

# Review of compliance

Mr Martin Miller  
Sturry Dental Practice

**Region:**

South East

**Location address:**

36 High Street  
Sturry  
Canterbury  
Kent  
CT2 0BD

**Type of service:**

Dental service

**Date of Publication:**

March 2012

**Overview of the service:**

Sturry Dental Practice is a Denplan Excel accredited practice that also offers private pay as you go treatment for people.

The dental team consists of two dentists one hygienist, dental nurses and reception staff all of whom have worked at the practice for many years.

	Sturry Dental Practice is registered to provide Surgical Procedures, Treatment of Disease, Disorder or Injury and Diagnostic or Screening Procedures.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Sturry Dental Practice was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 14 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

## What people told us

People told us that they were happy with the service provided. They said they were given enough information about treatment options, the cost of different treatments and were able to ask all the questions they wanted to. People told us that they found the staff to be friendly and said that they were treated with respect and their privacy was protected. They said that appointments were flexible to meet their needs and the surgery was clean and comfortable.

## What we found about the standards we reviewed and how well Sturry Dental Practice 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**

People were assured that their rights, wishes and needs were respected. Involvement of people who used the service was well established and based on a person centred approach.

Overall, we found that Sturry Dental Practice was meeting this essential standard.

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

People who use the service experienced effective, safe and appropriate care, treatment

and support that met their needs and protected their rights.

Overall, we found that Sturry Dental Practice was meeting this essential standard.

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

People who used the service could not always be assured that they were safe and protected from abuse, or the risk of abuse, as some staff had not been trained in the Mental Capacity Act 2005.

Overall, we found that improvements were needed for this essential standard.

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

People who used the service were safeguarded against the risk of infections, as there were clear policies and procedures in practice.

Overall, we found that Sturry Dental Practice was meeting this essential standard.

### **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

People told us that they were happy with the service provided. They told us they were provided with the information they needed about treatments and the cost of different treatments. People told us that staff discussed all their treatment options. They said that staff were considerate, professional and friendly and they felt that their dignity was maintained and their privacy protected. One person commented on a completed survey form 'I have been coming here since 1980 and I would not wish to go anywhere else'.

##### Other evidence

We saw examples of patient information leaflets that people could take away with them. Each surgery had a range of illustrated patient information and scale models that were used to help describe various treatment options. Currently information was printed in English and the application to register the practice stated that 'to date this had met the needs of the patients using the service'. However, information in different languages would be made available as required.

The receptionist told us that people were provided with a printed treatment plan that showed what treatment was needed and the costs for the treatment. People spoken with confirmed that they were given a printed treatment plan that showed the treatment they had agreed to and detailed the cost of any treatment.

We saw that consultations took place in private rooms, two of the consultation rooms being used by the two dentists and one consultation room being used by the hygienist.

There was a suggestion box in the reception area. We saw that this contained compliments for example 'service and expertise from dental staff all excellent' as well as suggestions for improvement 'better out of hours service should be available for private patients'. We were told that information from the suggestion box was reviewed and discussed at the fortnightly staff meetings. A website for the practice was in the process of being set up that would enable people that use the service to share their views, or to make any suggestions should they want to.

### **Our judgement**

People were assured that their rights, wishes and needs were respected. Involvement of people who used the service was well established and based on a person centred approach.

Overall, we found that Sturry Dental Practice was meeting this essential standard.



## 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

People told us they felt they had enough time and information to make decisions about their treatment. They told us that the dentists and hygienist listened to them and talked through all the different treatment options. People told us that appointments were flexible to meet their needs. One person commented 'reception staff all very friendly and helpful'.

##### Other evidence

We looked at a sample of patient's electronic records and saw that treatment plans, options and risks had been explained and recorded. We saw that records included details of patients' dental history with the practice and a thorough medical history. The medical histories had been updated at each appointment and amendments when needed had been made.

Following an initial assessment, when treatment alternatives benefits and risks were explained fully before treatment was commenced. Informed consent was secured and noted before treatment was given. People were provided with a copy of the treatment plan to take away with them, this included full breakdown of the costs of any proposed treatments. People told us that their wishes to be treated by a specific dentist were noted.

Staff told us that they had a system for recording adverse events, accidents and incidents. We saw the accident book that mainly related to incidents involving staff and did not show any trends, amongst the incidents recorded. The surgery had regular staff

meetings and records were seen.

Staff told us that they had received training in relation to medical emergencies and we saw training certificates. The surgery had emergency equipment available.

**Our judgement**

People who use the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Overall, we found that Sturry Dental Practice was meeting this essential standard.

## 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

On this occasion we did not speak to people who use the Sturry Dental Practice about this outcome.

##### Other evidence

The practice treated adults and children. We saw that there were both child and adult protection policies in place. The practice had a copy of the Department of Health's document 'Child Protection and the Dental Team'.

There had been no safeguarding referrals made by the practice since they registered with the Care Quality Commission in April 2011.

Staff told us that they had received training in safeguarding adults and children and were clear about their role and responsibilities in the event of abuse being suspected. Staff were aware of the procedures for dealing with physical and verbal abuse from patients and their representatives. We were told that any such event was rare.

Staff said that they had not received training in relation to the Mental Capacity Act 2005. One member of staff said that they had undertaken training in relation to the Mental Capacity Act 2005 with another employer. The provider was aware that this issue needed to be addressed and was seeking advice in relation to accessing information and training for staff.

The practice had a clearly displayed an in house complaints procedure for the effective and speedy resolution of any complaints or concerns. We saw records that showed that

appropriate action had been taken to address any concerns raised. People who use services and staff told us that they had no concerns.

**Our judgement**

People who used the service could not always be assured that they were safe and protected from abuse, or the risk of abuse, as some staff had not been trained in the Mental Capacity Act 2005.

Overall, we found that improvements were needed for this essential standard.

## 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

On this occasion we did not speak to people who use the service about this outcome. However, people spoken with commented that the practice was well maintained and always clean.

##### Other evidence

We were told that the practice was regularly cleaned and that the dental nurses were responsible for keeping all areas clean during working hours. We saw that all areas of the premises were clean and tidy.

We observed staff preparing the room between patients. All disposable items that had been used for example plastic covers were disposed of appropriately. Instruments that needed to be decontaminated were put in a secure box and taken to the decontamination room. We observed that cleaning responsibilities were clearly understood by all staff.

We saw that a decontamination room had recently been built to improve facilities and ensure that infection control standards were met. We observed instruments being transported in secure boxes to the decontamination room. We were shown how instruments that required decontamination were processed. There was a clear process in the room that ensured that clean and dirty instruments did not contaminate each other. Staff demonstrated to us the manual checking of instruments after the washing phase. Data loggers were seen fitted to the autoclaves to permit each cycle to be monitored and recorded. We saw that personal protective equipment that included gloves, aprons, masks and eye protectors was available and in use in all areas.

Staff told us that they had undertaken infection control training that included hand hygiene, instrument decontamination, general infection control and personal protective equipment. Training certificates in relation to infection control were seen.

We saw written records that confirmed that regular clinical audits were undertaken.

**Our judgement**

People who used the service were safeguarded against the risk of infections, as there were clear policies and procedures in practice.

Overall, we found that Sturry Dental Practice was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

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
	<b>Why we have concerns:</b> People who used the service could not always be assured that they were safe and protected from abuse, or the risk of abuse, as some staff had not been trained in the Mental Capacity Act 2005.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>Why we have concerns:</b> People who used the service could not always be assured that they were safe and protected from abuse, or the risk of abuse, as some staff had not been trained in the Mental Capacity Act 2005.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>Why we have concerns:</b> People who used the service could not always be assured that they were safe and protected from abuse, or the risk of abuse, as some staff had not been trained in the Mental Capacity Act 2005.	

The provider must send CQC a report about how they are going to maintain 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.

CQC should be informed in writing when these improvement 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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