

Review of compliance

543 Dental Centre Limited 543 Dental Centre Limited	
Region:	Yorkshire & Humberside
Location address:	543-547 Anlaby Road Hull East Riding of Yorkshire HU3 6HP
Type of service:	Dental service
Date of Publication:	March 2012
Overview of the service:	543 Dental Centre is a large dental practice in a busy area of Hull, with good bus route connections to and from the city centre. An extensive residential area is within walking distance of the practice. The practice operates in three adapted Victorian houses and has upper and ground floor surgeries. There is a manager, 9 dentists and 42 other people employed there; nurses, decontamination staff, receptionists and

	cleaners. There is no private parking facility, but on-street parking is available.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

543 Dental Centre Limited 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 21 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 with patients while they were waiting to see the dentist and they told us they always signed consent forms for their treatment.

Patients told us they were fully informed about their treatment plans and that they had also signed these. They told us they were kept informed if the plan needed to change. They had not all received written confirmation of their treatment plan and one patient thought this was either because they didn't need any major treatment or because they had been informed verbally. One person told us they had received a computer print out of their treatment plan.

Patients said they had received an excellent service from their dentist. They said they had recommended the centre to other people.

One patient expressed the view that 543 Dental Centre was the best practice they had ever been to. They thought the surgery provided up-to-date information and practice and said they had been encouraged to improve their dental health. They gave the centre 'ten out of ten'.

What we found about the standards we reviewed and how well 543 Dental Centre Limited was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Patients experienced opportunities to give valid consent to the examination, care and treatment they received. They had opportunities to understand and know how to change decisions about examination, care and treatment that had been previously agreed. Patients were confident that their human rights had been respected and taken into account.

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

Patients experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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

Patients were protected from abuse or the risk of abuse and their human rights were respected and upheld. Although many of the employees in the centre had completed safeguarding children training, safeguarding adults' training had not been completed by sufficient employees to ensure all patients were protected. We acknowledge that joint child protection and vulnerable adults' training had already been booked for employees in April 2012.

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

Patients experienced an environment and received care and treatment that met some or all of the compliance criteria set out in The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance. The centre also met the 'essential quality requirements' of the health technical memorandum 01-05.

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

Patients benefited from safe quality care and treatment due to effective decision making and the management of risk to their health and safety.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We spoke with patients while they were waiting to see the dentist and they told us they always signed consent forms for their treatment. They told us they were kept informed if the plan needed to change.

Other evidence

We discussed consent to treatment with the practice manager and the head nurse. We looked at treatment plans and saw the documentation used to obtain signed consent.

Form FP17 was used by the practice for NHS patients and private patients signed their treatment plans. Children under 16 were represented by their parents or guardians.

The practice manager and head nurse were aware of the Mental Capacity Act 2005 and knew that 'Best Interest' meetings needed to be put into action for anyone without the capacity to consent to treatment. However, they were not responsible for instigating these.

The centre would not provide treatment for anyone without either their full consent or the appropriate consent obtained following a multi-disciplinary meeting decision.

Our judgement

Patients experienced opportunities to give valid consent to the examination, care and treatment they received. They had opportunities to understand and know how to change decisions about examination, care and treatment that had been previously agreed. Patients were confident that their human rights had been respected and taken into account.

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

Patients we spoke with told us they had been fully informed of their treatment plans and that they had signed them. They had not all received written confirmation of their treatment plan and thought this was either because there was no major treatment to be given, or because they had been informed verbally. One person told us they had received a computer print out of their treatment plan.

Patients said they had received an excellent service from their dentist. One patient had gone to a different practice because of moving house, but had returned to 543 Dental Centre because they preferred the service provided at 543. Another patient had recommended the centre to friends.

A third patient who had experienced dentists in other parts of the United Kingdom expressed the view that 543 Dental Centre was the best practice they had ever been to. They thought the surgery provided up-to-date information and practice and said they had been encouraged to improve their own dental health. They also said they thought the hygiene information they had received could have been better and that there had been no optional treatment offered, but still gave the centre 'ten out of ten'.

Other evidence

We discussed treatment plans with the manager and head nurse and we looked at a sample treatment plan. We also saw an actual treatment plan that had been signed, giving consent to the treatment and showing agreement with the treatment.

We were told about and saw that treatment plans were compiled from information gathered at initial assessments. These assessments involved initial examination of the patient's dental health including a 'basic periodontal examination' (BPE) score and asking about their medical history, the medication they were taking and the conditions they had.

The practice used an electronic system for documenting information from the initial assessment and recorded details on a 'baseline chart'. The computers in use were accessed by password and were 'backed up' each night to ensure information was saved. Audits on individual employee passwords were carried out by the practice manager to ensure security was followed. Audits on completing assessment and treatment documentation were also carried out.

We were informed that as part of maintaining patients' dental health there were systems in place for dealing with emergencies. The practice had seven employees that were trained in emergency first aid, which was up-dated each year.

There were medicines available for use in the event of a patient being allergic to any treatment products or having a heart attack. Antihistamines, adrenaline and portable and piped oxygen were all available for emergencies. The practice also had defibrillators for both adults and children and first aiders were trained in their use. First aiders were also trained in 'basic life support' and 'cardiopulmonary resuscitation' (CPR). The procedure in a medical emergency was for an ambulance to be called and for a first aider to assist in any way possible until the ambulance arrived.

Our judgement

Patients experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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 speak with patients directly about this outcome.

Other evidence

We discussed safeguarding people from abuse with the practice manager and the head nurse and we looked at the training records of employees. We asked employees if they had completed safeguarding training and we also looked at information relating to some health and safety areas.

We were informed that approximately 30% of the centre employees had completed a half-day safeguarding training course in 2009. We were also told that there were 18 employees booked to complete a joint children and adult's safeguarding training course in April 2012, which would bring the figure up to around 65%.

We asked employees if they understood their safeguarding responsibilities and if they knew how to make referrals. They demonstrated understanding and knowledge of passing on information to the appropriate authorities.

We saw a sample of the training records which showed a variety of training had been completed, including cardiopulmonary resuscitation, decontamination and disinfection, customer care, ethical sales and communication, fire safety, information governance, forensic dentistry, ionising radiation regulations, cross-infection control and information relating to 'continuing professional development' (CPD).

We were informed that no one in the practice ever used restraint for any reason. Also that only employees qualified in Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) training carried out radiography work; the taking of x-rays. Employees had signed to say they had completed the training and had read the guidelines.

There was an appointed IRMER protection supervisor and there were copies of IRMER 'local rules' and guidelines on display in surgeries that we viewed.

We were informed of a clinical waste collection service in place which also handled any waste amalgam.

We discussed the need for Criminal Records Bureau checks on all employees and we were told that everyone had an enhanced check completed on recruitment. We saw a sample of these and were satisfied that employees had been CRB checked. We advised the practice manager to check the CRB website regarding the 'transfer value' of CRB checks.

We saw there was a complaint procedure in place and a copy was posted in the reception area. Complaints were referred to the Dental Defence Union (DDU), a body which also provided indemnity insurance for the business.

We looked at the adverse incidents record and saw that two incidents had taken place at the centre and how these had been dealt with. Satisfactory systems had been used to address and learn from the issues.

Our judgement

Patients were protected from abuse or the risk of abuse and their human rights were respected and upheld. Although many of the employees in the centre had completed safeguarding children training, safeguarding adults' training had not been completed by sufficient employees to ensure all patients were protected. We acknowledge that joint child protection and vulnerable adults' training had already been booked for employees in April 2012.

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

Patients we spoke with told us they thought the centre was very clean and hygienic. They said that whenever they had seen the dentist or the hygienist they and the dental nurses had all worn the appropriate personal protective equipment; face masks and gloves. They had also been given their own eye protection glasses and aprons to wear.

Other evidence

We discussed cleanliness and infection control with the practice manager, head nurse and the employees responsible for decontamination. We looked at the decontamination area and saw some documentation on infection control and decontamination.

Hull Primary Care Trust had completed an infection control inspection in December 2011, which had highlighted satisfactory results. The centre had copies of the practice 'health technical memorandum' self audit tool on infection control that they had completed for the last three years; 2009 to 2011. The practice manager informed us the centre had already achieved the 'essential quality requirements' and was working towards 'best practice' as written in the memorandum. There was a nominated infection control lead and employees had completed infection control training.

Practice in relation to the handling and decontamination of equipment was meeting the essential quality requirements. There was good demonstration of the decontamination cycle and the decontamination facilities were very well organised and well maintained.

Designated staff worked in the decontamination room, equipment was regularly

checked and dental nurses followed a clear procedure for maintaining good hygiene practices and standards. All dental tools were cleaned, checked and sterilised, then double checked before being packed and stored for use again. There were four equipment washers and five autoclave sterilisers and all had been service maintained and checked for efficiency. All dental tools were traceable by their unique 'tool set' number.

Dental nurses had responsibility for cleaning equipment, surfaces and furniture between patients and to ensure water lines were flushed through. Employed cleaners ensured overhead lights and floors were kept clean on a daily basis. All employees carrying out cleaning tasks signed cleaning schedules.

There was an infection control audit of the surgeries carried out by the practice manager to ensure there was no damage to surfaces and furniture. The Infection Prevention Society completed an audit on the whole building once a year. The infection control policy was reviewed each year and updated as necessary.

Legionella water tests were carried out periodically and routine water temperature checks were completed every three months.

Our judgement

Patients experienced an environment and received care and treatment that met some or all of the compliance criteria set out in The Health and Social Care Act 2008 – Code of Practice on the prevention and control of infections and related guidance. The centre also met the 'essential quality requirements' of the health technical memorandum 01-05.

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

Patients we spoke with all told us they had not been surveyed using the centre's quality monitoring system. We asked if they had received an email from the centre about any of their visits and they said 'no'.

Other evidence

We discussed quality assuring the service with the practice manager and the head nurse and we looked at some of the documentation used to assess performance. We saw a copy of a simple description of the clinical governance system used in the centre. We also asked patients if they were surveyed about their satisfaction levels.

We were told that the centre had an advertising television channel for informing patients of available treatments. Also that each time a patient visited the centre they were asked to complete a patient survey, which was sent to them by email. Issues were discussed in monthly practice meetings and minutes and decisions made were recorded.

We asked all of the patients we spoke with if they had completed a survey and every one of them told us they had not. One told us they had not supplied an email address yet so would be unlikely to have received a survey. It was unusual that none of the patients we spoke with knew about the surveys. The centre may need to supply some surveys in paper format to reach a wider survey sample. We saw some of the comments that had been made on returned surveys and they were generally very positive.

We were told that the centre audited ten patients per month for each dentist employed there in order to operate an 'employee of the quarter' reward scheme. There was also a 'star employee' system where everyone in the centre voted for someone they thought had performed well.

Our judgement

Patients benefited from safe quality care and treatment due to effective decision making and the management of risk to their health and safety.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>Patients were protected from abuse or the risk of abuse and their human rights were respected and upheld. Although many of the employees in the centre had completed safeguarding children training, safeguarding adults' training had not been completed by sufficient employees to ensure all patients were protected. We acknowledge that joint child protection and vulnerable adults' training had already been booked for employees in April 2012.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>Patients were protected from abuse or the risk of abuse and their human rights were respected and upheld. Although many of the employees in the centre had completed safeguarding children training, safeguarding adults' training had not been completed by sufficient employees to ensure all patients were protected. We acknowledge that joint child protection and vulnerable adults' training had already been booked for employees in April 2012.</p>	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse

	<p>Why we have concerns:</p> <p>Patients were protected from abuse or the risk of abuse and their human rights were respected and upheld. Although many of the employees in the centre had completed safeguarding children training, safeguarding adults' training had not been completed by sufficient employees to ensure all patients were protected. We acknowledge that joint child protection and vulnerable adults' training had already been booked for employees in April 2012.</p>
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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 14 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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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