

Review of compliance

<p>Mr Babak Ghalekhany Regent Street Dental Surgery</p>	
<p>Region:</p>	<p>East</p>
<p>Location address:</p>	<p>102 Regent Street Cambridge Cambridgeshire CB2 1DP</p>
<p>Type of service:</p>	<p>Dental service</p>
<p>Date of Publication:</p>	<p>May 2012</p>
<p>Overview of the service:</p>	<p>Regent Street Dental Practice is owned by Mr Babak Ghalekhany and is registered to provide, 'Treatment for disease, disorder and injury', 'Surgical procedures' and 'Diagnostic and screening procedures'. The majority of the dental treatment carried out by the practice is to National Health Service (NHS) dental patients, although they provide a service to a small number of</p>

	privately paying patients.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Regent Street Dental Surgery was not meeting one or more essential standards. Improvements are needed.

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 28 February 2012, talked to staff and talked to people who use services.

What people told us

People told us they had been provided with sufficient information about their dental treatment and they had made choices about their treatment. One person said, "I feel I have been given all the information that I want to know." Another person said, "The dentist provides precision quality dentistry. They are a good dentist and give very fine treatment".

What we found about the standards we reviewed and how well Regent Street Dental Surgery 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 is compliant with this outcome. People using the service are treated with respect and are given information to ensure they understand their treatment and the choices they can make.

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

The provider is compliant with this outcome area. People experience safe and effective treatment after their needs have been assessed.

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

The provider is not compliant with this outcome area. Staff have not been trained in

safeguarding to ensure that they can appropriately respond to a safeguarding concern. There are no suitable safeguarding policies to demonstrate how the service will safeguard children and vulnerable adults or indicate how the service adheres to the Local Authority's published safeguarding guidelines for health and social care services.

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

The provider is compliant with this outcome. Improvements should be made to ensure that the decontamination policy is reviewed and refers to current Department of Health guidance. Further improvements should be made to ensure that a suitable magnifying glass is used to inspect instruments for cleanliness.

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 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

We spoke with nine people during our visit on 28 February 2012. People told us they had been provided with sufficient information about the practice and their dental treatment. One person said, "I am always made welcome whenever I have been here. I feel I have been given all the information that I need to know about the practice and what they offer".

Another person said, "I was given choices about the treatment I could have and how much it would cost me".

Other evidence

We observed people being made welcome by the receptionist as soon as they arrived. We witnessed the dentist and dental nurse being polite to people and explaining to them the treatment they were going to provide.

We noted that there were 'patient comments' forms available in the reception area inviting people to submit any comments to the practice.

We read information about charges for specific types of treatment and literature about various dental treatments. There were complaints process leaflets available for people to read in the reception area and in the waiting room. The complaints process stated

that people making a complaint would be responded to within three days, although there were no references to the role of the General Dental Council or the local PCT, or other agencies where a complaint could also be referred to. This was discussed with the dentist who agreed that people could be provided with additional complaints information.

Our judgement

The provider is compliant with this outcome. People using the service are treated with respect and are given information to ensure they understand their treatment and the choices they can make.

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 we spoke with made positive comments about their care and treatment. They told us that they had been able to make choices and had been offered full explanations about their treatment. One person said, "The dentist is very re-assuring and explains everything to me. I know what treatment I am going to receive". Another person who had received treatment during our visit said, "The dentist did a great job. I had re-arranged my appointment and this was easily managed by the dentist. I am very satisfied". Another person said, "The dentist provides precision quality dentistry. They are a good dentist and give very fine treatment".

People told us their oral healthcare had been assessed during their initial visit to the dentist which was emphasised by two people who had attended the surgery for the first time during our visit. They said they had been given a full explanation of their oral healthcare needs. They also said they had been given advice about dental hygiene and confirmed that they had been asked about their general health and if they were taking any medication.

Other evidence

The practice employs one dentist, one full time dental nurse and a receptionist.

Clinical records showed that dental records had been kept as digitalised computer records, as well as some paper records. Annual requests for medical updates had been signed as agreed by people using the service. We saw that screening for general health and medication had been routinely carried out each time a person attended the surgery.

Estimates of costs of treatments had been provided for people.

All of the people who used the practice saw the same dentist on a continuing basis and had been provided with continuity of care. The dentist had personally ensured that emergency services had been provided for people they had treated.

People were provided with appropriate dental healthcare information in the waiting area. This information included details about a dental helpline and teeth whitening processes. We were advised by the dentist, that as they had recently moved into the premises there was not as much information available for people as there usually was and that additional information about dental techniques would be made available to people soon.

Our judgement

The provider is compliant with this outcome area. People experience safe and effective treatment after their needs have been assessed.

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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to one young person who was attending the dentist during our visit. They told us they were with an appropriate adult and would be accompanied into the treatment room.

Other evidence

All staff had a satisfactory Criminal Records Bureau (CRB) disclosure.

We spoke with staff who informed us that they had not received any Child Protection training or any Safeguarding Vulnerable Adult training.

We read a 'Child Protection Policy Statement' and a, 'Child, Young Person & Vulnerable Adult Policy'. Both documents had been prepared by the British Dental Association (BDA) and had not been written as specific policies for Regent Street Dental practice. The 'Child Protection Policy Statement' was brief and showed that the service did not have satisfactory measures in place to ensure that children would be safeguarded from harm.

There was no reference in either policy documents about the role of the Local Authority, or to their guidelines for protecting children, or vulnerable adults. There were no guidelines available that staff could refer to. The policies did not indicate how the service would respond to a concern and there was no reference to the reporting mechanisms for allegations of abuse, or to the training that staff should undertake to enable them to protect children and vulnerable adults from abuse.

When we spoke to staff they were not familiar with how they should respond to a concern of abuse and were not aware of how, or to where this should be reported to.

There was not any information to inform people about safeguarding children and vulnerable adults.

Our judgement

The provider is not compliant with this outcome area. Staff have not been trained in safeguarding to ensure that they can appropriately respond to a safeguarding concern. There are no suitable safeguarding policies to demonstrate how the service will safeguard children and vulnerable adults or indicate how the service adheres to the Local Authority's published safeguarding guidelines for health and social care services.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with told us the practice was clean whenever they had visited.

Other evidence

During our visit we observed that all areas of the surgery were clean and tidy and had been well maintained. All of the fittings and equipment in the surgery were new and in good condition. The two treatment rooms and the room where the decontamination processes takes place were clean and tidy.

We read the infection control manual and an infection control policy. The policy named a lead person, the registered provider, who was responsible for infection control procedures within the practice. The policy was written in 2003 as a standard policy issued by British Dental Association (BDA) and did not refer to current Department of Health guidance. This was identified by the registered provider as a policy for potential review.

We were shown the decontamination process by the dental nurse. Instruments were hand scrubbed and rinsed and then put into an autoclave for sterilisation. There was no magnifying glass to inspect instruments although we were advised by the registered provider that they were in the process of purchasing a new magnifying glass.

Two sinks were available for use in the decontamination room. Records had been kept to confirm the daily temperatures of the first wash of the autoclave, but had not been retained for each subsequent daily sterilisation. It was discussed with the registered provider that the practice should retain records of every time the autoclave is used to sterilise equipment. It was noted that the trays used to place instruments on in the

autoclave were discoloured and worn. The dentist advised us they would replace these with new trays.

Instruments were not bagged up after sterilisation but were stored in separate trays covered and ready for use as specific sets of instruments.

We read daily and weekly testing of the autoclave and the records for the daily cleaning and decontamination of the surgery.

Staff wore uniforms with short sleeves, to reduce any risks of cross infection.

Suitable arrangements were in place for the regular servicing of equipment and the removal of contaminated waste products.

Our judgement

The provider is compliant with this outcome. Improvements should be made to ensure that the decontamination policy is reviewed and refers to current Department of Health guidance. Further improvements should be made to ensure that a suitable magnifying glass is used to inspect instruments for cleanliness.

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: Improvements should be made to ensure that the decontamination policy is reviewed and refers to current Department of Health guidance. Further improvements should be made to ensure that a suitable magnifying glass is used to inspect instruments for cleanliness.</p>	
Surgical procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns: Improvements should be made to ensure that the decontamination policy is reviewed and refers to current Department of Health guidance. Further improvements should be made to ensure that a suitable magnifying glass is used to inspect instruments for cleanliness.</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: Improvements should be made to ensure that the decontamination policy is reviewed and refers to current Department of Health guidance. Further improvements should be made to ensure that a suitable magnifying glass is used to inspect</p>	

	instruments for cleanliness.
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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.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

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>How the regulation is not being met: Improvements must be made to ensure staff are trained in safeguarding and can appropriately respond to a safeguarding concern. There should be suitable safeguarding policies to demonstrate how the service will safeguard children and vulnerable adults and the policies should indicate how the service adheres to the Local Authority's published safeguarding guidelines for health and social care services.</p>	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: Improvements must be made to ensure staff are trained in safeguarding and can appropriately respond to a safeguarding concern. There should be suitable safeguarding policies to demonstrate how the service will safeguard children and vulnerable adults and the policies should indicate how the service adheres to the Local Authority's published safeguarding guidelines for health and social care services.</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>How the regulation is not being met: Improvements must be made to ensure staff are trained in safeguarding and can appropriately respond to a safeguarding concern. There should be suitable safeguarding policies to demonstrate how the service will safeguard children and vulnerable adults and the policies should indicate how the service adheres to the Local Authority's published safeguarding guidelines for health and social care services.</p>
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The provider must send CQC a report that says what action they are going to take to achieve 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.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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