

Review of compliance

Mr James Gabriel and Mrs Caroline Gabriel
Emsworth Dental Surgery

Region:	South East
Location address:	2 Palmers Road Emsworth Hampshire PO10 7DL
Type of service:	Dental service
Date of Publication:	April 2012
Overview of the service:	Emsworth Dental Surgery is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening procedures; Surgical procedures; Treatment of disease, disorder or injury. The name of the registered provider is Mr James Gabriel and Mrs Caroline Gabriel. The registered manager is Mr. James Gabriel.

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

Our current overall judgement

Emsworth Dental Surgery 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 27 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 to people who used the service and all of the people we spoke with were satisfied with the service they received.

People told us that they were given treatment options and were able to make informed decisions on what treatment they received. People said they were provided with clear information about the cost of the different treatments.

We were told that all the staff were very professional and that they had no concerns.

People said the premises were always clean and fresh.

People told us they knew how to make a complaint if they had any problems with the service.

What we found about the standards we reviewed and how well Emsworth Dental Surgery 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 promoted the privacy and dignity of people who use the service.

People and or their representatives were provided with information about their care and treatment options.

On the basis of the evidence provided and the views of 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

People who used the service experienced effective and appropriate care, treatment and support that met their needs.

On the basis of the evidence provided and the views of 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

The service had systems in place to help safeguard people from any form of abuse.

On the basis of the evidence provided and the views of 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

The service had systems in place for the decontamination of equipment. There were policies and procedures for cleanliness and infection control which protected people from risks of infection.

On the basis of the evidence provided and the views of people using the service 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

People told us that they were happy with the service provided. We were told the staff were very friendly and that they were always treated respectfully.

People said that they knew how to complain if they had any concerns.

Other evidence

Whilst at the service we saw a range of patient information leaflets in the reception area. There was a patient information pack in the waiting area and this contained a guide to the service for both new and existing patients. There was also information about the staff at the practice and their relevant qualifications.

There was a notice in the reception area which gave details of NHS treatment bands.

We saw a patient's treatment plan that gave information about the treatment to be given. We were told that this was discussed with the patient and the risks and benefits were explained to enable the patient to make an informed decision.

The treatment plan was signed by the patient to consent to the treatment offered.

The service had a policy on confidentiality and we saw that all consultations took place

in private rooms.

We observed reception staff arranging appointments with patients to fit in with their schedules. Reception staff were friendly, polite and courteous.

Our judgement

The service promoted the privacy and dignity of people who use the service.

People and or their representatives were provided with information about their care and treatment options.

On the basis of the evidence provided and the views of 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

Everyone that we spoke with expressed satisfaction with the care and treatment they received.

People told us they had enough information to make a decision about their treatment options.

We were told that the dentist fully explained the options about any treatment they were being offered.

People said that appointments were flexible to meet their needs. People told us they were able to ask any questions and that staff explained things clearly.

Other evidence

People completed an initial medical questionnaire before any treatment was given. This asked for information about any medication they may be taking and also about any conditions that the dentist needed to be aware of.

This information was kept on file and people were asked to check and update this information at any future visits.

On the day of our visit there was one dentist providing treatment and also a dental hygienist treating people in a separate surgery. During our visit we received permission from two patients (one who was having treatment with the dentist and the other who

was having treatment with the hygienist) to follow them through their treatment from arriving in the waiting room to having their treatment and leaving the service.

During the consultations we heard the dentist asking the patient if there were any changes to their medical situation. We observed both the dentist and hygienist explaining to the patient the treatment that was taking place. When any questions were asked, these were answered clearly and any confusing terminology was explained.

Following the consultation the dentists discussed options for further treatment and agreed a treatment plan with the patient.

The dental hygienist gave information on oral hygiene and brushing techniques. Both people we tracked told us that they were happy with their consultation and subsequent treatment plan.

The dentist told us that all patients were given written information about the outcome of their check up. We saw examples of the forms used to provide this information to people.

We were told that there was a policy and procedure for any medical emergencies and that all staff were aware of their role if required. We were able to see a copy of this and staff knew what action they should take.

The practice had a medical emergency pack and this equipment including oxygen, airways equipment and emergency drugs. This was checked weekly by the practice manager who kept records of all checks.

Staff were able to explain to us the system for recording adverse events, accidents and incidents.

The dentist and staff told us that they had regular staff meetings where any issues were discussed. We were told that these meetings provided an opportunity to review some of the practice's policies and procedures. Minutes of these meetings were kept and available for inspection.

Our judgement

People who used the service experienced effective and appropriate care, treatment and support that met their needs.

On the basis of the evidence provided and the views of 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 were told by people who used the service that they felt safe and that the dentist and staff made them feel at ease.

People said that they knew how to complain if they had any concerns.

Other evidence

We were told by the dentist that he treated children. He said that younger children were accompanied by a responsible adult normally their parent. He also told us that some older children on occasions attended by themselves and he said that he would always respect the person's wishes. However he said that he may have to discuss treatment options with parents if he felt that their was a clinical need.

The service had a child and adult protection policy in place with contact numbers available for the local safeguarding teams if needed. We were told that all staff had received training about adult and child safeguarding. Records seen confirmed this.

Staff at the practice had also received training on the Mental Capacity Act 2005.

Staff we spoke with had an understanding and knowledge of safeguarding people from abuse. They knew how to recognise the signs of abuse and that they should report all cases of concern to the appropriate safeguarding team.

All staff had a Criminal Records Bureau (CRB) check and details were on file at the practice.

Our judgement

The service had systems in place to help safeguard people from any form of abuse.

On the basis of the evidence provided and the views of 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 we spoke with told us that they had no concerns about the cleanliness and hygiene at the service.

Other evidence

On the day of our inspection visit the practice was clean and fresh. We saw appropriate personal protective equipment available and in use in all areas. The staff wore uniforms and appropriate personal protective clothing (aprons, gloves and masks) when performing dental treatment.

The registered manager was the designated infection control person at the practice.

Cleaning schedules were in place for clinical areas and these gave information for staff on what was required. Dental nurses were responsible for the cleaning of clinical rooms.

The provider told us that a cleaning company was employed to clean the communal areas and cleaning took place out of surgery hours.

We saw that there were policies and procedures in place regarding infection control and decontamination of equipment. Audits were undertaken by the local Primary Care Trust (PCT). The last audit was in November 2011. We saw a copy of this report and issues identified had been rectified by the practice.

We spoke to one of the dental nurses who was responsible for decontamination of equipment. The dental nurse demonstrated to us how they checked and washed the

instruments before they were sterilised.

The provider told us that the current facilities in the practice did not allow them to meet best practice in that they did not have two sinks in the decontamination room. However work was underway to move the decontamination room to meet best practice guidelines.

We were shown the decontamination room which was situated close to one of the treatment rooms. The room was small but not cluttered. The room contained a sink and an autoclave machine (this is a piece of equipment used for sterilising dental instruments). We were told and shown how the autoclave machine was tested each day and how the results were recorded. The records for the previous test were available to us. We were told that there had been no problems with the results.

The practice manager informed us that there was a maintenance contract with the manufacturer who conducted regular checks.

All staff had received training in infection control and received relevant health and safety updates.

The practice had a policy for dealing with any clinical waste, and the disposal of any sharps and needles. There was also a policy and procedure for any needle stick injuries and staff were immunised against the risks from blood borne viruses.

Our judgement

The service had systems in place for the decontamination of equipment. There were policies and procedures for cleanliness and infection control which protected people from risks of infection.

On the basis of the evidence provided and the views of people using the service 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA