

# Review of compliance

Mr. Ian Hill  
Fox Hollies Dental Practice

<b>Region:</b>	West Midlands
<b>Location address:</b>	326 Fox Hollies Road Acocks Green Birmingham West Midlands B27 7PU
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Fox Hollies Dental Practice offers dental care and treatment for adults and children on a private basis.

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

## Our current overall judgement

**Fox Hollies 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 14 March 2012, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

The practice is situated on a fairly busy main road in the Acocks Green suburb of Birmingham. The practice does not provide treatment for NHS patients. There are two dentists working at this location.

Our visit was discussed and arranged with the practice a couple of days in advance. This was to ensure that we had time to see and speak to staff working at the practice, as well as people registered with the practice.

As part of our inspection, we spoke with a number of people who were registered with the practice. We also received 14 completed questionnaires. We spoke with the senior dentist and their staff about working at the practice.

People that used the practice told us that they were satisfied with the quality of the treatment they had received. They felt they had been given enough information about treatment options and the relevant fees. The people we spoke with by telephone said:  
"We normally talk about any work to be done before it starts."

"The dentist is very professional and helpful."

"He gives me options and we talk them through and I make the final decision."

The people who had completed questionnaires reported:

'I have found both Mr and Mrs H to be excellent, both professional, friendly and reassuring and in combination with the rest of the staff to make my visit pleasant.'

'Very informative. Good healthcare and dental works.'

'Friendly, listen to concerns and opinions.'

'I have been coming to this practice since I was about ten years and I am now nearly forty.'

I think that speaks for itself.'  
'Mr H always leaves the choice to you.'  
'See you out of hours if an emergency.'

## **What we found about the standards we reviewed and how well Fox Hollies Dental Practice was meeting them**

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

People receive well planned care that reflects their individual needs and choices.

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

There are arrangements in place to protect people from poor standards of cleanliness and the risk of infection, based on national 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 to people about the quality of treatment they received. People told us they were happy with their treatment and that staff at the practice were helpful and informative. People told us that they had enough information about their treatment options and what to expect and had been able to make choices. Comments we received from people who had treatment, included:

"He discusses it with me and I make the decision but I respect his knowledge and I've been with him for a good number of years now. If I wasn't happy I would have left."

"They are extremely up to date."

"Professionally run and provides information I request."

People also felt that they could get treatment when needed and appointments were flexible to meet their needs. The receptionist told us that people were sent appointments about three weeks in advance. They also received reminders by phone or text about their scheduled appointment. The practice had a cancellation book to record when people were unable to attend. These were being used to offer appointments to people who were waiting for appointments to become available. This meant that the practice was offering people appointments as soon as they became available. We asked people if they waited long for an appointment, we were told:

"Not generally, within one to two days."

"I walk in off the street and they will try to fit me in."

We were told that the practice provided general dental treatments, bridge work and cosmetics. They did not carry out implants.

There were a variety of leaflets for people to pick up and look at, that explained dental care and treatments. We saw various wall mounted staff training certificates. These would reassure people that the staff possessed the knowledge and skills to carry out their roles competently.

During the inspection we were told that the practice had 'an out of hours' phone number that people could ring. The number transferred directly to a dentist's mobile phone. Staff told us that the senior dentist would open the practice at weekends to assess people and provide emergency treatment.

During our inspection, we reviewed the dental records of two people treated by the practice. Ongoing records of treatment provided to people were held, supporting continuity of care and information on any specific risks or preferences for people. We found that the all staff involved in the delivery of treatment took detailed dental and medical histories and carried out an examination as part of every appointment. This meant any necessary changes to people's treatment plans could be made. A detailed record of the treatment completed and advice on what happened next was then made.

The frequency of check ups and follow up treatment was based upon individual's needs. We were told that 'check up' appointments varied to between three and twelve months.

We found that practice staff were able to provide examples of how they would respond to people who were particularly anxious about their treatment. Staff told us they would spend time in reassuring people prior to the commencement of treatment. When we spoke with people they told us that staff had made them feel comfortable and their privacy had been respected.

### **Other evidence**

We found that the registered provider had a good range of policies and procedures in place. They included confidentiality, data protection, disability and discrimination, harassment, complaints procedure, consent to care and treatment, medicines and health and safety. We saw a policy entitled child protection.

The practice had facilities for responding to medical emergencies and an emergency drugs kit and oxygen were available. Staff told us that weekly checks of the emergency equipment and drugs were carried out. We looked at the drugs and saw that they were all in date; therefore they were fit for purpose.

The entrance to the practice was wide and low enough to accommodate wheelchair users. The premises included a ground floor surgery where people with physical disabilities could receive assessment and treatment.

We saw that checks had been carried out before staff had been employed to work at the practice. The practice nurses had attended a range of training courses to provide them with the necessary knowledge and skills to carry out their roles effectively. Criminal records checks had been carried out for all staff working at the practice. We were told that they were periodically renewed.

We looked at the complaints file and saw that the last complaint was dated February 2009. The recordings indicated that it had been dealt with in an appropriate and timely

manner.

The people who attended the practice were being asked to complete a questionnaire each year. People's responses had been analysed and the results for each heading were noted to be very high. This indicated that people were very satisfied with the care they had received.

As a further part of quality assurance the practice was being inspected each year by the national organisation the practice had registered with. The topics assessed included risk management, management of collapse, practice management, patient records, radiology, resuscitation training, customer care and complaints handling and quality improvement. The results of each heading were noted to be very good.

The reception area had a wall mounted suggestion box where people could post their comments about the practice.

We were told that staff held practice meetings every one to two months. Discussions included staff training, issues of concern, good issues and where assistance may be needed.

**Our judgement**

People receive well planned care that reflects their individual needs and choices.



## 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 that we talked with after our visit gave us positive feedback about how clean the practice was when they visited. People we asked told us that the dentists and nurses always wore disposable gloves and offered them glasses to protect their eyes during treatment.

The Code of Practice for health and adult social care requires providers to have adequate systems in place to prevent and control infection. The Code expects that all areas of a dental practice will be kept clean and suitable for treatment to be provided to people. During our visit, we found that the practice provided a clean and suitable treatment environment.

We saw that personal protective equipment was available for staff to use. We noted that hand gel dispensers were located around the practice and were in good working order. Hygienic hand washing facilities were also provided in each surgery.

All staff wore clean, smart short sleeved uniforms so they could wash their hands thoroughly to reduce the risk of contamination from clothing.

We spoke with the nurse who had the lead for infection control. They told us they had received suitable training for the role and they demonstrated they had comprehensive knowledge about hygiene practices and prevention of infection.

##### Other evidence

During the inspection we saw a number of policies concerning infection control. There was also hand washing instructions, which included pictorial instructions so that staff

hand hygiene was thorough. We saw that the practice had produced a policy that was based upon the Care Quality Commission's own essential standard on hygiene.

We saw evidence that the registered provider had established policies and procedures about decontamination. There were equipment instructions for all of the decontamination appliances that the practice had installed. We saw a policy that confirmed the practice had a contract for clinical waste.

We asked staff to demonstrate how they prepared treatment rooms between appointments. We saw that used instruments were transferred to the decontamination room in a lidded box and clean instruments returned in appropriate packaging.

The lead dental nurse for infection control talked us through the process in place for making sure that all instruments used are thoroughly cleaned and sterilised between each use. The decontamination room clearly defined clean and dirty areas to reduce the potential of cross infection.

There were two sinks without plugs and no overflow outlets; this complied with prevention of infection regulations for dental practices. These were being used for cleaning and rinsing instruments. A separate hand washing basin was noted for staffs' personal hand washing use. These facilities ensured that contamination of instruments was significantly reduced.

The dental nurse demonstrated how instruments were cleaned and sterilised. They wore protective equipment to prevent cross infection from occurring. We saw the ultrasonic equipment for cleaning instruments was being tested every three months. There was also evidence of regular testing of the washer-disinfector. We were told that test strips were being used every time the autoclave (steriliser) was in use. This practice ensured that the autoclave was fit for use. Sterilised instruments were stored in a box ready for transfer back to the surgeries. The packages included recordings of the date sterilised and the date that they needed to be used by.

We observed that cleaning schedules for the decontamination room were in place and that staff had made recordings to confirm the necessary work had been carried out.

Regular infection control audits were being carried out to ensure that all equipment and staff practices were safe in preventing infection.

The practice had two surgeries, we looked in each one. We checked some of the sterilised instruments and saw that they were all within the 'use by' dates.

We saw that all, except one bin were foot operated and complied with infection control policies. We advised the senior dentist that all bins should be sensor or foot controlled.

The cross infection training file confirmed that all relevant staff had attended various training courses in hygiene, infection control and decontamination.

### **Our judgement**

There are arrangements in place to protect people from poor standards of cleanliness and the risk of infection, based on national 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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