

Review of compliance

Dr. Colin Neil
Confident Dental Care

Region:

South West

Location address:

Cotswold House
37 London Road
Stroud
Gloucestershire
GL5 2AJ

Type of service:

Dental service

Date of Publication:

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Overview of the service:

Confident Dental Care in Stroud was established in 1984 and is owned by Dr Colin Neil and Dr Ewa Rozwadowska. The service provides general dentistry for adults and children along with cosmetic dentistry including implants, veneers and tooth whitening. There is the facility for people to have conscious sedation, where required.

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

Our current overall judgement

Confident Dental Care was meeting all the essential standards of quality and safety.

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 2 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

We spoke with four people using the service. One person who was attending the practice for treatment told us they had visited initially two years ago, by recommendation and had been treated well. They said that the service had explained their treatment had never explained their treatment much better than other dentists they had visited previously elsewhere. They said that staff at the practice were "extra caring".

Another person said they thought the reception staff were "lovely helpful and knowledgeable". They told us about the treatment they were expecting. They said the dentist had fully explained the procedure and they knew exactly what to expect and why the treatment was necessary. They told us that the practice was recommended to them and they chose to go there because they were unhappy with the treatment they received from their previous dentist. The person said they were previously an extremely nervous patient but that the practice "is fantastic and the treatment is always successful". They added that their child had also attended the practice and found their treatment to be successful.

A person who had previously been with another dentist said they "would never go back". They said they had "a relatively low pain threshold and used to dread going to the other dentist but doesn't dread coming here". They told us they could not fault the practice. They told us that removing teeth was a last resort for the practice and "suggested to others who have had a bad experience that they should go to the Confident dental practice".

In addition to the dentists and hygienist, we spoke with five staff either individually or in small groups. Staff said they felt supported by others in the team and their employers. They talked about the good team working they experienced. They all told us about their

role in ensuring that nervous patients were "reassured" and "comforted" encouraging them to "tell us how they feel".

We saw some compliments within the surgery comments book which were all positive about the service.

We saw that the practice offered a calm and relaxing place for people to wait for appointments. Treatment rooms were clean and appeared well organised.

Records we saw recorded people's personal details, medical history and underpinned the treatment people received.

What we found about the standards we reviewed and how well Confident Dental Care 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 are given the information they need to enable them to make decisions about the treatment they receive. They are treated with respect and every effort is made to make their experience comfortable.

Overall, we found that Dr. Colin Neil of Confident 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 receive the care and treatment they require in pleasant surroundings. There is a commitment to ensuring that people are able to have healthy teeth and gums. Staff are trained and there is equipment and medication available in case of emergency.

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

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

People are protected from harm and abuse because suitable arrangements are in place. Staff are trained and know how to recognise signs of abuse and report suspicions..

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

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

People are protected from the risk of cross infection by the systems in place to prevent and control infection and by the decontamination processes used.

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People are supported by staff who participate in continual professional development.

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

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

Each person was given a treatment plan outlining recommended treatments and outlining their dental and periodontal (gum) conditions. People signed their treatment plans to show consent and they were then scanned and stored electronically in their computer records.

The practice developed a 'steps to health' hygiene service where dentists and hygienists rated people's oral and dental health. The programme was individual and aimed to help people keep their mouth as healthy as it could be. Regular advice and care was given along with access to the 'fresh breath clinic' and digital imaging of gum health. The service included a joint Oral Health Screening with the hygienist during which the dentist would assess people's dental health. Visual aids were used to explain treatment to people and to show anticipated outcomes if treatment was followed. Each person was given a rating according to the condition of their mouth and treatment was designed to maintain a condition or to assist with improvement.

As the practice felt it was important that people were kept informed about all aspects of their treatment they were given full opportunity to spend time with the treatment coordinator. This enabled them to discuss clinical issues, cosmetic treatments and financial matters. It enabled them to make decisions in an informed way about how they

wished to proceed, in their own time.

We looked at the treatment and financial consent procedure. It stated the importance of people being able to make informed consent and the practice of providing a written estimate of costs.

Each year the practice closed its door to adult patients during the spring bank holiday break. We were told that at this time it was transformed into a 'children's dental practice' where many children were seen. Each year a theme was chosen and in the past there was a 'pirates' week when replicas of pirate ships were created in order to educate children about good food choices. This year the theme would be the Olympic their teeth and gums. This innovative practice had taken place in the practice for over 20 years. The dentists told us that people attending for treatment as adults recall their visits during the children's week of years ago.

Some people were offered the opportunity to have their photographs taken professionally, after treatment was completed. We saw some of these displayed around the practice and in publicity materials. People signed to give consent for use of their photographs for advertising purposes.

Other evidence

The statement of purpose for the practice outlined the aims and objectives of the practice along with giving people information about the variety of treatments available.

The practice was set over the lower two floors of a converted Victorian property. Another company used the top floor. There was level access to the premises at the rear of the practice.

The main waiting room had a DVD monitor and children's play area. There were a range of magazines and literature relating to dental health. Toothpaste samples were available for people to take and the practice sold a range of dental products.

We saw there was a consultation room that provided a private space for people to discuss finances. It also provided a space where staff could take people who were nervous and allowed them to talk to try to allay their fears about the treatment they were having. There was an upstairs 'quiet lounge' where nervous patients were able to wait for treatment.

We saw that the practice had an equal opportunities, diversity and human rights policy. It gave definitions and stated that the practice would not tolerate discrimination by anyone working in the practice. It also told people what they should do if they felt they were the subject of discrimination or harassment.

The confidentiality policy and procedure reflected on the importance of strict confidentiality within the practice. It stated the principles of confidentiality and drew attention to the benefits for people using the service.

The practice took complaints seriously. We saw that the complaints policy explained how people could complain and what the practice would do in response. The document outlined how people could complain to the Dental complaints Service and the General Dental Council.

We saw that all of the complaints received in the past were stored alongside evidence of investigation and outcome in sealed envelopes. We were told that the most recent complaint had been resolved to the person's satisfaction.

Our judgement

People are given the information they need to enable them to make decisions about the treatment they receive. They are treated with respect and every effort is made to make their experience comfortable.

Overall, we found that Dr. Colin Neil of Confident 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

We spoke with four people using the service. One person who was attending the practice for treatment told us they had visited initially two years ago, by recommendation and had been treated well. They said the service had explained their treatment much better than other dentists they had visited previously elsewhere. They said that staff at the practice were "extra caring".

One person said that they were taking medication and the practice insisted that their blood levels were checked before each treatment, as a safeguard. Another person said that their medical history was checked at each appointment and they signed to indicate that the record was correct before consenting to treatment.

Another person said they thought the reception staff were "lovely helpful and knowledgeable". They told us about the treatment they were expecting. They said the dentist had fully explained the procedure and they knew exactly what to expect and why the treatment was necessary. The person said they were previously an extremely nervous patient but that the practice "is fantastic and the treatment is always successful". They added that their child had also attended the practice and found their treatment to be successful.

Dr Neil had a special interest in implant dentistry, for which he had an additional qualification, and tooth whitening. He offered sedation to assist people who were anxious about their treatments. Dr Neil attended courses in facial aesthetics and his treatments included using non surgical facial aesthetic treatments (wrinkle relaxing

injections and/or dermal fillers) to complement dental treatment and enhance people's looks.

We met with the hygienist who explained that their work complemented the work of the dentists to ensure that their work lasted. They used a digital probe to determine the extent of treatment a person required and used ultrasonic techniques for debriding periodontal (gum) areas. They showed people good tooth brushing techniques. The practice referred some patients requiring periodontal surgery or orthodontics (braces) to other practitioners.

Other evidence

We looked at patient records that were computer based. They contained people's personal information, medical history and details of their payment choices. In addition appointments were listed along with information about the treatment received, communications and notes. The system utilised 'markers' to identify the way people paid for their treatment and any other useful information about the person such as whether they were nervous about treatment.

The practice did not provide NHS treatments, but offered a range of options for paying for private dental and oral health care. This included insurance arrangements and credit facilities.

Staff had training in emergency procedures and there was an external defibrillator available for use if required. In addition there was an 'eye wash station' and oxygen was available. Emergency drugs were kept and checked on a weekly basis. We saw that the drug kit included all specified items and gave details of the reason why medication would be given. We noted that there were 'condition descriptor cards' outlining symptoms of the conditions that may be treated by the emergency drugs kept in the practice.

Our judgement

People receive the care and treatment they require in pleasant surroundings. There is a commitment to ensuring that people are able to have healthy teeth and gums. Staff are trained and there is equipment and medication available in case of emergency.

Overall, we found that Dr. Colin Neil of Confident 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not speak with people about safeguarding arrangements, but those we spoke with demonstrated a confidence in the practice.

Other evidence

We looked at the protection of vulnerable adults policy. It gave a definition of abuse along with giving descriptors of who may be vulnerable. It referred to consent and capacity of people to make decisions in addition to listing the contact details for referrals where abuse was suspected.

Similarly there was a policy statement and protocol relating to child protection. It stated why staff should act on suspicions of abuse and outlined a step by step action plan including prompts for recording information. The document signposted staff to useful reference materials including the DH guide to 'Child Protection and the Dental Team'.

The treatment and financial consent procedure provided information in respect of the Mental Capacity Act and people's ability to give consent. There was information included about where children may be considered to be competent to give consent for themselves if they have sufficient understanding of the advantages or disadvantages of treatment.

We saw the staff training records that showed adult and child safeguarding had been discussed in staff meetings. All staff had attended training with the NSPCC (National Society for the Prevention of Cruelty to Children) related to child protection and health.

We were told that the Mental Capacity Act was included in discussions about safeguarding vulnerable people.

Staff we spoke with told us about the safeguarding updates they received in team meetings and how someone with a background in working with learning disabilities had been brought in to update them on safeguarding vulnerable adults. They were aware of the need to be vigilant and to report suspected abuse to the practice 'safeguarding lead'. They also told us about the NSPCC training that included the completion of a questionnaire to check their understanding of child protection. Staff demonstrated a knowledge of appropriate contacts for child and vulnerable adults safeguarding referrals.

All staff had CRB (Criminal Records Bureau) disclosures.

Our judgement

People are protected from harm and abuse because suitable arrangements are in place. Staff are trained and know how to recognise signs of abuse and report suspicions..

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting 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

People we spoke with said that they felt the practice was always clean.

We asked one of the nurses to describe the procedures carried out between patients to ensure that the risk of infection was minimised. We saw that after use instruments were removed for decontamination and single use instruments were safely discarded. All surface areas were wiped between patients including the chair and spittoon. Replacement covers were placed on the headrest and light fixture and door handles were cleaned. This was in keeping with the practice protocol for minimising the risk of cross infection.

The hygienist told us that they felt that putting on new disposable gloves in front of people gave them an assurance that there was good infection control in the practice.

Other evidence

The document we saw in relation to infection control and decontamination was comprehensive listing all aspects of cleanliness within the practice. Information was divided into sections to make it easy for staff to identify aspects of the processes. Information was specific and clearly outlined the responsibilities of staff.

The practice adhered to the DH (Department of Health) Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The aim of this guidance was to progressively raise the quality of decontamination of instruments in primary care dental services by covering the decontamination of re-useable instruments within dental facilities. The practice carried out quarterly audits of the decontamination processes and we saw that the practice assessed full compliance with the best practice standards

of HTM 01-05 in January 2012.

There were two decontamination rooms in the Confident Dental Care practice, one for the cleaning of used instruments and the other for the sterilisation of instruments once cleansed. Instruments were transported around the building in lidded boxes marked to show whether instruments were clean or used. There were designated areas within the rooms to ensure that the decontamination 'route' was followed. There was a designated nurse to deal with decontamination processes. Instruments were scrubbed, rinsed and placed in the automatic washer/disinfector before being checked and oiled ready for transfer to the 'clean' room.

There were similar identified areas within the second room where instruments were bagged and autoclaved. Instruments were given a period of time when they should be used by and dates were stamped on the packaging.

We saw records to show that routine checks of equipment were carried out to ensure that it was functioning properly. Arrangements were in place for the removal of waste products including amalgam (material used for fillings that included mercury) and there was a mercury spillage kit.

We were provided with an assessment carried out by the dentists to check whether the practice was meeting regulations in relation to infection control by measurement against 'The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance'. It showed that the practice considered that all criteria set out in the code were met.

Our judgement

People are protected from the risk of cross infection by the systems in place to prevent and control infection and by the decontamination processes used.

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak with people about staff training or support. However, one of the people we spoke with did say they thought the reception staff were "lovely, helpful and knowledgeable".

Other evidence

The practice was awarded the Investors in People Award, an outcome based framework for demonstrating commitment to support and development for staff.

The dentists told us that staff training was important. They said that they saw staff training as a means of utilising staff to educate people and improve outcomes for them. All of the dental nurses were qualified or in training. In addition one nurse was qualified and two were completing their Certificate in Oral health Education and three nurses were trained in assisting with oral sedation. The oral health education programme enabled nurses to give advice to people on how to look after dental implants.

Staff told us there was an annual appraisal scheme that offered staff incentives.

Our judgement

People are supported by staff who participate in continual professional development.

Overall, we found that Dr. Colin Neil of Confident Dental Practice was meeting this essential standard.

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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