

Review of compliance

Dr Farkhanda Rafiq Chaudry
Woodlane Dental Practice

Region:	London
Location address:	479 Wood Lane Dagenham Essex RM8 3NT
Type of service:	Dental service
Date of Publication:	May 2012
Overview of the service:	This service provides dental care services to both adults and children. The service accepts private and NHS patients. The service is based in a residential type property by a busy main road in the Dagenham area of the London Borough of Barking and Dagenham. The service operates with just one dentist.

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

Our current overall judgement

Woodlane 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 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke with expressed satisfaction with the service. Comments included, "It is brilliant." and "It is the best dentist I have ever been to." We were told that the appointment system works well, and people can get an appointment quickly, at a time of their choosing. People said that treatments and any costs were always clearly explained to them by the dentist.

What we found about the standards we reviewed and how well Woodlane 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

Overall the service is meeting this outcome and ensures that the people using the service are respected and involved. Their dignity and privacy is upheld.

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

Overall the service is meeting this outcome. People who use the service experience effective, safe and appropriate care and treatment that meets their needs and protects their rights.

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

human rights

Appropriate steps have been taken to help ensure that people who use the service are safeguarded from the risk of abuse.

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

Overall the service was meeting this outcome. We found the provider has systems in place to help ensure the service is clean and people are protected from the risk of infection. However, to help ensure that this outcome remains met in the future, the service needs to carry out and record an audit of its decontamination processes at least once every three months.

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 we spoke with voiced positive views about this outcome. They said that staff always spoke to them in a friendly and respectful manner. They also said booking appointments was easy, and if they needed to see a dentist in an emergency, that was usually arranged for the same day they contacted the dentist.

Other evidence

We viewed the treatment rooms. These provide a private environment, so that any discussions about treatments are able to be held in private. Patients and staff said that consent is sought prior to treatment. Patient records indicated that this is the case, as patients sign consent forms. We saw that patients also sign forms to indicate that the costs of any treatments have been clearly explained to them.

The dentist informed us that if any person turns up seeking urgent dental treatment, they will endeavour to see them within 30 minutes, irrespective of whether they are registered with the practice or not. During our site visit we noted that a patient turned up at the service who did not have an appointment. We observed that the dentist was able to provide treatment to this person within 30 minutes of their arrival.

Our judgement

Overall the service is meeting this outcome and ensures that the people using the

service are respected and involved. Their dignity and privacy is upheld.

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

People told us that any treatments are clearly explained to them, and they have the opportunity of asking questions if there is anything they do not understand.

Other evidence

We looked at the records of four patients chosen at random. These show that a written record is kept of treatments. Records also indicated a medical history is taken for patients. Patients we spoke with said that at each appointment the dentist asked them if there has been any changes to their medical history. We saw evidence in training records that the dentist keeps their clinical practice up to date.

The service has an emergency drugs kit, we examined this, and all medications were found to be in date. The dentist has undertaken training in emergency first aid and resuscitation.

Staff informed us that the service is able to provide treatment to people whose first language is not English. We were told that often a family member of the patient can speak English, and also that staff at the service can speak a variety of different languages. The service said they would contact the Primary Care Trust to provide an interpreter if necessary.

Our judgement

Overall the service is meeting this outcome. People who use the service experience effective, safe and appropriate care and treatment that meets their needs and protects

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

People we spoke with said that any time they are in the treatment room there are always at least two members of staff present.

Other evidence

The dentist informed us that any time they treat a child, they insist on the child's parent or guardian being present in the treatment room. Records indicated that staff undertake CRB checks. Staff we spoke with demonstrated a good understanding of their roles and responsibilities with regard to safeguarding issues.

Information was on display within the service about patient's right to make a complaint. However, this did not detail what the process was, and what could be expected if a complaint was made, for example how long to wait for a response or resolution etc. We discussed this with staff, who agreed they would draw up such a guide that would be made available to patients.

Our judgement

Appropriate steps have been taken to help ensure that people who use the service are safeguarded from the risk of abuse.

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

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with said that the treatment room and all other areas of the practice always appeared clean.

Other evidence

We were shown the decontamination process by the dental nurse who had responsibility for decontamination of instruments on the day of our visit. Dirty instruments are cleaned with water and detergent, then go into a steam bath, and are then rinsed in water. They are then checked visually to see if they are clean. At the time of our visit the service did not make use of a magnifying glass to check for any remaining debris. The dentist informed us that they have ordered a magnifying glass, and plan to use it in the future as part of the decontamination process. After rinsing, instruments are put into pouches, before being sterilised in an autoclave. After this, instruments are sealed in their pouches, and the date of serialisation is written upon the pouch. We were informed by the dentist that all items will then be used within 21 days, and that any that are not used within this timeframe will go through the decontamination process again before being used. The autoclave is checked daily and after each cycle. In addition, the service had a certificate to evidence that the autoclaves in use have both been serviced within the past twelve months.

Treatment rooms were visibly clean. We were told that they are cleaned at the end of every day, and that they have a more thorough clean once a week. We were informed that the dental chair is wiped clean with disinfectant after each patient. Staff wore clean uniforms during our visit, and we were told that clean uniforms have to be worn every day. Records indicated that staff have received training in infection control issues.

The dentist informed us that they will do a check of the decontamination processes every two to three months, and will then address any issues with staff through staff meetings. However, they do not carry out a comprehensive written auditing procedure of the decontamination process, and this should be completed at least once every three months in line with Department of Health guidance.

Our judgement

Overall the service was meeting this outcome. We found the provider has systems in place to help ensure the service is clean and people are protected from the risk of infection. However, to help ensure that this outcome remains met in the future, the service needs to carry out and record an audit of its decontamination processes at least once every three months.

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
	<p>Why we have concerns:</p> <p>Overall the service was meeting this outcome. We found the provider has systems in place to help ensure the service is clean and people are protected from the risk of infection. However, to help ensure that this outcome remains met in the future, the service needs to carry out and record an audit of its decontamination processes at least once every three months.</p>	
Surgical procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>Overall the service was meeting this outcome. We found the provider has systems in place to help ensure the service is clean and people are protected from the risk of infection. However, to help ensure that this outcome remains met in the future, the service needs to carry out and record an audit of its decontamination processes at least once every three months.</p>	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>Overall the service was meeting this outcome. We found the provider has systems in place to help ensure the service is clean and people are protected from the</p>	

	risk of infection. However, to help ensure that this outcome remains met in the future, the service needs to carry out and record an audit of its decontamination processes at least once every three months.
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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 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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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