

How CQC monitors, inspects and regulates providers of primary care dental services

April 2019

Updates to this guidance:

- Checking the factual accuracy of your draft inspection report (April 2019)

Always check CQC's [website](#) for the most up-to-date guidance

CONTENTS

MONITORING AND INFORMATION SHARING	2
How we monitor primary care dental services	2
How we work with national partners	3
How we work with local and regional partners and the public	3
How we manage our relationship with you	4
Fit and proper persons requirement: directors.....	4
INSPECTION	6
When we will inspect	6
What we will inspect	7
Site visits	9
Mental Capacity Act.....	12
AFTER INSPECTION	13
Your inspection report	13
Factual accuracy check	14
How we publish inspection information.....	15
Enforcement	16
Make a representation.....	18
Complain about CQC	19

MONITORING AND INFORMATION SHARING

How we monitor primary care dental services

Sources of information

We collect and analyse information about dental practices from a range of sources. This helps us to target our resources where the risk to the quality of care is greatest. The information influences what we look at, who we will talk to and how we configure our inspection team.

We gather information from people who use services, other regulators and oversight bodies, local organisations, other stakeholders and service providers.

We update our analysis throughout the year to make sure our inspectors have the most recently available information about services. This information helps us to plan when and what we inspect. We will include some of the information in your inspection report as evidence to support our judgements about the quality of care.

We gather information from the following organisations

- NHS England
- General Dental Council
- NHS Business Services Authority
- Healthwatch England

Provider information request

Before we inspect, we will ask you for information that will help us to prepare our inspection and help us to understand more about the care and the service you provide.

The information we will request is likely to include, for example:

- an up-to-date statement of purpose
- information about membership of any accreditation/good practice scheme
- details of your staff, including numbers of staff by role and hours worked
- a summary of complaints you have received, with details of actions you have taken and any improvements made

This list is not exhaustive and we may ask for further information depending on the information available to us.

You will have five working days to respond to our request. We will tell you what information to send, where to send it and who to contact if you have any questions.

How we work with national partners

CQC is part of the [Regulation of Dental Services Programme Board](#). This enables us to share information about the services you provide, and people's experiences of them, with other regulators and oversight bodies.

Working in partnership helps us to be more efficient by reducing duplication and making the best use of shared information and resources.

Our inspection teams have an ongoing relationship with organisations including:

- NHS England Area Teams (the commissioners for NHS dental services)
- NHS Business Services Authority
- NHS England
- Healthwatch England
- General Dental Council.

How we work with local and regional partners and the public

We use people's experiences of care to help decide when, where and what we inspect.

We encourage people to share their experience with us so that we can understand and act on what people tell us. This includes through our national [Tell us about your care](#) partner charities. We also work in partnership with a range of local and regional groups. We share publicly available information with these groups and ask them to share information with us.

Our inspection teams will have regular contact with people from local organisations, including:

- Local Healthwatch
- overview and scrutiny committees
- complaints advocacy services

- voluntary and community sector organisations (particularly those that represent people whose voices are seldom heard)
- local dental committees.

How we manage our relationship with you

Ongoing contact with CQC

One of your local CQC inspectors or inspection managers will be designated as your relationship holder.

They should be your first point of contact with CQC. You can contact your relationship holder if you have any queries about your registration or if you need to tell us about any significant changes to your services (for example, if your practice begins formally collaborating with others).

Your relationship holder may contact you for a number of reasons. For example, if our monitoring activity suggests a significant improvement or deterioration in the quality of care, your relationship holder may ask you to explain the reasons behind this.

Developing an ongoing relationship enables us to have a better understanding of the background and context of your practice.

Contact with corporate providers

CQC defines any provider operating more than 20 locations as a 'corporate provider'.

We maintain oversight of corporate providers to inform central, regional and local regulatory activity. We meet regularly with corporate providers to exchange information, provide updates and receive feedback on CQC's regulatory approach and to discuss the organisation's performance.

Fit and proper persons requirement: directors

NOTE: this does not apply to providers that are individuals or partnerships.

Providers are responsible for appointing, managing and dismissing directors and board members (or their equivalents). People who have director-level responsibility for the quality and safety of care, treatment and support must meet the fit and proper person's regulation (FPPR) (Regulation 5 of the Health and Social Care Act 2008). This aims to make sure that directors are fit and proper to carry out their role.

You must carry out appropriate checks to make sure that directors are suitable for their role. Our role is to make sure that you have a proper process to make robust assessments to satisfy the FPPR.

Providers must be open and transparent with people who use services (including families and people acting lawfully on their behalf) in relation to their care and treatment (Regulation 20 of the Health and Social Care Act 2008). It also requires providers to inform people about incidents, provide reasonable support, accurate information regarding the incident and an apology.

We have published guidance for providers on meeting the regulations, which provides information on how we look at these regulations to make judgements at registration and on inspection.

Information of concern

CQC may intervene where there is evidence that you have not followed, or you do not have, proper processes for FPPR. Although we do not investigate individual directors, if we receive information of concern about the fitness of a director, we will pass this on to you as the provider.

We will tell you about all concerns relating to your directors and ask you to assess all the information we send. We will have the consent of the third party referrer to do this, and will protect their anonymity wherever possible. However, there may be occasions when we are concerned about the potential risk to people using services, so we will need to progress without consent. We will also inform the director to whom the case refers, but we will not ask for their consent.

You must detail the steps that you have taken to assure the fitness of the director and provide a full response to CQC.

We will carefully review and consider all information. Where we find that your processes are not robust, or you have made an unreasonable decision, we will either:

- contact you to discuss further
- schedule a focused inspection
- take regulatory action in line with our enforcement policy and decision tree if we identify a clear breach of the regulation.

INSPECTION

When we will inspect

On the basis of previous inspections we have found that, compared with other sectors CQC regulates, dental services present a lower risk to patients safety. We will carry out comprehensive inspections of 10% of all practice locations. We select practice locations for inspection on both a random basis and on the basis of risk.

All primary care dental providers registered with CQC must meet regulations, including the fundamental standards of care. We use indicators to help select practices that may be at greater risk of not meeting the legal requirements. These include:

- any concern or risk identified about a provider from a previous inspection, or from other information
- concerns or complaints received about a provider that relate to a possible breach of a regulation
- safeguarding alerts
- concerns received from members of staff (including whistleblowers)
- concerns received from educational bodies.

We continually monitor information about all services between inspections.

Announcing inspections

Inspections are usually announced. We feel that this is the most appropriate way to make sure our inspections do not disrupt the care you provide.

When we announce inspections, we will usually give two weeks' notice to individual dental practices. The inspector will telephone your practice to announce the inspection and also send a letter to confirm the date.

Throughout the inspection process, the lead inspector and inspection planner will support and communicate with you by letter, email and telephone to help you to prepare for the day and know what to expect.

Also see [What to expect when we inspect](#).

Unannounced inspections

We may also carry out an unannounced inspection, for example, if we have concerns about a practice or if we are responding to a particular issue or concern. This may be something identified at a previous inspection that we are following up, or new information.

At the start of these visits, the inspection team will meet with your practice's senior partner or senior manager on duty at the time and, as with announced inspections, will feed back to you at the end of the inspection if there are any immediate concerns.

When we are following up concerns from a previous inspection, we will usually carry out an unannounced focused inspection.

The inspection team

Each inspection team is led by a CQC inspector with support from a Specialist Adviser. The Specialist Adviser who supports the inspector will have knowledge and experience of delivering dental care. As far as possible, we would also want to match the specific skills of the Specialist Adviser to the particular circumstances of your practice, for example, provision of orthodontic services or sedation services.

Teams will vary in size and composition depending on the services being inspected.

What we will inspect

By primary care dental services we mean: dental services that are predominantly provided by dentists on the 'high street'. Within this definition we include providers of domiciliary dental care services and any out-of-hours emergency dental services. There are also community dental services that provide dental treatment for adults and children who cannot be treated in an ordinary general dental practice, as well as specialist dental services provided in a hospital setting. We inspect these services under our approach to inspecting hospitals.

We will ask if practices are safe, effective, caring, responsive and well-led, and will report our findings under these five key questions.

Assessment framework

To direct the focus of inspection, our inspection teams use a set of key lines of enquiry (KLOEs) that directly relate to the five key questions: are services safe, effective, caring, responsive and well-led? Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment. We call these prompts. For primary care dental care inspections, we will use CQC's standard [assessment framework for healthcare services](#).

Our inspection teams will consider the information gathered before the inspection to decide which prompts they will use to help them make a judgement on the KLOEs.

Types of inspection

Information from our monitoring activity helps to determine the type of inspection and what we will look at.

Comprehensive

Comprehensive inspections address all five key questions and relevant legal requirements. They ask: is the service safe, effective, caring, responsive and well-led? We will carry out comprehensive inspections of 10% of registered locations selected on both a random and risk-based basis.

We will always carry out a comprehensive inspection of services that we have not yet inspected.

Comprehensive inspections will usually be announced, with two weeks' notice. We feel this is the most appropriate way to make sure that the care you provide to patients is not disrupted. It also enables us to obtain and review the information that you send us before inspection as well as information from patients. However, we may also carry out unannounced or short-notice inspections if we have concerns about a service.

Focused

We will carry out a focused inspection when we need to follow up on an area of concern. This could be a concern identified during a comprehensive inspection that has resulted in enforcement action, or concerns that have been raised with us by the public, staff or stakeholders. We may undertake a focused inspection when there is a change in the legal entity of the service provider.

Focused inspections do not usually look at all five key questions. They usually focus only on the areas indicated by the information that triggers the inspection. We may carry out a focused inspection with one of our partners, for example, NHS England.

Planning the inspection

To make the most of the time that we are on site for an inspection, we will analyse data from a range of sources, including information from people who use services, other stakeholders and information that you send to us.

Gathering people's views in advance

In addition to asking partners for information, we will ask you to display information at your practice to publicise the inspection. We will also ask you to tell your patients that we will be inspecting and ask them to share their experiences with us.

Planning meeting with the NHS Area Teams

CQC's local inspection managers will contact the NHS Area Team(s) to discuss:

- the scope and purpose of the inspection
- who will be involved from CQC
- which practices we propose to inspect
- how we will carry out the inspections, and our relevant powers
- how we will communicate our findings from our inspections to the NHS Area Team if we need to discuss any matters arising from the inspection with them.

We will then ask the NHS Area Team to provide information about recent contract visits and areas of concern.

Site visits

Site visits give us an opportunity to talk to people using your services, your staff and other professionals, to find out about their experiences. They allow us to review how you deliver care and to see how people's needs are identified and managed, both within and between services.

For announced inspections, the lead inspector will contact you in advance to make any necessary logistical arrangements and to ensure that you are prepared for the visit. An inspection of a dental practice usually lasts for one day.

The start of the visit

At the start of each inspection the inspector will meet with your registered manager. If the registered manager is not available the inspector can meet with another senior member of staff, for example a partner. This short introductory session will introduce the inspection team and explain:

- the scope and purpose of the inspection, including CQC's powers
- the plan for the day
- how we will escalate any concerns that we identify during the inspection
- how we will communicate our findings.

We will ask you to present to the inspection team your own view of your practice's performance, particularly in relation to the five key questions and to include any examples of notable practice. There is no specified format or media for this briefing – you can choose whichever format suits you best. This should take no longer than 20 minutes.

We want you to be open and share your views with us about where you are providing care that you are proud of, and what you are doing to improve in areas that you have identified need particular attention.

The inspection team will review the emerging findings together at least once during the inspection. This keeps the team up-to-date with all issues and allows them to shift the focus of the inspection if they identify new areas of interest. It also enables the team to identify which further evidence they might need in relation to a line of enquiry and what relevant facts they might still need to support a judgement.

Gathering evidence during the site visit

To structure the site visit, the inspection team refers to the key lines of enquiry (KLOEs) in the [assessment framework for healthcare services](#). They also look at any concerns identified beforehand through our monitoring activity. This enables them to focus on specific areas of concern or potential areas of notable practice. They collect evidence against the KLOEs using a variety of methods.

People who use services

We will gather the views of your patients, their family and carers, by:

- speaking with them individually
- using information from complaints and concerns sent through our website

We will also send you:

- posters to publicise the inspection and give people the opportunity to speak to the inspection team
- comment cards for people to fill in.

We ask you to display these in a prominent position at reception and in other busy areas.

Your staff

On all inspections, we are likely to speak to the following members of staff:

- practice manager/registered manager
- receptionists
- dental care professionals, including individual dentists
- dental nurses

For larger providers, the inspection team may also hold focus groups with separate groups of staff.

The inspection team will offer to talk to current and former whistleblowers during the inspection period. This may be during the site visit to the practice or by telephone.

Gathering information in other ways

We may also gather information by:

- reviewing parts of dental records to support our findings
- reviewing operational policies and supporting documents
- observing processes such as decontamination
- looking at the premises and facilities

Feedback on the visit

At the end of the inspection visit, the lead inspector will meet with your registered manager to provide feedback. This is high level initial feedback only, illustrated with some examples.

At the meeting, the inspector will:

- thank you for your support and contribution and tell you about any issues that were escalated during the visit or that require immediate action
- tell you if we need additional evidence or if we need to seek further specialist advice in order to make a judgement
- tell you about any plans for follow-up or additional visits (unless they are unannounced)
- explain how we will make judgements against the regulations
- explain the next steps, including how we process the draft inspection report
- answer any questions from the practice.

We will need to carry out further analysis of the evidence as well as undertake several internal quality assurance processes before we can reach final judgements on all the issues.

Mental Capacity Act

If your service provides care or support for adults who have (or appear to have) difficulty making informed decisions about their care, treatment or support, you may need to refer to the Mental Capacity Act 2005.

The Mental Capacity Act helps to safeguard the human rights of people aged 16 and over who lack (or may lack) mental capacity to make decisions. This may be because of a lifelong learning disability or a more recent short-term or long-term impairment resulting from injury or illness.

This includes decisions about whether or not to consent to care or treatment.

Your staff needs to be able to identify situations where the Mental Capacity Act may be relevant and know what steps to take to maximise and assess a person's capacity. If a person's capacity is impaired, staff must know how to ensure that decisions made on the person's behalf are in their best interests.

Read more about the [Mental Capacity Act](#).

AFTER INSPECTION

Your inspection report

After each inspection we publish an inspection report on our website. The report presents a summary of our findings, judgements including any notable practice we have identified, and any enforcement activity that we may have taken.

The report focuses on what our findings mean for the public. It gives details about our judgements on whether services are providing people with care that is safe, effective, caring, responsive and well-led, based on whether regulations are being met. If we find examples of notable practice during inspection, we describe them in the report to enable other providers to learn and improve. Reports also include information about any areas for improvement, even if the service meets the regulations. We describe any concerns we find about the quality of care and clearly set out any evidence we have found about a breach of the regulations and other legal requirements.

Quality checks

Before publishing, we carry out quality and consistency checks on all reports to ensure that our judgements are consistent. This includes internal quality panels where we discuss and ratify a sample of reports.

Making judgements

We do not give a rating to providers of primary dental care services. Our inspectors make a judgement on whether your service is meeting the necessary legal requirements based on our assessment of the evidence we gather against the key lines of enquiry in the [assessment framework for healthcare services](#).

We also use information gathered from other sources as evidence when we make our judgements. This includes information that that you provide, information from people who use services, other regulators and oversight bodies and other stakeholders and service providers.

When making our judgements, we consider the weight of each piece of relevant evidence. In most cases we seek to verify our evidence with other sources to support our findings. When we have conflicting evidence we will consider its source, how robust it is and which is the strongest. We may conclude that we need to gather additional evidence or seek specialist advice to make a judgement. Sometimes, we may ask you to provide us with further information. We will normally do this within two days of your inspection.

Factual accuracy check

When we have checked the quality of the draft inspection report (and evidence appendix/table, if appropriate), we will send you the draft documents. We will ask you to check the factual accuracy and completeness of the information that we have used to reach our judgements and ratings, where applicable.

The factual accuracy checking process allows you to tell us:

- where information is factually incorrect
- where our evidence in the report may be incomplete.

The factual accuracy process gives inspectors and providers the opportunity to ensure that they see and consider all relevant information that will form the basis of CQC's judgements.

Inspection teams base their judgements and ratings on all the available evidence, using their professional judgement and CQC's published ratings characteristics for [health care](#) and for [adult social care](#) services. The inspection report does not need to reference all the evidence but it should include the best evidence to support our judgements.

We will send an email to the appropriate registered person. This will include:

- a copy of the draft report (and evidence appendix/table, if appropriate)
- a link to download a form to provide your response.

Download the appropriate form to submit your response, as set out in the letter in the email. Once you have received the email with the draft report, you have **10 working days from the date of the email** to submit the form with your comments.

If you do not wish to submit a response tell us immediately. We will then be able to publish the final report.

Providers are responsible for making sure that the factual accuracy of the draft report has been checked by the responsible person and that any factual accuracy comments regarding the draft report have been approved and submitted.

The factual accuracy checking process should not be used to query:

- an inspection rating
- how we carried out an inspection – see how to [complain about CQC](#)
- enforcement activity that we propose – see how to [make a representation about proposed enforcement activity](#)

The draft report includes the draft judgements and ratings, where appropriate. If the inspector corrects any factual details in the report or accepts any additional evidence, they will amend the draft report. They will determine whether this has an impact on a judgement or rating(s) and will explain any changes on the form. We may change draft ratings if we determine that the evidence on which they are based is inaccurate or incomplete.

For more details and guidance on how to respond, see [Factual accuracy check](#).

How we publish inspection information

Every time we inspect a health or social care service, we publish information about it on our website. Inspection reports are published on the appropriate provider profile webpage, which includes:

- details of current and recent inspections
- a summary
- the full inspection report as a PDF document.

We also send email alerts to people who have registered an interest in a particular service, location or area.

We encourage you to publish your reports, including any action plans, on your own website.

Current and recent inspections

When we are inspecting a service, we display a message on its profile webpage. We remove this when we publish the inspection report.

Email alerts

Visitors to our website can sign up for [email alerts](#) about our inspections related to particular locations.

Anybody who has signed up to receive alerts about your practice will get an email:

- when we have inspected the practice, and
- when we publish the report.

We send these alerts once a week.

Enforcement action

We only publish information about enforcement action once any representations and appeals processes are complete.

The exception to this is urgent enforcement action, where we update our website with information straightaway. This includes action such as:

- suspending a provider or registered manager
- placing conditions on a provider's registration because of major concerns.

Read more about our [enforcement action and representations](#).

Informing the media

We routinely send summary information about our findings to local, national and trade media.

We will normally send more in-depth details to the media when we:

- take enforcement action
- prosecute.

Enforcement

If our judgement determines that the care you provide harms people or puts people at risk of harm, we can take enforcement action to protect them. We do this so that you make improvements to prevent any further harm or risk of harm. If the improvements you need to make are small and low risk, we may work with you without taking enforcement action.

If you provide poor quality care you may be committing an offence. If you do commit an offence we can take criminal enforcement action to hold you to account. Our [guidance](#) helps you to understand the level of care that people should receive. If the level of care falls below this and people are harmed or put at risk, you may be committing an offence and we may take criminal enforcement action.

Types of enforcement action

The type of enforcement action we can take will depend on whether we are protecting people or holding you to account.

- We will take **civil enforcement action** to protect people; and/or
- To hold you to account we will take **criminal enforcement action** if you fail to meet prosecutable fundamental standards.

Our [enforcement policy](#) describes this in more detail.

Deciding which enforcement action to take

This will depend on a number of factors including:

- the level of harm or risk that has occurred
- the actions you have taken to prevent harm from happening again
- the quality of care you have provided previously
- whether you have had any enforcement action taken against you before
- in respect of criminal enforcement, in accordance with the Code for Crown Prosecutors.

Our [enforcement policy and enforcement decision tree](#) explain in more detail how and when we take enforcement action.

Following up enforcement action

We will inspect your services to check whether you have made the changes needed to improve. If you have not made the necessary changes we can take more severe enforcement action. In serious cases we can cancel your registration so you can no longer provide care.

Offences

Certain regulations have offences attached to them. This means that if you breach the regulation, it is an offence and CQC can prosecute as part of our enforcement action.

The offences and our powers to prosecute are set out in the following legislation:

- Health and Social Care Act 2008 as amended
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [Care Quality Commission \(Registration\) Regulations 2009](#)

Our [enforcement policy](#) details the fixed penalties and fines payable for offences.

For the regulations where we cannot prosecute, we can use other regulatory actions, which are set out in our [enforcement policy](#).

Make a representation

If CQC takes civil enforcement action the relevant registered person has the right to make representations to us. You can make a representation if we:

- issue a Warning Notice
- impose, vary or remove conditions of registration
- suspend registration, or extend the period of suspension of registration
- cancel registration

Warning Notices

A registered person must make representations against a warning notice in writing within 10 working days of CQC serving the notice.

See our guidance on making representations against a warning notice:

[Representations against warning notices](#)

Please use this form to make representations: [Notice representations form](#)

Please note: there is no right of appeal to the First-Tier Tribunal against a warning notice; you can only make representations to us about it.

Please send your representations form by email to

HSCA_Representations@cqc.org.uk.

Notice of proposal

A registered person can make a representation against a notice of proposal before we decide whether to adopt it and serve a notice of decision. You must make a representation within 28 days of CQC serving the notice.

If we issue a notice of decision, a provider can appeal about it to the First-tier Tribunal.

See our guidance about making representations against a notice of proposal: [Representations and appeals guidance](#)

Please use this form to make a representation: [Notice representations form](#).

We will consider all representations and aim to respond to them within 20 working days.

Please note: Each form only covers one regulated activity (please specify which one in the appropriate section of the form).

To make representations about more than one regulated activity, you must complete and submit a separate form for each one.

Please send your representations form by email to HSCA_Representations@cqc.org.uk.

Complain about CQC

We aim to provide the best possible service, but we do not always get it right. CQC welcomes your feedback to help us improve our services and ensure we are responding to your concerns as best we can.

Your complaint should be made to the person you have been dealing with because they will usually be the best person to resolve the matter. If you feel unable to do this, or you have tried and were unsuccessful, you can contact our National Customer Service Centre by phone, letter or email.

Post

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Phone: 03000 616161

Email: enquiries@cqc.org.uk

Opening hours: 8.30am – 5:30pm, Monday to Friday

What will happen next?

Your complaint will be forwarded to our National Complaints Team who will make contact with you to discuss your concerns and confirm how CQC will respond to them.

We will try to resolve your complaint informally within seven working days so that we can address the concerns as soon as possible. If a formal investigation is needed, we will propose a date for response (usually within 30 working days) and agree this with you. Your complaint will be investigated by someone not connected to the issues and the process will be overseen by the National Complaints Team. You will then receive a report detailing our findings and if appropriate, what we have done, or plan to do, to put things right.

What if I am still not happy?

If you remain unhappy with the outcome of your complaint, you can contact the Parliamentary and Health Service Ombudsman (PHSO) via your local Member of Parliament. Visit the [PHSO website](#) to find out how.