

# Review of compliance

Holden Fisher Limited Sharoe Green Dental Practice	
<b>Region:</b>	North West
<b>Location address:</b>	262 Sharoe Green Lane Fulwood Preston Lancashire PR2 9HD
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Sharoe Green Dental Practice is located on the Booths Supermarket shopping complex, opposite Royal Preston Hospital, Sharoe Green Lane, Fulwood, Preston. Patients are offered the latest in clinical dentistry by a team that is well trained. For further information regarding the practice and its treatments, please contact the practice manager direct.

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

## Our current overall judgement

**Sharoe Green 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 29 March 2012, talked to staff and talked to people who use services.

### What people told us

On the day of our visit we spoke to one patient who told us that the dentist always gives them a full explanation of what they are doing and if they need treatment they always explain the costs involved, and the various options. The patient said that they felt involved in their dental care. We reviewed patient satisfaction feedback surveys and we found that there had been no concerns raised about care and treatment within the practice. They said that they staff were always very pleasant, and that they always tried their best to make them feel at ease. They said that the practice always appeared to be clean and tidy.

### What we found about the standards we reviewed and how well Sharoe Green Dental Practice 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**

Suitable arrangements are in place ensure patients are respected and involved in their own care the treatment.

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

There are suitable arrangements in place to ensure that appropriate treatment plans are put together following discussion with patients.

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

There are suitable arrangements in place to ensure people are kept safe whilst using the surgery.

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

There are suitable arrangements in place to ensure people health and welfare is both promoted and protected by way of effective disinfection and decontamination procedures.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There are suitable management systems in place that are used to monitor the services provided at the surgery.

**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

On the day of our visit we spoke to one patient who told us that the dentist always gives them a full explanation of the treatment they are going to provide, and also any costs and risks with that treatment. The patient said that they felt very involved in their dental care.

#### Other evidence

The registered manager explained how people are involved in the planning of their own treatment in conjunction with the dentist. She told us that discussions and consultations take place in relation to the frequency of individual treatments, and information is given to people so that they can understand the risks and benefits of their treatment. We found records to support what the registered manager had told us.

We found that the surgery provides patient information leaflets about the service, including the costs of treatment on the NHS and privately. We also found information about how to raise a complaint, and how a complaint would be dealt with.

It was clear from observing the staff at the surgery that they understand issues around privacy, dignity and confidentiality, as efforts were always made to talk to patients discreetly, and with them privately if required.

**Our judgement**

Suitable arrangements are in place ensure patients are respected and involved in their own care the 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

The person we spoke to said that they were fully informed of the care and treatment they were to receive, and that through discussion with the dentist, they felt like they were taking part in the decision making regarding their own individualised treatment plan.

##### Other evidence

The registered manager explained that treatment plans are based on a full mouth assessment, and other health related issues. Medical histories and risk assessments for patients are taken, and reviewed at appropriate intervals, and if a person has an adverse reaction to treatment, then this is recorded, investigated, and recommendations made about what the risks regarding this are made.

The records show that all the staff at the practice have received training in how to deal with medical emergencies that might occur within the practice. We found evidence that emergency drugs and equipment (including oxygen) are regularly checked and recorded, and are available in all surgeries that are in use. The service does not use intravenous (IV) sedation. There are systems in place to ensure accidents are recorded and reported and looked in. The service has an appointed person for first aid. The records relating to accidents and how to deal with emergencies were found to be up to date, accurate and clear.

##### Our judgement

There are suitable arrangements in place to ensure that appropriate treatment plans

are put together following discussion with patients.

## 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

The person we spoke to on the day of our visit did not raise any concerns regarding their safety whilst using the practice.

##### Other evidence

The registered manager explained that the practice had not received any allegations of abuse from any patient. She added that if an allegation was made then she, or the appointed person would listen to the allegations and records of that allegation would be completed. This allegation would then be reported to the appropriate agency and professional bodies.

The records show that staff at the practice have received training in the area of safeguarding vulnerable children and adults. Staff in need of refresher training receive this when needed. We found evidence that information is given to patients on, who to report concerns to, and how these would be looked into.

Staff who were spoken with had a very good understanding of how to respond to allegations of abuse, and what the signs of abuse could be.

##### Our judgement

There are suitable arrangements in place to ensure people are kept safe whilst using the surgery.

## 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

The person we spoke to on the day of our visit did not raise any concerns regarding the cleanliness of the practice. They said that the practice always appeared to be clean and tidy.

##### Other evidence

The registered manager explained that suitable and adequate hand hygiene facilities including hand-wash basins, liquid soap, and disposable hand towels are provided. A look at the facilities confirmed this. Staff were seen to follow appropriate hand hygiene procedures and were able to describe their roles in relation infection control.

Information contained within the records at the practice gave details of the standard of cleaning required and which areas are to be cleaned between patients treatment. Information contained within the records shows that infection control audits take place, and that if improvements are needed, they take place. Staff have had training in infection prevention. One of the dentists explained that single use items are used once and disposed of.

There very good records held at the practice regarding the decontamination of equipment and the maintenance of the various machines and systems used. Records of daily tests and checks were seen, and the correct use of PPE (personal protective equipment) was also observed. Waste segregation takes place, secure storage of waste prior to disposal is maintained, and regular waste audits are completed with records kept.

#### Our judgement

There are suitable arrangements in place to sure people health and welfare is both promoted and protected by way of effective disinfection and decontamination procedures.

## 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

The person we spoke to on the day of our visit did not raise any concerns regarding the management of the practice.

##### Other evidence

Feedback from patient surveys/questionnaires was found to be positive, with people saying that they were happy with the services provided by the practice, and that their treatment had been effective and personalised.

The registered manager explained that regular audits of the various systems operated by the practice take place, and records of these are maintained. The management systems regarding patient care and safety, practice cleanliness and hygiene, and professional supervision and training were found to be in good order with regular audits taking place, records being maintained, and reviews taking place as and when required. The records relating to these were found to be up to date, accurate and clear. Linked to these records were action points which demonstrated that the manager and staff respond to issues and look at ways of improving the systems they have in place.

##### Our judgement

There are suitable management systems in place that are used to monitor the services provided at the surgery.

# 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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