Review of compliance

Mr. Karl Sinclair Sutton Dental Practice	
Region:	Yorkshire & Humberside
Location address:	11 Wawne Road Sutton Hull East Riding of Yorkshire HU7 4YG
Type of service:	Dental service
Date of Publication:	March 2012
Overview of the service:	The practice provides general dental treatment to mainly NHS patients. The practice shares the building, a practice manager, dental nurses, a hygienist and receptionists with another practice registered at the same location. The surgery for Mr Karl Sinclair is located on the first floor of the building.

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

Our current overall judgement

Sutton Dental Practice was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 28 February 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Patients spoken with confirmed they signed consent forms prior to the start of any treatment. One new patient said, "I've just had an examination today and a history taken. I'll fill in a consent form next time."

Patients spoken with were complimentary about the dental staff team. They told us they were consulted about the treatment options and the final decision was left to them to make. Comments included, "They explained things and described different choices. I had to say what I wanted. They advised me to save my teeth and I didn't expect that – it's very good", "I came for an emergency appointment as I was in pain. They dealt with it quickly" and "The staff are lovely – I have just turned up this morning for an appointment."

One patient told us they felt uncomfortable because the doors to the dentist's and hygienist's surgery next door had been removed.

Patients spoken with said they were aware of the complaints procedure and would tell reception staff. One patient said, "They will point you in the right way."

Patients spoken with said the practice was clean and tidy.

What we found about the standards we reviewed and how well Sutton Dental Practice was meeting them

Outcome 02: Before people are given any examination, care, treatment or support,

they should be asked if they agree to it

Patients were provided with information about the treatments available via leaflets and discussions with their dentist. Consent to care and treatment was obtained prior to the start of treatment.

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

Patients were involved in planning and deciding on the course of actions for their treatment. Trained dental staff and appropriate equipment was in place to manage medical emergencies.

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

Although there were policies and procedures in place to guide all staff in how to safeguard children from the risk of harm and abuse, these did not include vulnerable adults. The staff team had not yet received training in how to safeguard children and vulnerable adults from the risk of harm and abuse.

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

Patients using the service were protected from exposure to the risks of acquiring a health associated infection. This was due to systems such as staff training and adherence to infection prevention and control policies and procedures.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Patients spoken with confirmed they signed consent forms prior to the start of any treatment. One new patient said, "I've just had an examination today and a history taken. I'll fill in a consent form next time."

Other evidence
During the inspection we looked at computerised records and some document files where paper records of treatment plans and X-Rays were held. We also spoke to the dentist, the practice manager and dental nurses.

We found records evidenced that explanations of treatment had taken place and consent had been obtained prior to the start of any treatment.

We observed patients completing consent to treatment forms prior to examination by a dentist. They were also provided with a personal dental treatment plan which detailed NHS and private costs of the treatment. This was signed by the patient and they retained a copy. Dental staff told us these two documents were completed prior to each course of treatment.

Dental staff spoken with had a basic knowledge of mental capacity issues, although they had not completed any training yet. They told us that they checked to ensure that

any vulnerable adult was able to understand and agree to the treatment. If there was any doubt or if the patient declined the treatment then they would refer the patient to Dental Community Services where dental staff had skills to support people with a learning disability or other specific needs. We were told that parents completed consent forms on behalf of children.

Comments from dental staff included, "The dentist explains the options and the patient makes the final decision" and "If there was no consent we wouldn't do the treatment." The dentist said, "We only ever treat patients when they consent. You have to build up relationships of trust."

There were leaflets in the reception area that described the range of treatments available.

Our judgement
Patients were provided with information about the treatments available via leaflets and discussions with their dentist. Consent to care and treatment was obtained prior to the start of treatment.

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
Patients spoken with were complimentary about the dental staff team. They told us they were consulted about the treatment options and the final decision was left to them to make. Comments included, "They explained things and described different choices. I had to say what I wanted. They advised me to save my teeth and I didn't expect that – it's very good", "I came for an emergency appointment as I was in pain. They dealt with it quickly" and "The staff are lovely – I have just turned up this morning for an appointment."

One patient told us they felt uncomfortable because the doors to the dentist's and hygienist's surgery next door had been removed.

Other evidence
The practice manager told us computerised records had just been introduced. At present these ran alongside paper records. We looked at a selection of computerised and paper records of treatment plans. These records evidenced that an examination took place and any health issues were discussed. They detailed the treatment options, the choices made by the patient and what treatment was actually carried out. There was evidence that costs were discussed and consent was obtained. Any X-Rays completed were kept with the paper records.

The dentist told us they chose treatment options based on previous success of treatments, what would be in the patient's best interest and decisions made by patients. They told us they tried to save as many teeth as possible and advised patients on oral

hygiene, and how diet and smoking affected dental and oral health. They told us they kept themselves up to date by completing training and reading dental magazines for current research material. The dentist described a sticker reward system they used when supporting anxious children to relax and get used to visiting the practice.

During the visit we checked out whether the removal of the surgery doors posed any problems for patients. When standing in the hygienist surgery we could overhear conversations held between the dentist and patients next door. We spoke to the dentist about this. He told us the doors were removed in August 2011 as part of improvements in infection prevention and control and because dental nurses were in and out carrying used instruments. The problem only arose half a day a week when the hygienist ran a surgery. There would be the option for patients to see the dentist in the surgery downstairs if this posed a problem for them. Other patients we spoke with were aware of the removal of the doors but did not feel the situation caused them any problems. There was still a door that separated the two surgeries from the waiting room. The practice manager will ensure patients are given the information and a choice about which surgery to use.

There were protocols in place when referral to another health professional was required for consultation or further treatment.

Emergency medicines and first aid equipment was stored in the dentists surgery. The surgery had air-conditioning so the correct temperature of 25°C or below, required for the storage of medicines, could be achieved. The amount of medicines supplied in the emergency kit was identifiable via the original invoice and checks were completed which included when the expiry date was due.

The portable oxygen was stored in the hygienist's surgery in a cupboard which housed the combi-boiler. This was discussed with the head nurse and practice manager and removed to an alternative place straight away. Local anaesthetic was stored in the same surgery. This surgery did not have air-conditioning and we did not see any record of room temperature checks. Although the room did not feel hot, we could not be sure the local anaesthetic was stored at the correct temperature. This was mentioned to the practice manager to address.

All dental staff had received training in the use of the defibrillator and in cardiopulmonary resuscitation (CPR). This training formed part of the core training needs required for continual professional development.

Our judgement
Patients were involved in planning and deciding on the course of actions for their treatment. Trained dental staff and appropriate equipment was in place to manage medical emergencies.

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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Patients spoken with said they were aware of the complaints procedure and would tell reception staff. One patient said, "They will point you in the right way."

Other evidence
The practice had a policy and procedure on safeguarding children from abuse. This detailed who they had to contact should any concerns be raised. The policy and procedure did not cover any guidance for safeguarding vulnerable adults. This was mentioned to the practice manager to update.

Dental staff spoken with had a basic understanding of how to safeguard children and vulnerable adults from abuse but they had not completed any formal training. The practice manager had received information about training courses but when checked the places were full. They had received information about e-learning training so all staff were to complete this level of training until face to face training with either the Primary Care Trust or the Local Authority could be arranged.

Dental staff spoken with also had a basic understanding of mental capacity issues. They said they used a common sense approach and would not complete any treatment on patients where there were concerns about their ability to consent. They described the importance of relationships between dentist and patient in supporting the anxious patient during treatment and to ensure a return visit to monitor their oral health. Dentists were aware of community services where they could refer anxious children or vulnerable adults.

We found that all dental staff in direct contact with children or vulnerable adults had a criminal record bureau (CRB) check to ensure that only appropriate people worked with children and vulnerable adults.

The practice had a complaints policy and procedure on display. This gave timescale for acknowledgement, investigation and resolution of any complaint. It also gave alternative numbers to contact if there was a need to take the complaint further. We found that some information in the complaint procedure required updating and this was mentioned to the practice manager to address.

Our judgement
Although there were policies and procedures in place to guide all staff in how to safeguard children from the risk of harm and abuse, these did not include vulnerable adults. The staff team had not yet received training in how to safeguard children and vulnerable adults from the risk of harm and 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
Patients spoken with said the practice was clean and tidy.

Other evidence
During the visit we asked dental staff to describe the decontamination procedures in place. The practice had a separate room for cleaning used dental instruments, which were transported there in sealed boxes from the surgeries. The room included two sinks, one for washing and one for rinsing instruments and an ultrasonic cleansing machine. There was a separate sink for hand washing. Instruments were inspected with a magnifying light following cleansing and when staff were satisfied they were clean of any debris, they were placed into an autoclave to sterilise the instruments. This ensured the correct temperature for sterilisation was reached. A sealed packaging and dating system completed the process and instruments were stored appropriately. Dental staff told us that each day they identified what instruments they required for the appointments and these were stored in individual trays ready for use. This system was in accordance with Department of Health guidelines for decontamination in primary care dental practices.

We saw evidence of weekly probe checks of the frequency levels and daily protein checks for the ultrasonic cleansing machine. Dental staff described the routine of draining, flushing and cleaning the water tank. Autoclave cycles were recorded to ensure the correct temperature was reached for the correct length of time to sterilise the instruments.

In discussions dental staff described the cleaning schedules that took place in surgeries in between each patient and at the end of each session. They also confirmed domestic

staff had a cleaning schedule for the remainder of the practice. There was a colour coded system for the use of cleaning equipment in specific parts of the surgery.

Dental staff were observed using personal protective clothing in the decontamination room. They confirmed protective equipment was always available.

The head dental nurse had lead responsibility for infection prevention and control. They had completed an audit to establish what the practice had to do to be compliant with quality requirements. They had completed an action plan and identified when the action had been completed and the quality requirement met. There was evidence that the information had been passed on to dental staff in a meeting.

The practice had a policy and procedure on infection prevention and control and there were procedures in laminated form throughout the practice reminding staff of their roles and responsibilities. Dental staff told us they had completed training in infection control during their training and this was consolidated in various courses at intervals to ensure they were kept up to date. They confirmed the whole team completed a full days training last year and this included Department of Health guidelines on infection control.

During the inspection we found that the dental practice provided and maintained a clean and appropriate environment. Contracts were in place for legionella checks and the removal of clinical waste and sharp objects.

Our judgement
Patients using the service were protected from exposure to the risks of acquiring a health associated infection. This was due to systems such as staff training and adherence to infection prevention and control policies and procedures.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Although there were policies and procedures in place to guide all staff in how to safeguard children from the risk of harm and abuse, these did not include vulnerable adults. The staff team had not yet received training in how to safeguard children and vulnerable adults from the risk of harm and abuse.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Although there were policies and procedures in place to guide all staff in how to safeguard children from the risk of harm and abuse, these did not include vulnerable adults. The staff team had not yet received training in how to safeguard children and vulnerable adults from the risk of harm and abuse.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Although there were policies and procedures in place to guide all staff in how to safeguard children from the risk of harm and abuse, these did not include vulnerable adults. The staff team had not yet received training in how to safeguard children and vulnerable	

	adults from the risk of harm and abuse.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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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