

Review of compliance

<p>E Cheshankova Limited The Mead Dental Practice</p>	
<p>Region:</p>	<p>South West</p>
<p>Location address:</p>	<p>61 Mannamead Road Mannamead Plymouth Devon PL3 4SS</p>
<p>Type of service:</p>	<p>Dental service</p>
<p>Date of Publication:</p>	<p>March 2012</p>
<p>Overview of the service:</p>	<p>The Mead Dental Practice provides general dentistry including crown and bridge work, cosmetic dentistry, root canal therapy, gum treatments and dentures. The practice aims to promote preventive dentistry and employs two qualified hygienists. The practice does not have a contract with the NHS. It offers a monthly payment scheme for a preventive</p>

	service with discounted private treatment when required.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Mead Dental Practice was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 January 2012, checked the provider's records, talked to staff and talked to people who use services.

What people told us

We met with three people who had treatment with Mrs Cheshankova.

One person told us that they had had a heart transplant, and that their dentist had liaised with the GP to ensure that they had safe treatment. Another told us how they had been offered choices of treatment. They said they had been pleased to be offered an appointment promptly, and asked whether they would like treatment from the hygienist on the same visit, or separately.

"They tell you about your options, and the prices".

"They will fit you in if you have an emergency".

People were appreciative of the hygienist who was employed by the practice. One person told us about the care of their relative who was physically frail, "The hygienist takes every care when helping her on to the treatment chair".

"They make you feel welcome".

"Excellent – the whole staff. Very efficiently run. They keep abreast of developments here, and tell me why as well as what needs to be done".

There was easy access to the treatment rooms. A few steps lead to the reception area.

What we found about the standards we reviewed and how well The Mead 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

People are treated with respect and made welcome and comfortable. They are enabled to

understand and participate in making decisions about their treatment.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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

People who use this service experience safe and appropriate care, treatment and support that meet their needs and protect their rights. There are systems in place to provide care in the event of a medical emergency.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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

People are protected from abuse, as staff are aware of when and how to raise an alert. People who are not able to make their own decisions about their treatment may not get appropriate support. This is because the service does not have a system in place to meet the requirements of the Mental Capacity Act.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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

Patients who use the service are protected from the risk of cross infection by staff who are trained and by appropriate decontamination processes. Processes are not fully audited, and protein residue tests are not carried out.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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 the dentist described their problem to them, and offered choices of treatment. They said they were pleased at how quickly they had been given an appointment.

The hygienist "is a great explainer" we were told.

Some people said they found the treatment to be expensive, but said, "They told me how much it would cost – you know exactly what is going on."

One person told us that they did not know about the complaints procedure, but had been with the practice for 30 years and not needed to make a complaint.

Other evidence

The dentist issued a treatment plan estimate to each person in the surgery following examination and diagnosis. We saw patients discussing their treatment plans with staff. Following discussion, they were asked to sign to say that treatment options have been discussed with them and they agree, and a carbon copy was kept for their records. We were told that when the dentist was proposing complicated treatment she had written an additional letter to accompany this form, to ensure that the person was given full information on which to base their agreement.

In the reception area, we saw information leaflets about the dentists and the hygienists, and information about fees and discounts available.

The Complaints procedure was on display, explaining how any complaint would be dealt with, and who to contact if a person was not satisfied.

Our judgement

People are treated with respect and made welcome and comfortable. They are enabled to understand and participate in making decisions about their treatment.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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

"Excellent – the whole staff. Very efficiently run," was a representative quote. One person told us that they had had a heart transplant, and that their dentist had liaised with the GP to ensure that they had safe treatment.

People were appreciative of the hygienist who was employed by the practice. One person told us about the care of their relative who was physically frail, "The hygienist takes every care when helping them on to the treatment chair."

Other evidence

We saw in treatment records that the dentist had recorded a 15 minute discussion and consideration of the options available to one person. Another record included an assessment of pain. Mrs Cheshankova told us that she had been keen to give different options, and that she has made sure her patients have been well informed.

Staff had been trained in first aid in case of medical emergency. Staff had received annual training in cardiopulmonary resuscitation (CPR) and use of the defibrillator. Another dentist in the practice carried out a weekly check of medication for use in a medical emergency.

The practice employed two dental hygienists. We met one of them who told us that she sees patients referred to her by the dentist. She showed us her treatment plans. She records an overview of people's gum health, and any major problem, such as deep gum pockets.

We saw that the dentists liaise with GPs when a patient's medication needed to be reduced in order to make treatment safe. We saw from the records that a person's medical history was checked at each visit. Risk factors were highlighted, such as heart and circulatory problems.

Dentists were prepared to visit patients in hospital or people living in care homes in order to take impressions, when the person was unable to come to the surgery.

The practice had followed guidance from the British Dental Association for policies, procedures and audit tools, to ensure they were keeping to recognised good practice. The hygienist told us she was a member of the British Society of Dental Hygiene and Therapy, and had attended their conferences. All practitioners had carried out work and study for their continuing Professional Development (CPD) as required by the General Dental Council, in order to keep their practice up to date. Mrs Cheshankova recently completed an Msc at Manchester University, with her dissertation being on restorative and cosmetic dentistry. She paid tribute to the skills of the dental nurse, and said, "Staff at this practice are happy and helpful, and competent to talk with patients in the reception area and on the phone to reinforce what has been said in the treatment room".

Our judgement

People who use this service experience safe and appropriate care, treatment and support that meet their needs and protect their rights. There are systems in place to provide care in the event of a medical emergency.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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 discuss this essential outcome with people during this visit.

Other evidence

All staff had been trained in child protection. They had learnt the signs and signals of abuse and neglect, and what to do if they had concerns and who to contact. There was a policy for the protection of vulnerable adults, and the Practice Manager undertook to find the appropriate contact information, so they would know who to contact if there were concerns.

There was not knowledge of the Mental Capacity Act 2005, or an awareness of the responsibility of this practice to obtain an assessment of capacity for people who may not be competent to make decisions about treatment. Staff said they had seen a change in some of their long term patients, who were no longer able to retain information sufficiently to understand options open to them. Support had been given by family members and they had not yet found a conflict of interest. Mrs Cheshankova said that she would contact the social services if a person was not competent to make a decision, and relatives were not supportive.

We saw that the relevant checks had been carried out to ensure that only suitable people were employed to work at the practice.

Our judgement

People are protected from abuse, as staff are aware of when and how to raise an alert. People who are not able to make their own decisions about their treatment may not get appropriate support. This is because the service does not have a system in place to

meet the requirements of the Mental Capacity Act.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard.

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 did not discuss this essential outcome with people during this visit.

Other evidence

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). It sets out in detail the processes and practices essential to prevent the transmission of infections and clean safe care.

This practice had designed and built a decontamination room, specifically to achieve best practice in relation to the HTM guidance. This meant that people could be assured the instruments used by the dentists were clean and had been sterilised effectively.

One of the dental nurses showed us how the system worked in practice. There was a clear flow of work to prevent clean and dirty items contaminating each other.

Another dentist in the practice told us they had not yet carried out a full audit of the system against the HTM01-05, but we saw records to show that the machines were checked daily and weekly, and were due for a professional check in May 2012. The protein residue test for the ultrasonic bath was still outstanding, and had not been introduced as a regular weekly check.

We saw the Infection control policy and procedure which covers the wider aspects as required by the Department of Health's Code of Practice on the prevention and control of infections. The Practice Manager had carried out an audit of infection control systems. There were suitable arrangements for the collection of clinical and hazardous waste.

Our judgement

Patients who use the service are protected from the risk of cross infection by staff who

are trained and by appropriate decontamination processes. Processes are not fully audited, and protein residue tests are not carried out.

Overall, we found that Mrs Cheshankova at The Mead Dental Practice was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: Infection control processes are not fully audited, and protein residue tests are not carried out.	
Surgical procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: Infection control processes are not fully audited, and protein residue tests are not carried out.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: Infection control processes are not fully audited, and protein residue tests are not carried out.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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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