

Review of compliance

Mr. Ian McLean
The Gables Dental Practice

Region:	South East
Location address:	26 London Road Guildford Surrey GU1 2AF
Type of service:	Dental service
Date of Publication:	July 2012
Overview of the service:	<p>The Gables is a dental practice providing both private and National Health Service treatment to clients. Three dental practitioners and a dental hygienist provide services to clients in a long established practice.</p> <p>The practice is located on a busy road close to the town centre with on street parking and local public car parks available nearby.</p>

	<p>The premises are accessed by steps and no disabled access is provided, however, the practice does have a referral system for disabled persons.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Gables Dental Practice was meeting all the essential standards of quality and safety inspected.

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 26 June 2012, talked to staff and talked to people who use services.

What people told us

We did not speak with people using the service during our visit. However, we spoke with a number of people by telephone following our inspection. People we spoke with by telephone told us that the treatment they received at The Gables was discussed with them and that, where possible, options were offered.

One person told us that they had been referred to The Gables by a previous dental surgeon and, in being referred had fallen on their feet. They told us it was the best dentist they had been to.

People we spoke with told us that the premises were always clean and well presented and that they were extremely happy with the care delivered by The Gables

What we found about the standards we reviewed and how well The Gables 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's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

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

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

The provider was meeting this 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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

We did not speak to people using the service during our visit. However, we spoke to a number of people by telephone following our inspection. People we spoke with by telephone following our visit told us that proposed treatment was always discussed and that options were given.

Another person told us that they always asked about treatment planned and answers were always provided.

One person we spoke with on the phone told us that they had been referred to the service by their former dentist who had no longer been able to continue providing a service. They said "We have fallen on our feet. This is the best dentist I have been to."

Other evidence

On arrival at the practice we found the premises to be clean and welcoming. The reception area and waiting room were separate allowing payment and appointment planning to take place in private.

In the waiting room, which provided ample seating and magazines and periodicals for clients to read, we found a wide variety of information relating to the services provided

at the practice, the dental surgeons and other persons working at the service as well as dental advice leaflets.

Also in the waiting room was a notice inviting service users to make comment on their treatment. Forms, pens and a box were provided for comments to be left.

The complaints policy was clearly displayed on a notice board within the waiting room as was the service's policies relating to consent, infection control and data protection.

During our inspection of the service we found that the practice had procedures in place to ensure the confidentiality of people using the service. We saw that the service had a clear confidentiality policy which had been fully implemented.

We were told by people with whom we spoke that they felt that their privacy was protected and that discussions around treatment took place in private.

We looked at the care records of people using the service and found that the records were computerised in a system which had been specifically adapted to suit the service and the needs of the people using the service.

The care records included full orthodontic charts, records of diagnostic tests carried out with the results and a cost estimate relating to the treatment offered. This cost estimate was provided to clients prior to treatment to allow them to make an informed decision about the proposed treatment.

Another person told us, "They don't rush into things. All the treatment is carefully considered."

Computerised records were backed up each day and, to protect data, a copy of the data was taken away from the premises each night.

During our inspection we saw a record of audits carried out and these included a record card audit by the National Health Service in relation to treatment planning and service user involvement.

We found, as a result of the records maintained and the policies and systems in place at the service, that people who use the service were given appropriate information and support regarding their care or treatment.

Further evidence of the practice involving people using the service was provided by the use of questionnaires and surveys. Those we saw asked a broad range of questions and allowed for good feedback from people using the service. The surveys and questionnaires were distributed both by hand within the practice and by post. The practice has also recently started to set up an online survey system using an internet based survey provider. The system allows the service users to answer questions, set by the service, online and anonymously.

Our judgement

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was

provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with by telephone following our visit told us that the premises were always clean and that they were offered preventative advice during treatment.

We were told that the service communicates well and that appointment reminders are always sent by text and e mail to ensure that people using the service did not miss their appointment.

Other evidence

During our inspection we examined two examples of computerised care plans maintained for people using the service. The care records included full details of the individual's medical and social history and included a regular review of the person's medical status which was updated where necessary.

We saw that the records also contained details of all medicines used during treatment with batch numbers recorded. This information would be used to ensure the well being of the person in the event of a medicines alert.

Within the computerised care records were details of treatments planned and discussed as well as a record of agreement to treatment by the person receiving treatment.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

As part of our inspection we examined the system used by the service to report and record accidents or adverse incidents. We found that a robust reporting and recording system in place using an Accident / Incident Book. Records of incidents or accidents were fully recorded with any follow up actions or changes to procedure or policy noted within the accident record.

Staff meeting records were also seen and found to be fully recorded in minutes of each meeting. Meetings were seen to have taken place approximately every two months and matters arising with actions taken were recorded.

While at the service we inspected staff training records. These showed that all staff at the practice had received initial and ongoing treatment in basic life support from an external training provider.

The service was able to provide us with the practice emergency plan for both medical and fire emergencies. The practice maintains an emergency medicines box containing all recommended medicines, as well as an emergency oxygen cylinder and masks. These were checked and found to be in date and expiry dates were accurately recorded in a separate file. We were told that the medicines are supplied by an external provider who also records expiry dates and sends appropriate reminders and supplies when medicines expire.

Full risk assessments were maintained by the service and these included assessments of legionella risk, fire, health & safety, and an evacuation plan. Throughout our inspection we found that there were arrangements in place to deal with foreseeable emergencies.

The service's policies and procedures were maintained within an easy to follow filing system. We were, as a result, able to easily locate all policies and procedures during our inspection. We noted that each policy or procedure was accompanied by a signature sheet, signed by staff to acknowledge that they had read and understood the contents of the document.

We read the service's policy in relation to the Mental Capacity Act (MCA) which gave clear guidance to staff. It included advice on the Deprivation of Liberty safeguards (DoLs) and the legal requirements of the legislation relating to both MCA and DoLs. The policy was signed by all staff.

The records viewed indicated that the Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this 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

People we spoke with told us that they felt safe within the service. When speaking with people by telephone following our inspection they told us that they had no concerns about their safety or wellbeing during treatment.

One person we spoke with told us "I have never had cause for concern during treatment."

Other evidence

During our inspection we viewed the service's policy on the safeguarding of both vulnerable adults and children. The policy was clearly laid out, gave clear guidance and had been signed by all staff.

As an addition to the policy the relevant file contained information around reporting any suspicion of abuse to the relevant authority. A flow chart was provided to aid staff in following the correct reporting procedure and there was a considerable amount of literature within the file to aid identification of abuse or possible abuse. This included documents provided by the National Society for the Prevention of Cruelty to Children (NSPCC) as well as local authority guidance.

The telephone numbers of relevant authorities were recorded within the policy and were available to staff.

Staff had all received training in the subject and we were told that the service's

safeguarding lead was to undergo further training the following month which would then be passed on to all staff.

We found that people who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

In addition to documentation around safeguarding of vulnerable adults and children we were also told that the service had a chaperoning policy in place whereby children or vulnerable people ??? receiving treatment would be accompanied by a parent or appropriate adult chaperone.

The service maintains a policy in relation to the Deprivation of Liberty (DoLs) and restraint and this was examined during our inspection. It gave clear guidance to staff around the legislation with regard to DoLs.

This policy had been signed by all staff as having been read and understood. From looking at staff records we found that staff had received training in this subject. As a result, we found that people who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this 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

We spoke with people by telephone following our visit and we were told that the premises were always clean and that protective equipment was used by staff and patients.

Other evidence

As part of our inspection we viewed the service's infection control policy which was detailed. A member of clinical staff had been designated as infection control lead and had implemented clear procedures.

The service was supported in infection control procedures by the adoption of practises recommended by an outside advisory body.

We also saw from staff training records that infection control training had been received by all staff and that regular refresher training was planned.

Job descriptions that we saw within the service's policy files gave a named lead for infection control, radiation protection and other roles.

We viewed the treatment rooms and saw that they appeared to be clean and well maintained. Notices in all treatment rooms indicated clearly defined clean and dirty sectors and the rooms had hand washing sinks with clear hand washing instructions above the sinks.

We asked a dental nurse to demonstrate daily opening and shut down procedures which included cleaning routines, the placing of disposable covers over vulnerable

areas and the storage of all items.

We were also given a verbal explanation of the cleaning routine employed between people using the service to ensure control of infection within the treatment room.

One person we spoke with as part of our inspection told us that the practice was "Wonderful, absolutely spotless." Another person said, "I have no complaints, they are always very good".

Within each treatment room we saw that Personal Protective Equipment (PPE) was available for use by both staff and people undergoing treatment or care. One member of staff we spoke with told us "We always wear gloves and mask and visors too."

A person we spoke with who had used the service that day told us "I am always provided with a bib to protect my clothes and glasses where they are needed."

We spoke with the provider about cleaning routines and were shown colour coded cleaning equipment which we were told was used in line with cleaning and infection control guidelines.

In the service's files we saw evidence that an infection control support visit from an outside agency had taken place within the last 18 months.

The files maintained by the service contained a thorough infection control risk assessment which was viewed during our inspection.

We asked to see the service's record of complaints and found none that referred to cleanliness or infection control.

The care records maintained by the service in respect of service users contained full personal medical details. We were told that, where necessary, the record would also contain details of blood borne diseases and the associated risks.

We witnessed a decontamination process being carried out. This involved the cleaning and decontamination of instruments used during treatment. The practice had a separate decontamination room containing separate wash and rinse sinks, a magnifying lens with incorporated light to inspect instruments and decontamination and sterilisation equipment.

We saw that a staff member carried out a thorough cleaning, rinsing and inspection of the instruments before placing them into sterilisation equipment. They wore protective equipment including heavy duty gloves to minimise the risk of injury.

We saw that used instruments were brought to the decontamination room in colour coded "dirty" trays with lids. Instruments that had been sterilised were placed into sealed bags and the expiry date stamped on the bag. These instruments were then transported from the decontamination room to the treatment areas in colour coded "clean" trays. We saw that the full decontamination procedure was clearly laid out in a chart on the wall of the room and gave clear guidance on the procedure.

Also on the wall we saw the procedure to be followed for the disposal of clinical waste

and we saw that a large colour coded clinical waste bin was available in the grounds of the premises. We also saw documentation provided to the service by the clinical waste removal contractor. This provided evidence to show that clinical waste had been properly disposed of.

Daily maintenance and testing records of the equipment were seen and were fully up to date. We also saw records of maintenance carried out upon electrical sterilisation and decontamination equipment.

There were effective systems in place to reduce the risk and spread of infection.

Our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

The provider was meeting this 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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