

Review of compliance

Fairlands Dental Centre Fairlands Dental Centre	
Region:	South East
Location address:	Fairlands Avenue Worplesdon Guildford Surrey GU3 3NA
Type of service:	Dental service
Date of Publication:	September 2012
Overview of the service:	<p>The Fairlands Dental Centre is situated within a purpose built medical centre, occupying part of the first floor. The three dentists provide both private and NHS dental treatment to people of all ages. The practice has four dental nurses, a hygienist and two reception staff.</p> <p>The premises has a lift available for</p>

	people to use if required and there is adequate parking available.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Fairlands Dental Centre 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 to check whether Fairlands Dental Centre had taken action in relation to:

Outcome 07 - Safeguarding people who use services from abuse

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

We carried out this review using documentary evidence provided by the provider. We did not speak to people during this review.

What we found about the standards we reviewed and how well Fairlands Dental Centre was meeting them

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.

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 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We carried out this review of compliance using documents provided by the service. We did not speak to people who use the service as part of this review.

Other evidence

During our inspection on the 5th of March 2012 we found that the practice had a policy in place for the safeguarding of both children and vulnerable adults, however, the documents were undated generalised policies which did not contain local safeguarding information in order to provide accurate information to guide staff to correctly deal with a safeguarding issue.

We also found that the practice did not have the current local authority multi agency safeguarding vulnerable adults protocols, although a list of telephone numbers for area contacts was available within the practice folders.

We were told that no staff working at the practice had received any training relating to the safeguarding of children. We were informed also that staff had not received Mental Capacity Act awareness training, yet the staff we spoke with during our visit demonstrated some understanding of the Mental Capacity Act.

Since that inspection the Registered Manager provided us with information and documentary evidence relating to improvements made.

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 Registered Manager had provided copies of the service's policies relating to both safeguarding of vulnerable adults and safeguarding of children. These gave clear guidance to the staff on their responsibilities and the actions required in relation to safeguarding. The policies included contact details and telephone numbers for the relevant organisations.

The Provider had the most recent local authority safeguarding guidance which had been printed and made available to all staff. In addition the practice had made the Department of Health Child Protection Guidance available to all staff.

The Registered Manager had attended training in safeguarding and the practitioner designated as the safeguarding lead had attended Vulnerable Adult Awareness Training. This training and knowledge had been passed on to staff during practice meetings.

All members of staff had been given booklets containing guidance on the requirements of the Mental Capacity Act and an easy read flow chart had been provided to give guidance to staff as required.

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.

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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