could make. They told us they had been treated with respect whenever they visited the surgery and staff had always been polite to them. One patient said, "The dentist is fantastic I would not go anywhere else for treatment". Another patient said," I feel that I am given all the information I need and that I make the choices that I want about my treatment".

Several of the patients we spoke with told us they had travelled some distance to attend the surgery because they want to continue receiving care from the same dentist. Each patient we spoke with told us that if they had any concerns or complaints, they felt that the principle dentist would deal with their concerns appropriately.

Other evidence
We witnessed the reception staff being polite and professionally welcoming patients visiting the dental practice. We observed the dentist inviting patients into the treatment room in a reassuring and considerate manner.

All treatment and conversations about treatment were conducted in private.

There were a range of information leaflets available in the reception area and in the separate patient waiting room. This information covered many aspects of good oral healthcare and information about surgical procedures and treatments. A dental newspaper publication and information about the dental practice and how and where to make a complaint, had been made available for patients. We read the complaints policy and noted that it stated that patients making a complaint would be responded to within three days and the matter would be investigated within 10 days and had referred to the General Dental Council.

Patients' records that we read confirmed that choices about treatment had been made available to them and that people had signed agreements to their treatment.

We were advised that the practice carries out a survey of patients' views and we saw a copy of a survey that had taken place, although there was not a report to inform patients if the practice had taken their views into account.

Our judgement
The provider is compliant with this standard. Patients are treated with respect and are given information to ensure they understand the treatment they are offered and the choices they can make.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Patients we spoke with during our visit made positive comments about their care and treatment. They told us that that they had been able to make independent choices about their treatment and had been offered full explanations about the choices available to them.

One patient said, "The dentist takes his time to explain everything to me and makes sure that I understand. I can't speak too highly of them". Another patient said, "I have been treated by the same dentist for a long time and that suits me". In general people said they had been given enough information about the differing treatments and they had made choices about their treatment.

We spoke with seven patients who each informed us how their oral healthcare had been assessed during their first visit to the dentist and they had been given a full explanation of their oral healthcare needs. They also said they had been given advice about dental hygiene and confirmed that they had been regularly asked about their general health, any medication they were taking and if they had any allergies.

Two patients told us how the surgery provided an Ipad form them to see illustrations of the treatment that had been proposed for them. They were very positive about this type of information about their treatment and had helped them better understand the details of their treatment.

Other evidence

We read clinical records which showed that patients' dental records had been kept in as digitalised computer records, as well as some paper records. Six monthly requests for medical updates had been signed as agreed by patients. We saw that screening for patient's general health and medication had been routinely carried out each time they visited the surgery. Costs of treatment had been provided for patients who were asked to sign a treatment plan and this had also been kept with their paper records. We were told that if there is a parent or an advocate for the person, this would be kept as part of their record.

The majority of patients who use the practice saw the same dentist on a continuing basis, so as to provide continuity of care. The two dentists working at the practice ensured that emergency services had been provided for patients. The principle dentist advised us that patients may be referred to an external specialist for additional treatment, if this were necessary.

The waiting room had a good supply of leaflets giving information about a range of dental healthcare matters and dietary advice, specific information about fees, charges and the complaints procedure. Patients are provided with a visual explanation of their proposed treatment in pictorial form on a hand held Ipad. so that they can be clearly informed about the treatment that is being explained to them.

Some certificates were displayed in the waiting room to inform patients of the training and qualifications staff had undertaken.

Dentists and nurse had received training in resuscitation.

In the event of an electrical failure the surgery's policy was to postpone all appointments and refer to an alternative dentist if there were instances of people needing urgent treatment. Arrangements were in place for 'out of hours' emergency service, should this be required.

Our judgement
The provider is compliant with this standard. People experience safe and effective treatment after their needs have been assessed.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Patients who were parents told us that they felt their children were safe when visiting the dentist.

Other evidence
We read a child protection policy that detailed the protocol and responsibilities of protecting children and for reporting procedures if concerns about a child's welfare were suspected, or if a child had been harmed or at risk. Staff had undertaken child protection training at the basic level.

Staff and the principle dentist who we spoke with confirmed they knew how to report a concern to the Local Authority child protection unit and would report any concerns immediately to the safeguarding children contact telephone number.

When we spoke with staff about safeguarding vulnerable adults, they were aware of the principle and the expectation to safeguard vulnerable people and told us they would follow a similar approach to protecting children. However, neither the staff nor the principle dentist had received any training for safeguarding vulnerable adults. There was no written policy for safeguarding vulnerable adults, or any written information available to patients, or for staff to promote the protection of vulnerable adults. The principle dentist told us that arrangements would be made for the staff team to undertake safeguarding vulnerable adults training.

Our judgement

The provider is not compliant with this outcome. Staff are familiar with child protection protocols and had a clear policy to follow for these procedures. However, the service has not ensured that staff are suitably aware and trained to safeguard vulnerable adults. The safeguarding policy does not refer to how the service will protect both children and vulnerable adults from harm.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
During our visit patients we spoke with told us that the dental surgery looked clean and tidy whenever they had received treatment. One person said, "The surgery is immaculate".

Other evidence
All areas of the surgery including the floors were clean and tidy. The reception and waiting areas were clean and the furnishings and fittings were modern and clean. All staff apart from the reception staff wore clothing with short sleeves to help avoid cross infection.

We looked at the two dental surgeries and the equipment that was used. The layout and the facilities helped prevent cross infection. The organisation of clean and dirty areas and methods of cleansing and decontamination dirty instruments and equipment reduced the risk of cross infection. There was only one sink in each of the two treatment rooms, although the principle dentist advised us they were planning to install another sink in each surgery.

The surgery used a separate decontamination room. Suitable procedures for transporting instruments ensured the sterile condition and the segregation of clean from contaminated instruments. In the decontamination room there was only one sink. This sink was used for manually cleaning instruments before they were sterilised. The room was divided into clean and dirty areas and the principle dentist advised us they had planned to install another sink in the decontamination room when they extend the room into a larger adjacent room. This matter was discussed with the registered provider to ensure that the Essential Quality Requirements set by the Department of Health

guidance is achieved.

There was a written manual for decontamination processes and procedures that identified a responsible lead person. Checks had been recorded for some stages of the decontamination process, including the details of the washing process and the autoclave process to ensure complete sterilisation has been achieved. The surgery had also carried out self-audits of the decontamination process as recommended by the Infection Prevention Society. We saw adequate and appropriate barrier clothing being used and self audits for the ensuring decontamination equipment was in satisfactory and safe working order.

All staff apart from the receptionist had received training in infection control and decontamination procedures. Staff demonstrated by their knowledge and duties that they understood and had put into practice their training. Staff we spoke with during our visit demonstrated they had a good knowledge and understanding of preventing cross infection and of using the equipment to eradicate any contamination. They each informed us about the auditing and checks that were in place for each step of the processes the surgery used to reduce cross infection.

Staff showed us how the instruments are cleaned and demonstrated some of the decontamination process including the use of the autoclave. We saw that correct packaging of the sterile 'clean' instruments been used and dated for use within the timescale set by Department of Health guidance for the prevention and control of infection. We saw that the use and cleaning of instruments was a frequent pattern of the working day and that the sterile instruments had been used frequently and would not extend the 21 day timescale for usage.

Although staff demonstrated to us they were able to ensure that decontamination processes were effective, there was no audit arrangement to regularly observe and assess staff competencies when they are carrying out the decontamination procedures. We discussed this matter with the principle dentist.

In each surgery we saw a good supply of protective equipment, including masks and different types of latex gloves, protective glasses and paper towelling. We saw a storage cupboard with adequate amounts of new supplies of this equipment and adequate supplies of suitable packaged decontaminated instruments.

We saw that used waste equipment was stored in separate safe containers that had been contracted to be disposed of by a licensed waste management agency.

Our judgement
The provider is compliant with this standard.The service has clear and suitable systems in place to ensure that staff are capable of carrying out effective and correct procedures to ensure that equipment is correctly and safely decontaminated and sterilized, so that people are protected from the risk of cross infection.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The service has not ensured that staff are suitably aware and trained in safeguarding vulnerable adults. The safeguarding policy does not refer to how the service will protect both children and vulnerable adults from harm.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The service has not ensured that staff are suitably aware and trained in safeguarding vulnerable adults. The safeguarding policy does not refer to how the service will protect both children and vulnerable adults from harm.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The service has not ensured that staff are suitably aware and trained in safeguarding	

	vulnerable adults. The safeguarding policy does not refer to how the service will protect both children and vulnerable adults from harm.

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA