## Review of compliance

### Dr. Shane Morgan
Rossendale Dental Health Centre

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<th>Region:</th>
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<td>Location address:</td>
<td>124 Burnley Road</td>
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<td>Rawtenstall</td>
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<td>Type of service:</td>
<td>Dental service</td>
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<td>Date of Publication:</td>
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### Overview of the service:
Rossendale Dental Healthcare Centre is registered to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures. The practice is located on the outskirts of Rawtenstall in Lancashire. They provide dental treatment to the local community and provide a service to people that choose
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<td>to pay for treatment either privately, or in accordance with the</td>
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Our current overall judgement

Rossendale Dental Health Centre 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 29 February 2012, talked to staff and talked to people who use services.

What people told us

People told us that they were very happy with the care and treatment they were receiving at Rossendale Dental Healthcare Centre.

One person said, "They really put us at ease during the treatment we had" and another person commented, "Everything is excellent, there is nothing negative to tell you".

People spoken with confirmed they were involved in their treatment plan and said they had discussed there treatment options with the dentist and felt informed. People also said they were treated respectfully and their queries were answered sensitively and the dentist was very 'efficient'.

People were provided with appropriate information about the practice and the current level of fees was displayed. Information leaflets were on display in the waiting room to inform people of specific treatments as well as preventative oral hygiene.

What we found about the standards we reviewed and how well Rossendale Dental Health Centre 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 understood the care and treatment choices available to them and they were fully involved in decisions about their care. People were treated with respect and their rights to privacy and dignity are upheld.
Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People told us they experienced effective, safe and appropriate care and treatment in line with their choices and preferences.

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

Suitable arrangements are in place to protect people from abuse and of the risk of abuse.

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

The service had established systems and procedures in place to ensure the environment is clean and people are protected from the risk of infection.

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 using the service told us they were very satisfied with the care and treatment provided by the practice and confirmed they were fully involved in decisions about their treatment. One person said, "They explained everything to me about my treatment." Another person commented, "They explained all the aftercare and told us about follow up appointments and they were really helpful."
People told us they were familiar with their treatment plan, that this had been shown to them and explained to them by the dentist. They said the dentists were very efficient and had been excellent in providing their treatment. All people said they were provided with the information they needed to make a choice about their treatment needs.

People were enabled to make a choice from the options available, they said if they didn't understand the treatment then they would ask the dentist or the receptionist staff. People confirmed their treatment options were discussed in the privacy of the treatment room and they were provided with appropriate information. People also told us they were treated with respect and all their queries were answered. One person said, "The staff and dentist are very helpful, friendly and lovely."

Other evidence
People were asked for feedback about the service and had the opportunity to complete
customer satisfaction questionnaires. The questionnaire responses had been collated and analysed for 2011. We noted from the results that people had a high level of satisfaction with the service; with the collated results indicating the patients agreed and strongly agreeing that they were able to get an appointment that was convenient for them. They were made to feel welcome on arrival at the practice and the surgery was private enough for them as well as the treatment options were explained to them. The results also indicated that of the 47 questionnaires had been analysed and 58% of the respondents had had the costs of their treatment explained and 42% either failed to respond or didn't feel this was applicable to them due to being exempt from charges.

People were provided with a range of information about the services provided at the dental practice. This included information on the cost of treatments and advice leaflets as well as a TV channel in the waiting rooms that explained various procedures. People who paid for their treatment did so either by the fixed payment bands for NHS charges or private treatment charges. People who were exempt of charges from the NHS dental charges provided appropriate information to the dental surgery to confirm their eligibility. All people spoken with confirmed their costs of treatment if any had been fully explained to them prior to treatment commencing. The practice also provided an orthodontist service and an oral dental surgeon should patients need to access.

The layout of the reception area and two separate waiting rooms enabled people to talk to staff in a private manner should they need. Disabled access was available in the treatment room downstairs should any patient require this. We were told that if a patient had any questions after their treatment, then the dentist would see them to explain their treatment fully and answer any questions they may have. Secure arrangements were in place for patient's records, which were stored on the computer.

**Our judgement**

People understood the care and treatment choices available to them and they were fully involved in decisions about their care. People were treated with respect and their rights to privacy and dignity are upheld.
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

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| **What people who use the service experienced and told us**  
People told us they had the information to make a decision about their treatment and they were able to discuss all options available to them with the dentist.  
One person told us, "They told me everything about my treatment". Another person said, "Everyone is always very helpful pleasant and kind and I called them to ask about my treatment and they were very good". In order to help people and children feel at ease there were books available in the waiting rooms. People told us information was available at the surgery for them to look at and this included treatment and procedures.  
People said the appointment system was flexible and staff allocated them the earliest appointment available. All the people we spoke to were aware of their treatment plans and one patient confirmed they had been showed their treatment plan on the computer and all patients we spoke with confirmed that they were aware of the details of their treatment.  

**Other evidence**  
Before people were provided with any treatment for the first time, they were asked to complete a medical history questionnaire. The questionnaire was updated on subsequent visits, to ensure the dentist was aware of any health conditions. On visiting the practice for the first time the dentist carried out a full examination of people's teeth and mouth including a periodontal score of the soft tissue. Completed records of such examinations were seen during the visit. All patient visits to the dentist were recorded and these included an explanation of the procedure given to the patient as well as records of the treatment given. |
We looked at three patient records that detailed if a patient had refused a particular procedure and this included a patient refusing an x-ray. Treatment costs were also recorded and if any patient had informed them that they were disabled or unable to use the upstairs treatment rooms then this indicated to the practice that the downstairs treatment room needed to be booked for them. Medical details were stored on the patient records and these indicated if the patient being seen had any known allergies or contraindications to certain drugs or procedures. These records would alert the dentist before patients treatment commenced and we were told that all patients were asked at each appointment if there had been any changes in their medical history. We looked at signed treatment plans that had been provided to patients, indicating their involvement and a copy was retained by the surgery.

Staff received training in dealing with medical emergencies and cardiopulmonary resuscitation and there was a designated first aid person on duty. We saw evidence of this training within staff's personnel file. Records of continuous professional development for staff were in place which was kept as part of their registration with the General Dental Council.

**Our judgement**
People told us they experienced effective, safe and appropriate care and treatment in line with their choices and preferences.
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**
People told us they felt comfortable using the service and they were aware of what to do and who to speak to in the event of a query, concern or complaint. Information about the complaints process was displayed in the patients' waiting areas. All people spoken with said they had no concerns about the treatment they had received.

**Other evidence**
There were safeguarding vulnerable adult policies and procedures in place and these included the Local Authority (LA) safeguarding contact numbers. These informed staff of whom to contact and where to report any safeguarding concerns to.

There were policies and procedures in place relating to the safeguarding vulnerable adults and the protection of children, which had been discussed at the practice meetings and staff supervisions. There is a designated child protection lead at the surgery. The practice manager provided certificates to confirm that staff had received child protection training. They told us that any updated training had been sought in relation to safeguarding children and vulnerable adults and where necessary the practice manager and the dental nurse had and would continue to disseminate this to the practice staff. Similarly, the practice manager informed us that information would be collated about the application and implications of the Mental Capacity Act 2005 and its associated Code of Practice. This documentation provides guidance to those working with people who may lack capacity to make decisions.
The dentists and staff had a working knowledge of the safeguarding procedures and had access to the relevant contact numbers in the event of a concern or alert. Staff had received update training in relation to child protection issues via their internal meetings held for all staff and supervisions. The practice manager told us that they have access to online training in relation to safeguarding children and adults and this was included in all staff induction programmes. The staff induction programme documented that each staff member had been issued with and discussed the safeguarding policies and procedures. There was a recording system in place for any complaints received however, there had been no recent complaints or concerns reported. There was a whistle blowing policy in place for staff.

**Our judgement**
Suitable arrangements are in place to protect people from abuse and of the risk of abuse.
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 spoken with confirmed the premises were clean and tidy. They confirmed that the dental staff and dentist wore appropriate protective clothing whilst carrying out treatment.
We also noted that 97% of people who responded the practice's customer satisfaction questionnaire completed in November 2011 indicated the reception and waiting rooms were clean and pleasant.
Comments summarised from the questionnaire included the surgeries and waiting room are clean and tidy.

Other evidence
The cross infection statement was also clearly displayed for all staff to follow in the dental surgery rooms and within the decontamination room used to clean and sterilise the reusable instruments. We looked at policies and procedures in place for infection control and decontamination and these had been reviewed in January 2012.

The central sterilisation and decontamination room was separate from the clinical areas and was set out with designated sections for dirty activity (cleaning instruments) and clean activity (sterilisation).

Detailed processes were followed to decontaminate reusable instruments and equipment, which included the use of an autoclave (a machine used to sterilise instruments by subjecting them to pressurised steam at a very high temperature). The autoclave prints a report after each cycle, which shows completion of the cycle and records the correct temperatures that have been achieved for sterilisation. The print out reports are maintained and from these reports three are logged each day in the
morning, midday and afternoon. Routine checks were also made on the autoclave and other equipment in the sterilisation room as well as equipment used within the dentist premises. In addition, the equipment was serviced by professional engineers on a regular basis. Sharps bins were available in the treatment and decontamination rooms to dispose of any single use items safely.

The dental nurses returned the sterilised instruments ready for reuse before the course of each patient treatment.

We were shown a detailed self assessment audit of the infection control and decontamination procedures which covered the requirements contained in the Health Technical Memorandum (HTM) 01-05 published by the Department of Health. This memorandum sets out the Department of Health’s expectations of the decontamination processes in primary care dental practices to ensure people are treated in a safe and clean environment. The dental practice is involved in the British Dental Association good practice scheme and has recently been re accredited again in January 2012. This demonstrates that the dentists are committed to providing quality dental care to nationally recognised best practice standards as well as having a quality assurance framework in place.

The dentists and dental staff wore designated uniforms which were not worn off the premises and lockers had been provided for staff. Disposable personal protective equipment, such as gloves and head visors were available for use and separate equipment was being used for children attending the surgery. Protective eye equipment was in place to reduce the glare from the lights being used during specific dental procedures.

**Our judgement**
The service had established systems and procedures in place to ensure the environment is clean and people are protected from the risk of infection.
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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<th><strong>Document purpose</strong></th>
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<td><strong>Author</strong></td>
<td>Care Quality Commission</td>
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