

# Review of compliance

AJC Hereford Limited  
Collins House Dental Surgery - Hereford

<b>Region:</b>	West Midlands
<b>Location address:</b>	19 St Owen Street Hereford Herefordshire HR1 2JB
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	October 2011
<b>Overview of the service:</b>	Collins House is a dental practice in Hereford city centre. It offers treatment under the NHS, to people paying privately for treatment and to people who pay through the Denplan scheme.

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

## Our current overall judgement

**Collins House Dental Surgery - Hereford 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 1 September 2011, carried out a visit on 9 September 2011, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

As part of our review we spoke with five people who were at the practice for treatment when we visited and spoke with six others by phone. Some of these people also told us about the opinions of other people in their family and how their children were treated at the practice. We spoke with the senior partner in some detail and had conversations with the other three dentists, four of the nurses, two receptionists and the practice manager.

We were able to see other information about checks on the practice in the form of the most recent Denplan Excel report and an infection prevention and control report following an audit by the Lead Nurse for Infection Prevention and Control at NHS Herefordshire.

All of the information we obtained from our contact with people who attend Collins House was positive. People spoke highly of all of the staff and told us that they trust their dentist and feel safe. People used words like 'brilliant' and 'amazing' and told us stories of how the practice had helped them overcome their fear of dentists or supported them through extended periods of treatment. One person summarised the views of many when they told us "Overall I can only highly praise Mark and his team; the premises are lovely, the reception staff friendly ..... and the care I receive is excellent."

People felt involved in making decisions about the dental care they receive and were given the information they needed about this and the costs involved.

There were arrangements in place to deal with emergency situations including annual training for all staff in first aid, resuscitation and the use of a defibrillator.

Everyone working at the practice had an enhanced level criminal records bureau check. All of the dentists and nurses were qualified and registered with the General Dental Council and expected to work to their professional codes of practice. A trainee dental nurse was nearing the end of her training and due to take her final exams.

Safeguarding information was available and included the arrangements for child protection but this needed to be developed to include adult safeguarding. The senior partner acted on this immediately. We have been told that as a result of his discussions with local safeguarding managers, work is in now hand to make adult safeguarding and Mental Capacity Act information and training available to all dental professionals in the county.

We found that the arrangements for the management of the practice took account of national guidance about safety in important areas such as the control of infection and the decontamination of instruments, and the management of mercury. The practice had an open attitude to learning when a problem arises and we saw evidence of changes made in response to complaints and incidents.

We found that the practice had a welcoming atmosphere and this was reflected in what people we spoke with told us. The staff were open and had a positive and enthusiastic approach to their work and felt well supported by their employers.

## **What we found about the standards we reviewed and how well Collins House Dental Surgery - Hereford 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**

The service deals with people in a professional and respectful way. People's views and individual circumstances are taken into account when decisions are made about the treatment they will have.

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

People using this service receive safe and well planned care which improves their dental health, improves their feelings about going to the dentist and meets their needs.

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

People who use the service are protected from abuse or the risk of abuse and their human rights are respected and upheld.

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

People who used the service are protected by effective arrangements based on national guidance for the prevention and control of risks from infection.

### **Outcome 16: The service should have quality checking systems to manage risks**

**and assure the health, welfare and safety of people who receive care**

People who use the service benefit from an effectively managed service which takes its responsibilities for the safety of patients and staff seriously and takes steps to manage risk and resolve problems in an open way.

## **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 we spoke with told us that their dentist explains the treatment they need and talks to them about the options available to them. People told us about discussions they had had about what the best long term options would be for their oral health. One person gave an example of discussions about the pros and cons of having an extraction or root canal treatment. Another person told us, "I always feel I have options and a say in what treatment I need. From being a nervous patient, a few years ago I had root-canal work (successfully)!"

A nurse we spoke with told us they have to think about more than just the person's mouth when advising them about possible treatments. She said that people's lifestyle, family commitments, work pressures and level of anxiety also needed to be taken into account. This approach was reflected in some of the stories people told us. One person told us that a member of their family who was very anxious about dental treatment had been supported over a period of time to get used to having treatment. In addition to this, the treatment timetable had taken into account the person's wish to improve their appearance for a major family event.

All of the nurses we spoke with showed that they understood the importance of treating people in a caring and respectful way. One said they use diagrams, charts and leaflets

to help explain people's treatment and try to use language people will understand. They added that it was important to be friendly because this helps people to take things in.

People told us that their dentist, the nurses and receptionists are always friendly and make them welcome. People made comments such as, "She is warm and has a nice way about her" and "an absolute gem – very patient and kind". The receptionists knew the importance of confidentiality and they and the nurses explained that this was taken seriously. For example, they made sure people could not see computer and paper records about anyone else.

The parent of a person with a disability said that the dentist and nurses do not treat the person differently because of this and that they fully involve them in talking about their treatment.

### **Other evidence**

We saw records which provided examples of treatment being explained to people and showing that a range of options had been considered. An evidence file provided by the practice had an example of a detailed explanation of the treatment plan and charges for one person. One of the case files sampled had some discussion in the case notes about the cost of treatment options. We queried whether the patient had been given written information. The partner told us that Denplan patients were not required to be provided with written information and verbal consent to treatment options was satisfactory. NHS and private patients were routinely given this information in writing.

We were given access to the service's Denplan patient survey. This reflected the views of 488 people some of whom were NHS or private patients. The results of the survey showed high levels of satisfaction with the service provided by Collins House with scores of 90% or higher in all areas covered. We read numerous comments about the friendly and caring approach of everyone in the practice. A minority of people had given examples of things they thought could be improved and the practice had already acted on some of these. For example quiet music was played in the waiting room and a water cooler was available if people wanted something to drink while waiting for their appointment.

The service had leaflets and a newsletter to provide written information which included topics such as treatment options, oral hygiene, the importance of correct brushing and interdental cleaning, diet, and giving up smoking. People new to the service were given a welcome pack telling them about the practice. The practice was planning a new website which was being developed at the time we visited.

The practice has an induction loop available for people with hearing loss to use if they wish. Information was not available in other languages or formats such as Braille but a partner said this would be arranged if someone joining the practice needed this.

The practice had a policy about equality and diversity and the practice manager told us that all the nurses and dentists have to know about this and sign to say they have read it. They explained that complaints handling, legal and ethical issues, and patient diversity are part of every person's core continued professional development (CPD). This is a requirement of their registration with the General Dental Council.

### **Our judgement**

The service deals with people in a professional and respectful way. People's views and individual circumstances are taken into account when decisions are made about the treatment they will have.

## 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

Several people told us that the service was very good at fitting people in to be seen at short notice if they had toothache or a problem such as a broken crown. A number of the people we had conversations with had been nervous patients and told us that over a period of time their level of fear had decreased due to their dentist at Collins House approaching this with them in a patient and understanding way. One person commented that she felt that her dentist understood and that she, "soon trusted him completely". Another described how her treatment was always planned in a phased way due to problems holding her mouth open for long periods. Two people specifically mentioned the dental hygienist. One told us that they had found the hygienist very gentle and a person described how her anxiety about this part of her treatment had been solved because the hygienist listened to her and tailored the treatment accordingly. The other person told us, "the best dental hygienist I've ever visited, pleasant, friendly and gentle."

We spoke with some people with varying levels of disability who confirmed that arrangements were made for them to be seen in the ground floor surgery. One of these people told us that all of the staff were very helpful and always made sure they were comfortable while they waited for their appointment.

All of the people we spoke with said very positive things about their care at Collins House. One person told us, "I can't speak more highly of them, they are amazing. I feel I am very lucky to have found this dentist."

Some of the people we spoke with were parents and they told us that their children were looked after by the practice very well. They said that the dentists and nurses took their time and made the experience enjoyable for children. People gave us examples of children being given a ride in the dental chair and of one of the nurses reading stories to the children while the parent was having treatment. We met two young children at the practice during our visit. They were relaxed and cheerful after their appointment and said they liked it there.

### **Other evidence**

A dentist and nurse we spoke with separately described the processes they go through when deciding on a treatment plan with a person. They described a thorough assessment process to check not just the person's teeth but also their gum health and a detailed check of all of their mouth and neck for any signs of disease. Once confident that they have all of the information they need they discuss the available options with the person. Sometimes if a person needs a lot of work they arrange a second appointment to give the person time to go away and think about what they want to do.

We asked a nurse for information about recall arrangements for people to have check ups. She described a risk based approach to this taking into account a full assessment of a person's oral and dental health. Similarly a partner we spoke with told us that all treatment they provided was based on a thorough assessment of the person and that this included taking their needs and wishes into account as well as the physical work needed in their mouth.

We looked at a sample of records and were shown the information in two of these about the various checks done. These included the checks described to us by the dentist and nurse. We saw information about the treatment of a person which had begun several years ago at a time when their oral and dental health was causing them a lot of discomfort. In addition to this they were an anxious patient who had had bad experiences with dentists previously. The records showed that a lot of time had been spent with the person and that work to improve the condition of their teeth and gums had progressed gradually over a period of time. The records also showed that the person was given advice and guidance about improving their diet and oral care so they could play a part in the improvements and avoid more problems in the future. Recent entries in the records showed significant improvements had been achieved.

The practice had a file for National Patient Safety Agency (NPSA) warnings. This showed evidence that the practice considered each individual warning and assessed its relevance to them, and took appropriate action. Individual warnings were received by fax; they told us they do not receive all warnings but are only provided with those which are relevant to dentistry. When a warning arrives it is placed on the desk of the senior partner for attention and he signed these to say they had been seen. There was no structured system for checking that all relevant warnings have been received, logged and acted upon.

There was evidence that all staff at the practice have annual first aid, resuscitation and defibrillator training. We saw that emergency drugs, first aid equipment and the defibrillator were kept in a specific surgery. The staff told us that this is so that they always know where these items are. We asked one of the nurses what happens if there is an emergency such as a patient collapsing in the waiting room. They told us that they act quickly to make sure the person is treated rapidly. A 999 call is made as

soon as it is known that someone has collapsed. All the staff were trained so there would always be someone able to deal with such an event. The nurse described how they would make sure the person was given as much privacy as possible; for example they would ask other patients to move out of the room. There was evidence of weekly checks having been undertaken on the emergency oxygen supply and the defibrillator.

**Our judgement**

People using this service receive safe and well planned care which improves their dental health, improves their feelings about going to the dentist and meets their needs.

## 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

All of the people we spoke with who were patients at Collins House told us that they find the staff friendly and polite. People said they felt safe when having their treatment and trusted their dentist. The dentists, nurses and receptionists we spoke with were polite and helpful and had a positive approach to our visits. The general atmosphere was welcoming and relaxed. The Denplan survey information showed that 92% of people gave the practice the highest possible score for the level of trust they felt in the team at Collins House. The comments people had written showed that the majority of the people who responded considered the practice to be a safe and friendly place.

##### Other evidence

There was evidence of staff having signed to say that they had read and understood the safeguarding policy. The policy made reference to children only and needed to be developed to include safeguarding vulnerable adults. The senior partner stated that where he was concerned about a child they would initially contact the child's doctor. Discussion with another partner showed that they were very alert to their responsibilities to act should they have concerns about any child or adult's safety or well being.

The practice handbook and policies on consent did not make specific reference to the Mental Capacity Act. Guidance referred to making reference to the dental defence organisation if the practice was concerned about someone's capacity to consent. Discussion with the senior partner showed he had a contact within the PCT who would be able to make connections with local safeguarding and Mental Capacity Act practitioners.

There was no information on restraint. We were informed that the practice would never consider using restraint with a patient. When we discussed this with one of the nurses they said that people would have a family member or carer with them for appointments. They would work with them to explain, reassure and support the person through their treatment. They confirmed that they would never restrain a person for treatment and would make a referral to the NHS dental access centre if necessary.

The day after our first visit we were told by the adult safeguarding lead for the local authority and PCT that the senior partner had already contacted her for information about the local adult safeguarding board. He had discussed with her the need for this information and for adult safeguarding and Mental Capacity Act training to be arranged across the whole dental community in the county. When we went to the practice for our second visit we were shown details confirming that plans were in hand for training in these areas to start in the county in October.

We saw evidence that enhanced criminal records bureau checks were done for all dentists and nurses employed at the practice. All nurses and dentists working at the practice were registered with the General Dental Council and so required to work in accordance with their professional codes of conduct.

**Our judgement**

People who use the service are protected from abuse or the risk of abuse and their human rights are respected and upheld.

## 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 we spoke with said that the practice was always clean. Each person we asked confirmed that the dentists and nurses always offer them glasses to protect their eyes, wear these themselves and that they always wear disposable gloves. People told us that they see staff take their gloves off and wash their hands and put clean gloves on.

The Denplan survey showed that 96% of people were happy with the standard of cleanliness at the practice.

##### Other evidence

As part of our review we spoke with the lead infection control nurse from NHS Herefordshire. They confirmed that they had done an infection control audit of Collins House in June 2011 and that the results of this showed that the practice was very conscientious and no major concerns were found. The senior partner from the practice provided us with a copy of this report. This showed 100% compliance with most of the checks that were done in relation to the national guidance for dentists on infection control and decontamination. Recommendations were made about four minor matters and the practice confirmed that three of these have already been dealt with and the other, in relation to upgrading hand basins would be done as each surgery is upgraded.

We saw evidence that the practice had policies and procedures about cleanliness, decontamination and infection control. This was confirmed in the report by the NHS infection control nurses. We also saw evidence that arrangements were in place to protect people against the risk of infection including Legionella.

During both visits we saw that staff wore short sleeved uniforms so that they could

wash their hands thoroughly and to reduce the risk of contamination from clothing. The practice has a strict policy of staff not wearing their uniforms outside the building. We saw that the nurse working in the decontamination room wore a disposable apron which she changed when changing from working with dirty instruments to clean ones. She also wore gloves at all times and changed these when moving from dirty to clean work. We saw her put clean gloves on when she snagged one on the edge of a tray of instruments.

The practice had a score of 100% in their NHS audit for how they deal with their waste. During our visit we saw a waste storage area away from clinical areas. Clinical waste bags were not overfilled and were all tightly secured.

One of the nurses showed us the process the practice follows for making sure that all of the instruments used are thoroughly cleaned and sterilised between each use. The practice has a separate room where all cleaning, checking and sterilising of instruments is done. All of the nurses at the practice have been trained so that they understand this process and the part they play in making sure it is used effectively. One person works full time in the decontamination room each day and other staff deliver and collect instruments in colour coded boxes with lids. Different boxes are used for the dirty and clean instruments.

We were shown the full process including how staff rinse the instruments, check them for debris and use of the washer/disinfector and autoclaves to sterilise them. Clean instruments are stored in vacuum packed or sealed packaging and date stamped according to national guidelines. The nurse confirmed that the nurses in each surgery check to make sure that they do not use packs which have gone past the date stamped on them. If any packs were not used by the date shown they were returned to go through the decontamination cycle again. This nurse showed a high level of understanding of the process and was able to explain this to us in a clear way. We saw that she cleaned the surfaces in the room regularly during the cleaning cycle and that the room was clean and tidy with no clutter. There was a supply of gloves, wipes, liquid soap, paper towels and hand gel available.

### **Our judgement**

People who used the service are protected by effective arrangements based on national guidance for the prevention and control of risks from infection.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People we spoke with were complimentary about the service they receive at Collins House as we have described in other parts of our report. This view was supported by the results of the Denplan patient survey which covered a much larger group of people. While some people had suggestions or views about improvements they would like, the majority had commented that they felt that there was little that the practice could do to improve.

##### Other evidence

We found that the practice used a variety of methods for checking the quality of the service they provide. They are a Denplan practice and have Denplan Excel status which means they have to achieve standards set down by that organisation. We saw the most recent Denplan report which was very positive regarding the practice.

We looked at how complaints are dealt with at the practice. We were shown evidence that the practice had changed the way that they handle complaints as a result of a one particular situation. They now send a patient satisfaction questionnaire to all complainants to find out if they are satisfied with the way that a complaint has been handled. The complaints records showed that the practice responded to issues as complaints even though the patient had not formally stated that they wished to complain. This demonstrated openness and a willingness to learn.

We saw a number of incident monitoring records which showed that the practice had an open approach to dealing with and learning from incidents. For example because two

people had stumbled when leaving the waiting room a sign was put up and a handrail was installed. New high seated chairs were provided when it was realised that some people had difficulty in getting up from the low seating in the waiting room. We saw an example of the practice changing a procedure after a clinical incident where a dental mould had not been processed within the correct time scales.

The senior partner told us that us that the practice generally relied on the Denplan Excel process to audit and check patient records. This audit included consent, medical history, basic periodontal examination as well as the records about people's teeth and their treatment plans.

The practice IT system provided details on screen of how long each individual patient had been waiting or was in treatment in each area of the building. Reception staff routinely monitored this.

We looked in detail at one of the risk assessments that were available to check how the practice approaches the control of known risks. This was about the risk of mercury poisoning. The practice uses only encapsulated mercury to reduce the risk of spillage and ingestion by staff. The risk assessment identified that the suction system in place should ensure that material from mercury amalgam fillings would not enter the surgery environment. The practice had a mercury spillage kit. All staff were offered a free yearly urine analysis. Results of this had shown that staff did not have higher levels of mercury in their system than the population in general.

### **Our judgement**

People who use the service benefit from an effectively managed service which takes its responsibilities for the safety of patients and staff seriously and takes steps to manage risk and resolve problems in an open way.

# 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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