

Review of compliance

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Newport Pagnell Dental Clinic

Region:	South East
Location address:	127A High Street Newport Pagnell Buckinghamshire MK16 8SE
Type of service:	Dental service
Date of Publication:	March 2012
Overview of the service:	Newport Pagnell Dental Clinic provides NHS and private dental services to children and adults.

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

Our current overall judgement

Newport Pagnell Dental Clinic 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 23 February 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke to four people using the service. They told us that they were happy with the service provided.

People who use the service told us that the dentists always explained the different treatments they could have.

All people spoken to told us that the reception staff were polite, respectful and helpful. "They always have a smile and make you feel welcome."

We were informed that treatment options were always discussed and one person said they had once refused the recommended treatment and their decision had been respected by the dentist.

People told us the practice was always clean and tidy.

What we found about the standards we reviewed and how well Newport Pagnell Dental Clinic 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 were given appropriate information about their treatment options to ensure they understood the treatment they were offered and the choices they could make.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

The treatment that people received was safe and appropriate to meet their diverse needs. Risks had been identified and were regularly reviewed. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

Systems were in place to protect people using services from harm or the risk of abuse. There was no information or staff training in relation to the Mental Capacity Act. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

People who use this service were protected by a good standard of hygiene and cleanliness. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

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

We spoke to four people using the service. They told us that they were happy with the service provided.

One person told us, "I was worried about the cost of my treatment but all the options were explained to me before I made a decision."

People who use the service told us that the dentists always explained the different treatments they could have. One person said, "My dentist has been brilliant. I was so nervous, but I'm always made to feel comfortable and I know I can ask for the treatment to stop at any time".

All people spoken to told us that the reception staff were polite, respectful and helpful. "They always have a smile and make you feel welcome."

Other evidence

We saw a range of patient information, which included leaflets and posters. These were available in the waiting area and reception. There was a TV screen in the waiting area that gave visual and verbal information to people about the services available. We saw leaflets telling patients about the dental charges for treatment, the practice's complaint procedure and training certificates were displayed for staff. The reception area also had a range of dental care products for sale.

We saw a suggestion box in the waiting area that patients could use to give anonymous

feedback. We were told that the suggestion box was emptied monthly and discussed at practice meetings.

We looked at a complaints and compliments folder. This showed that complaints had been responded to within the timescales stated in the organisations complaints procedure. One reception staff told us they had completed training in relation to complaints handling.

Positive comments in the compliments section included, "staff are warm and caring and made me feel at ease. I was worried about the costs but everything was explained to me and I could pay for it step by step to suit my budget."

We saw that when a new patient joined the dental practice they were given information explaining the services offered. New patients were also requested to complete a medical history questionnaire. The dental practice used computerised recording of patient dental treatment records.

We looked at six treatment plans for people using the service. These showed that different options had been explained to people and all of the information that would be needed, including the cost, was given verbally and in writing.

On our visit to the service we saw that staff were polite and respectful. The staff spoken with gave good examples of how the privacy and dignity of the people who used the service was promoted, for example, all consultations were undertaken in private areas of the practice and we saw this take place on the day of our visit

Staff told us that practice meetings take place and we looked at the minutes of the last meeting held on 19th January 2012. These showed that audits were undertaken of patient information, the results of the latest surveys were discussed and infection control policies and procedures were reviewed.

Our judgement

People were given appropriate information about their treatment options to ensure they understood the treatment they were offered and the choices they could make.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

One person using the service told us, "This is a really good practice. Everyone, from the reception staff to the dentists are helpful, patient and very kind."

We were told by one person that they had had to request treatment at short notice and this had been arranged swiftly and without a fuss.

People told us that the dentists provided advice about diets and maintaining good oral hygiene.

We were informed that treatment options were always discussed and one person said they had once refused the recommended treatment and their decision had been respected by the dentist. Different options had been provided for this person by the dentist both verbally and in writing. They were then given time to consider their options before making a decision.

Other evidence

We looked at treatment plans for six people using the service. These were based on a full mouth assessment and included the length of time needed for the next visit.

We saw that medical histories had been recorded and risk alerts appeared on the electronic records system when a patient's file was accessed. These were reviewed at regular intervals.

We looked at staff training records and these demonstrated that staff had received training to deal with medical emergencies. The range of training included Medical Emergencies, Cardio-Pulmonary Resuscitation, Automated External Defibrillation and First Aid.

A staff member gave us one example when a patient fainted following treatment. They described their role to us during this incident.

We saw that records and audits were completed of emergency drugs and equipment. These included daily checks of the autoclave for sterilising dental equipment. We looked at the systems for accident and incident reporting. These showed that the practice recorded accidents, injuries and dangerous occurrences. These were reported when necessary under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) RIDDOR.

Staff told us there were two appointed first aiders in the practice and staff training files confirmed this.

Our judgement

The treatment that people received was safe and appropriate to meet their diverse needs. Risks had been identified and were regularly reviewed.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 did not receive any feedback from people using this service about this outcome.

Other evidence

Staff we spoke to had a good knowledge of safeguarding children and vulnerable adults from abuse and how and where to report any suspicions or concerns.

Staff training records showed that dental nurses had completed training in safeguarding children level 3.

We saw policies in place on safeguarding children and vulnerable adults. Each staff member had a staff handbook and the safeguarding policies were included in this. There was a copy of the local authority safeguarding policies and procedures available to all staff in the office.

Staff said they had received safeguarding children training but not for vulnerable adults. However they did have this information in their staff handbook.

Training in relation to the Mental Capacity Act had not been completed by staff and there was no copy of the Code of Practice which accompanies the Mental Capacity Act. The practice manager said this would be discussed at the next practice meeting.

We saw information for patients to report concerns. The complaints file showed that concerns were dealt with promptly with one concern being responded to and resolved within one day.

Our judgement

Systems were in place to protect people using services from harm or the risk of abuse. There was no information or staff training in relation to the Mental Capacity Act. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 told us the practice was always clean and tidy.

Other evidence

We saw cleaning schedules for each of the surgeries, sterilisation area, reception and the waiting room. These detailed the standards of cleaning required and which areas were to be cleaned between each patient.

We saw a demonstration of the decontamination cycle including the use of the autoclave, which is used for sterilising the dental equipment.

Staff were aware of their duty of care and responsibilities in relation to the prevention and control of infection. They said that plastic gloves, aprons, masks and visors were readily available to them.

One staff member told us that two of the practice staff had completed training in hand washing techniques and were the 'hand washing champions'. They were trained to teach all staff correct hand washing techniques.

Staff training records showed that staff had completed infection control training.

We saw copies of 'The Code of Practice for Health and Adult Social Care on prevention and control of infections and other related guidance' (The Code of Practice) and the 'Decontamination in primary care dental practices guidance'. There were policies and procedures in place in relation to both these documents, for example, handwashing, decontamination of impressions, clinical waste and manual cleaning of instruments.

There were infection control audits and risk assessments in place.

Our judgement

People who use this service were protected by a good standard of hygiene and cleanliness.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

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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Author	Care Quality Commission
Audience	The general public
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