

Review of compliance

Peterlee Dental Practice Partnership Peterlee Dental Practice

Region:	North East
Location address:	30 Yoden Way Peterlee Co Durham SR8 1AL
Type of service:	Dental service
Date of Publication:	May 2012
Overview of the service:	The Dental Practice is located in the town centre of Peterlee. The practice has a team of five dental surgeons, a practice manager alongside a team of dental nurses and reception staff. The provider offers a dental service to people of all age groups. The provider is registered to deliver (dental) diagnostic and screening procedures, treatment of disease, disorder and injury and surgical procedures.

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

Our current overall judgement

Peterlee Dental Practice was meeting all the essential standards of quality and safety inspected.

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 17 April 2012, observed how people were being cared for, looked at records of people who use services, reviewed information from people who use the service and talked to staff.

What people told us

The practice manager told us they always explained the treatment patients needed, and talked to them about the options available to them and how much it would cost. Each patient was given a copy of their treatment plan and the cost of their treatment.

We were told the practice ensured that national and local guidance about safeguarding people was made accessible to all staff. The practice manager said she and all the practice nursing staff, dentists and the reception staff had been trained in all aspects of the safeguarding processes for both children and vulnerable adults.

The practice adhered to the code of practice on the prevention and control of infections and related local guidance.

The Practice manager explained the systems the practice had in place to check quality and to manage risk. She said it was important to gather information about the safety and the quality of the service by carrying out regular audits. She also said feedback from patient surveys helped the practice to maintain high standards and implement changes where needed.

We were unable to speak with people using the dental practice because the waiting room was very busy and we were unable to speak to people in private. However we gathered evidence of people's experiences of the service by reviewing comment cards and patient surveys.

All of these were extremely positive, comments included,

"I always receive an excellent service."

"The staff team are always very friendly."

"I have complete faith in my dentist."

"My treatments are always fully explained."

"There was no need for me to have an injection during my treatment, and it was completely pain free."

"This is the best practice I have ever used."

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

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider was meeting this standard. People were protected from unsafe or unsuitable equipment.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 who use the service were given appropriate information and support regarding their care or treatment.

The practice manager told us the dentists always explained the treatment patients needed, and talked to them about the options available to them and how much it would cost. Each patient was given a copy of their treatment plan and the cost of their treatment.

We saw several patient surveys, one patient wrote, "I am very happy with the treatments that I have received, everything was fully explained before any treatment commenced."

Other evidence

People who used the service were given a range of information about their care or treatment. This was evident as there were a variety of information leaflets available for patients in the reception and around the practice which were given to patients as needed. These included information on prevention of tooth decay, dental hygiene, fluoride, toothbrush instruction and information about the practice team. The practice also provided information to support individuals about healthy eating, and plans to provide advice about stopping smoking.

The practice manager confirmed that regular monthly practice meetings took place and information and feedback from patients or any concerns, incidents or events were discussed during these meetings.

We looked at patient care and treatment plans. These showed us consent to treatment records had been given to patients, and these had been signed by them. Treatment plans and costing were given to patients to take home for them to decide on their preferred method of treatment.

The records we looked at clearly demonstrated the choice of treatment that patients had opted for. They showed that the medical history of the patients was checked at regular intervals (at least annually). Records highlighted medical risk information such as allergies and other medical conditions. In this way, all patients were made aware of the care, treatment and support choices available to them.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The practice manager said all patients received personalised care, treatment and support through very careful coordinated assessment that reflected their needs, preferences and diversity.

Other evidence

Patients records showed us they received appropriate treatments. We could see this when we checked the electronic records and saw that relevant information regarding dental examinations had been routinely recorded. There were completed and signed NHS personal dental plans, treatment plans, radiographic evaluation and assessment, preventative dental care, advice and information given to people. We saw that plans for each treatment were in place and evidenced that people had given consent for their treatment. The records demonstrated patients were recalled automatically for checks at regular intervals.

The practice manager described a very thorough assessment process to check not just the person's teeth but also their gum health and a detailed check of all of their mouth and neck for any signs of disease.

We were told how any safety alerts and notices were received by the dentists who would deal with them and inform all staff of the information.

All of these safeguards ensured that patients experienced effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

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 provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The practice manager said the practice ensured that national and local guidance about safeguarding people was made accessible to all staff. She said she and the practice nurse's, dentists and reception staff had been trained in all aspects of the safeguarding processes for both children and vulnerable adults.

Other evidence

There was evidence that all the dental staff had received safeguarding training within their continuing professional development (CPD). All staff had completed child and adult protection training. The practice manager showed us the staff training records to verify that training had taken place.

We saw a very detailed child and vulnerable adult protection policy was in place. This included identifying signs of abuse, recording and reporting of suspected abuse. As well as this corporate policy, there was a local authority policy in place for the protection of vulnerable adults. The practice also had an information file which contained a flow chart and contact details for reporting concerns. The practice manager said that she would also obtain a copy of Department of Health 'No Secrets' document and use this for further information and reference.

The dental team demonstrated a very good general knowledge and awareness of

safeguarding and the procedures for reporting.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

There were effective systems in place to reduce the risk and spread of infection.

The practice manager and the decontamination nurse explained the practice procedures on the decontamination processes. They described how the practice adhered to the code of practice on the prevention and control of infections and related local guidance.

Other evidence

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05). This was designed to assist all registered primary dental care services meet satisfactory levels of decontamination. Evidence was seen of the practice having undertaken an audit and demonstrating compliance with HTM 01-05 standards for 2011.

The practice facilities were clean, modern and well maintained with appropriate floor and surface coverings. There were dedicated hand washing facilities in the decontamination room and surgeries. All staff had access to personal protective equipment when working in the surgery or carrying out decontamination procedures. The practice manager told us that they maintained a very strict uniform policy. Uniforms were worn only in the surgery.

The practice manager confirmed all staff had received immunisation against Hepatitis B and immunisation status was checked.

There was a separate decontamination/sterilisation room (local decontamination unit).

The decontamination nurse was the dedicated decontamination lead for the practice, and she was supported by other qualified dental nurses in this role.

The practice used manual washing, inspection, dishwashing, lubrication and sterilisation processes. The decontamination room had an illuminated magnifier to assist with the manual cleaning of instruments. During our visit the practice manager described the decontamination process undertaken by the dental nurses who always wore protective equipment. We observed that correct practices for the decontamination and sterilisation process were undertaken as per HTM 01-05 requirements. Sterile instruments were bagged and dated with sterilisation date and use by date.

Waste contracts were seen for clinical and domestic waste. We saw sharps boxes were safely stored.

The dental staff demonstrated very good knowledge and awareness of their responsibilities for infection prevention and control. The practice manager showed us that there were infection prevention and control policies and procedures in place that were up to date. All of these measures ensured that patients were being treated in a safe clean and infection free environment

Our judgement

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

Medicines were prescribed and given to people appropriately.

The practice manager said there were detailed policies and procedures in place for the safe use of emergency medication. She said all staff were aware of these and they had been trained to use emergency dental equipment. She explained all patients were asked about their medical history and any known allergies, including previous reactions to local anaesthetics and antibiotics.

Other evidence

Emergency drugs were stored together in a purpose-designed 'Emergency Drug' storage container. All clinical staff had been trained to administer these medications. The clinical areas in the practice had immediate access to the resuscitation drugs and equipment for airway management.

The practice manager told us all staff knew where the resuscitation equipment (portable oxygen) was located. We saw there were processes in place for checking equipment to ensure it was in good working order. Checking was subject to local audit. A planned replacement programme was in place for equipment and drugs that were used or had reached their expiry date.

Records of medicines being taken by patients were kept, including those prescribed as part of their dental treatment for example, a practice medical history form, which was updated and signed at each visit.

Patients were provided with written instructions if they were prescribed drugs describing, for example, when and how to take medicines and for how long.

Our judgement

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People were protected from unsafe or unsuitable equipment because there was enough equipment to promote the independence and comfort of people who use the service.

The practice manager told us there were very robust procedures and measures in place at the practice to ensure all equipment was maintained to a good standard to keep people safe.

Other evidence

The practice manager told us how they carried out regular checks on the emergency oxygen and other equipment such as, the defibrillator. All qualified staff had received training in Cardio Pulmonary Resuscitation.

The surgery was not accessible to people with a disability or wheelchair access, However, patients could be referred to a near-by partner practice that was accessible.

The practice had a separate decontamination room that was fully equipped with autoclaves (these keep instruments sterile), an examination area and other specialist equipment. All equipment was checked and maintained by external contractors.

The practice had a risk assessment process in place for the environment that was reviewed regularly.

Staff had access to personal protective equipment and a uniform policy was in place.

Only trained staff used the x-ray equipment. The premises were adapted to reduce any radiation risk and clear records were held of radiation protection and of frequency of use. All of these measures ensured that patients were not at risk or harm from unsuitable equipment.

Our judgement

The provider was meeting this standard. People were protected from unsafe or unsuitable equipment.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The provider safeguards high standards of care by creating an environment where clinical excellence can do well.

The practice manager told us how the practice supported staff through training, peer group support and informal appraisals to make sure they were working to the best clinical guidelines for their professions.

Other evidence

All dental staff at this practice were registered with the General Dental Council. We saw records that demonstrated that all qualified professionals at the practice were following the GDC standards for dental practices and the respective code of conduct. We saw evidence that the GDC assessed and monitored the quality of their dental education.

The practice manager described the type of records they kept for their continuing professional development. She told us that the dentists undertook at least 250 hours of continuing professional development (CPD) every five years and other Dental Care Professionals employed undertook 150 hours over five years. The dentist's training included medical emergencies, (10 hours in every five-year cycle), disinfection and decontamination (5 hours every cycle), radiography and radiation protection (5 hours every cycle). All staff employed were responsible for maintaining their own personal development plans.

The staff files that we looked at included completed records demonstrating fitness to practice, and clarity of responsibility. The practice manager told us there were regular

staff appraisals, and we saw records that showed us that all staff received monthly supervision sessions. There was evidence of clinical audits and peer review meetings. In this way, staff were enabled to take part in learning and development that was relevant and appropriate to carry out their role effectively.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The Practice manager explained the systems that the practice had in place to check quality and to manage risk. She said it was important to gather information about the safety and the quality of the service by carrying out regular audits. She also said feedback from patient surveys helped the practice to maintain high standards and implement changes where needed.

We were unable to speak with people using the dental practice because the waiting room was very busy and we were unable to speak to people in private. However we gathered evidence of people's experiences of the service by reviewing comment cards and patient surveys. All of these were extremely positive, comments included,

"I always receive an excellent service."

"The staff team are always very friendly."

"I have complete faith in my dentist."

"My treatments are always fully explained."

"There was no need for me to have an injection during my treatment, and it was completely pain free."

"This is the best practice I have ever used."

Other evidence

We saw that the practice had a process in place to audit and check patient records. This audit included consent, medical history, basic periodontal examination as well as the records about people's teeth, their treatment plans and costs.

The practice manager clearly explained to us the systems the practice had in place to check quality and to manage risk. She told us the practice adhered to the Department of Health recommendations for assessing the implementation of HTM 01-05 guidelines. There were systems in place that ensured all dental care was consistent in maintaining quality. There were audits and checks in place to ensure the practice was compliant with infection prevention and control practices. There were a range of checks to ensure the health and safety policy was complied with and radiological protection was adhered to.

The audit tool we looked at also contained sections on the prevention of blood-borne virus exposure, decontamination, environmental design and cleaning, hand hygiene, management of dental medical devices, personal protective equipment and waste.

We saw records of how the practice monitored and reviewed the experience of people who used the service. A patient survey had been undertaken, the dental staff showed us the results of these which were all very positive.

We saw that there was a clear audit trail for medications kept. These were regularly checked every week by the staff and records were kept.

We saw that the practice had a complaints procedure that patients could easily access and use if they wished. We saw that the complaints procedure was displayed in the reception area.

We looked at one of the procedures that were available to check how the practice approached the control of known risks. This was about the risk of mercury poisoning. The practice used only encapsulated mercury to reduce the risk of spillage and ingestion by staff. The risk assessment identified that the suction system in place ensured that material from mercury amalgam fillings would not enter the surgery environment. We saw the practice had a mercury spillage kit. The quality assurance system ensured the practice was able to effectively identify, monitor and manage risks to people who use, work in or visit the practice.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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