

Review of compliance

Dr Philip Baron
Antley Villa Dental Practice

Region:	North West
Location address:	432 Blackburn Road Accrington Lancashire BB5 0DE
Type of service:	Dental service
Date of Publication:	April 2012
Overview of the service:	Antley Villa Dental Practice 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 Accrington in Lancashire. They provide dental treatment to the local community and provide a service to people that choose to pay for treatment either privately, or in accordance with the NHS payment

	bands. The practice has ground floor access.
--	--

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

Our current overall judgement

Antley Villa Dental Practice 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 13 March 2012, talked to staff, reviewed information from stakeholders 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 Antley Villa Dental Practice.

One person said, "They explained my treatment all the way through the procedure I received and they really put me at ease during the treatment" and another person commented, "They are absolutely superb, very professional, warm and caring, everything is excellent, there is nothing negative to tell you I am over the moon with the service I receive".

People spoken with confirmed they were fully involved in their treatment plan and said they had discussed their treatment options with the dentist and felt informed. People also said they were treated respectfully and the receptionists were brilliant, helpful and friendly. 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 for both private and NHS patients. Information leaflets were available and computerised treatment information was also available. This could be printed off for the patients should this be required.

People told us that staff were suitably trained and very good with children and they were a "fantastic" dental practice.

What we found about the standards we reviewed and how well Antley Villa 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 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 and this was printed out for me." Another person commented, "The procedure I received was fully explained to me throughout my treatment."

People told us they were familiar with their treatment plan, that this had been shown to them and explained to them by the dentist on a computerised screen in the surgery. 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 and if there were any complaints they would not hesitate to raise them with the dentist.

One person told us "the dentist was fantastic and they helped my child to feel very relaxed and calm". They also told us that the surgery had phoned them to explain the procedure and provided a leaflet on their aftercare. They provided swabs and advice should they need it following their procedure.

People told us that they had been asked for their views by completing an anonymous

questionnaire regarding any improvements that could be made at the practice.

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 for clarification.

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 put me at ease".

Other evidence

People were asked for feedback about the service and had the opportunity to complete customer satisfaction questionnaires. The questionnaire responses had been reviewed. We noted from the results that people had a high level of satisfaction with the service and where people had made any negative comments then these were discussed with the patient.

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. Bespoke computerised patient information was displayed on screens in the waiting rooms, which included information on the practice and its staff and also treatments available. A computerised system was available for people to watch in relation to the treatment they were receiving. This allowed people whose first language was not English to have a pictorial demonstration of their treatment planned and patients to have an awareness of the procedure they were to receive. We were told that access to an interpreter was available should this be required and access to this would be made via the local Primary Care Trust (PCT).

People who paid for their treatment did so either by the fixed payment bands for NHS charges or private treatment charges. All people spoken with confirmed their costs of treatment if any had been fully explained to them prior to treatment commencing.

The layout of the reception area and waiting rooms enabled people to talk to staff in a private manner should they need. Disabled access was available in the treatment room on the ground floor should any patient require this. We were told that if a patient had any questions after their treatment, then the receptionist would be able 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 and manually within locked cabinets.

Audits were being maintained to assess patients waiting times. These allowed the practice manager to review and follow up any issues that may cause delays for patients and to improve their waiting times. There were other audits taking place at the surgery and these included an infection control audit, a Disability Discrimination Act audit and audits to ensure the cleanliness and maintenance of equipment was in place.

People were reminded of their appointments in various ways these included a computerised print out of their next appointment times, by letter and by mobile phone text. The dental practice had also produced a news letter which had been sent to every patient. There is access to the dental practice website providing useful information about the services available and it also allows patients to provide feedback on the

service they have received.

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

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 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 explained all the way through my treatment and told me everything about my treatment". Another person said, "The staff are very pleasant and really nice people and very warm".

In order to help people and children feel at ease there were books and magazines available in the waiting rooms. People told us information was available at the surgery for them to look at and this included information on treatments and procedures.

All the people we spoke to were aware of their treatment plans and 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. Medical details were stored on the patient computerised 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.

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 provided. We looked at patient records that told us that oral health reviews were being recorded for all NHS patients.

Records were being maintained that indicated people's anxiety and fear levels when attending the dentist on a score of one to ten. This allowed the dentist to be aware of people's anxiety and fear levels whilst undertaking any procedures or treatment.

We looked at three patient records that detailed patient treatment and dental history and treatment costs. If any patient had informed them that they were disabled or unable to use the basement treatment rooms, then this indicated to the practice that the ground floor treatment room needed to be booked for them.

Staff received training in dealing with medical emergencies and cardiopulmonary resuscitation. We looked at records that had been maintained to confirm that the equipment and medicines used in an emergency were regularly checked. We saw evidence that staff had received training in life support and medical emergencies should an emergency arise. Records of continuous professional development for staff were in place which was kept as part of their registration with the General Dental Council.

We looked at records, these confirmed that checks were in place to ensure the X-ray was safe to use. The surgery had an X-ray malfunction procedure in place and local rules were displayed with the equipment in place.

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 and comments boxes were available. These allow patients to leave any comments or concerns they may have. All people spoken with said they had no concerns about the treatment they had received.

A parent told us that they had provided written consent for the treatment to go ahead for their child. If they had any concerns they felt they could contact the surgery and discuss this with them and they would deal with the issue.

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. There is a designated child protection lead at the surgery. The practice manager provided certificates to confirm that staff had received some child protection training. They told us that any updated training would be sought in relation to safeguarding children and vulnerable adults and where necessary the practice manager and the dental nurse would 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 training in relation to child protection issues and we were told that this is discussed via their internal meetings held for all staff. The staff induction programme documented that each staff member would cover all the policies and procedures including the safeguarding policies and procedures.

There was a recording system in place for any complaints received however, there had only been one recent complaint and this had been an outstanding complaint that the practice manager was dealing with. The complaints process was clearly documented for patients to access. 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. One person told us that, "The premises were absolutely spotless".

People had been asked about the cleanliness of the practice in the patient surveys and all responses were positive.

People told us the surgery is always very clean and the staff and dentist wore protective equipment as well as the patient being seen.

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. Policies and procedures were in place for infection control and decontamination.

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). This is in line with the DoH guidelines.

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 dental nurses carried out tests on the autoclave and print out records was maintained to ensure it was operating properly.

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 that were on colour coded trays ready for reuse by specific dentists before the course of any patient treatment. We looked at the sterilised instruments and these were bagged, sealed and dated to ensure the instruments used were clean.

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 practice is a member of the British Dental Association and also CODE (Confederation of Dental Employers) and follows both British Dental Standards (BDS) and Code guidelines for policies and procedures. 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 practice manager told us that staff involved in the decontamination of equipment was involved in practical demonstrations. We looked at recent staff meeting minutes, these indicated that Infection control and decontamination had been discussed and documented at their meetings. Continual professional development of staff indicated that staff were continuing to follow and maintain the core knowledge in infection control and decontamination.

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, masks, aprons and head visors were available for use. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

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