

Review of compliance

<p>Sherwood House Dental Practice Sherwood House Dental Practice</p>	
Region:	East Midlands
Location address:	150 Ashby Road Loughborough Leicestershire LE11 3AG
Type of service:	Dental service
Date of Publication:	March 2012
Overview of the service:	<p>Sherwood House Dental Practice is registered as a primary dental care service to provide: treatment of disease, disorder and injury; surgical procedures and diagnostic and screening procedures and is an NHS service. The service is located close to the town centre of Loughborough and near a bus route. There is limited parking in the surrounding streets. There are two full time dentists, two full time dental</p>

	nurses, two part time dental nurse/receptionists and one part time receptionist
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Sherwood House Dental Practice was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 March 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with two people using the service and they told us that they were happy with the care they received and that staff were always polite and helpful.

"I can easily book an appointment if I have a problem."

"I know what the charges are as it is an NHS service, which I really like."

We asked if staff wore protective clothing and we were told "always".

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

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

People using the service experience effective, safe and appropriate care, treatment and support.

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

The provider complied with the Code of Practice for health and social care on the prevention and control of infections and related guidance.

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 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

We spoke with two people using the service and they told us that they were happy with the care they received and that staff were always polite and helpful.

"They talk to me about oral health."

"I can easily book an appointment if I have a problem."

"I have been coming here a long time and they usually check my mouth out before discussing any possible treatment."

"I know what the charges are as it is an NHS service, which I really like."

Other evidence

We observed both the receptionist and the dentist speak to a person waiting in the waiting room to see if they were alright and that they would be seen shortly. Staff we spoke with during the inspection confirmed that they would welcome people to the practice and ask them to wait if they needed to, then the dental nurse would call them through for their treatment. We were also told that all new patients are given a new patient leaflet that provided information about the service and what they could expect.

The dentist we spoke with described how people were assessed at every appointment. A person's medical history was updated for existing patients or completed for new patients and the practitioner would then confirm details in the history with the patient

after which a full examination would be carried out. We were told that advice on maintaining and improving oral health was provided to everyone and a variety of leaflets were used to support this.

We saw that a treatment plan was produced for every person having treatment. A copy of the treatment plan was given to the patient and this included the cost of the treatment and was signed by the person. The dentist told us that different options were explained, including the benefits and drawbacks of each option as well as what options were available outside the NHS service.

We were told that one of the dental nurses was currently training to become a dental health educator to support patients with their oral health.

There was a complaints book held by the practice that recorded any serious complaints, however the dentist told us that they have not received any written complaints. We discussed how verbal complaints were managed and were told that if this happens, such as a patient waiting for an excessive amount of time, staff would deal with it immediately. We suggested even verbal complaints should be recorded to show that the practice is actively managing complaints to maintain customer satisfaction.

We saw that they were carrying out a survey of people using the service and that they were beginning to collate the information to look at ways of improving the service. An example of this was a patient had made a comment that the toilet should have rails to assist people getting up. The dentist told us this had been acted upon and they had made the necessary alteration to the toilet.

The waiting area and two of the treatment rooms were on the ground floor making them accessible for people with a disability. There was a ramp to the front of the building making it accessible for people using wheelchairs.

We were shown that the service had appropriate procedures for dealing with emergency medical situations. We saw evidence in staff continual professional development files that they also received the necessary training to manage any such incidents.

The service had appropriate emergency equipment and drugs, which were checked regularly. There was a policy for adverse events, so if people working at the service made a mistake, they would know what action to take and would learn how to avoid similar incidents in future. There had been no adverse events recorded.

Our judgement

People using the service experience effective, safe and appropriate care, treatment and support.

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 two people using the service and they told us that they found the practice clean and hygienic and that they were "always" given a bib to wear and goggles if they had treatment.

We asked if staff wore protective clothing and we were told "always".

Other evidence

We spoke with staff at the service about their understanding a role in maintaining hygiene. They understood the importance of infection prevention and control, including the decontamination of dental instruments. Staff were able to describe the different methods and stages of the decontamination process and what they were responsible for. The practice have recently had a new decontamination room fitted to ensure they comply with government guidance in this area. Staff told us that there was always a supply of gloves, wipes, liquid soap, paper towels and hand gel available ensuring staff always had the means to maintain good infection control standards.

We saw a cleaning schedule for the general cleaning of the practice that ensures all areas are cleaned and maintained to a hygienic level. We also saw that suitable arrangements were in place for the removal of clinical waste.

We saw that an audit had been carried out to ensure that it was compliant with the essential quality requirements in relation to government guidance on decontamination. We saw documented policies and procedures for infection prevention and control. We saw that appropriate application of required infection prevention and control procedures and techniques was in place in all the areas we observed.

Staff were able to tell us what actions were undertaken in the morning and prior to using the treatment room. This included checking all water lines and flushing through water for a two minute period. This minimises the risk of contamination of the water supply. We saw that the treatment rooms were cleaned by the dental nurses between each person, using appropriate equipment to agreed standards. Staff using the room had systems in place to ensure that clean and used dental instruments and equipment were kept separate.

A dental nurse showed us the process for taking used instruments from the treatment rooms to the separate decontamination room. Clean instruments were stored in vacuum packed or sealed packaging and date stamped according to national guidelines. The nurse provided a clear and detailed account of the process. All staff had the required levels of competence and training in relation to these areas. We saw evidence in staff continual professional development files that ongoing training in this area was carried out.

Validation of technical dental equipment such as autoclaves and x-ray machines was in place and recorded. The service had a system in place for quality testing decontamination equipment.

We did note that treatment room two was looking old and in need of updating to modern dental standards. The dentist we spoke with told they were aware that it needed refurbishment but as they had just completed the decontamination room they were waiting to ensure they had sufficient capital to fund it. When pressed the dentist said that this would be completed hopefully in the next financial year.

Our judgement

The provider complied with the Code of Practice for health and social care on the prevention and control of infections and related guidance.

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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