

Review of compliance

Mr. Michael Naylor High Green Dental Practice	
Region:	Yorkshire & Humberside
Location address:	3 Wortley Road High Green Sheffield South Yorkshire S35 4LQ
Type of service:	Dental service
Date of Publication:	February 2012
Overview of the service:	High Green Dental Practice is situated in the centre of High Green village . It is a converted building with an extension. The dental surgery comprised of a reception, waiting areas, seven treatment rooms and decontamination rooms. It had disable access and toilet facilities. The practice provides NHS dental services and the contract with NHS Sheffield is held by Mr. Michael

	<p>Naylor and Mrs. Margaret Naylor in partnership. They also provide a range of private treatment.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

High Green Dental Practice was meeting all the essential standards of quality and safety.

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 2 February 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

We spoke with a number of people who used the service. They told us they were very satisfied with the care and treatment provided at the practice. People said "I have been coming to this dentist for years, they always involve me in decisions about my treatment and the dentist always puts me at ease before treatment commenced." One person told us that they were there because they had a loose tooth. The dentist had explained that the tooth needed to be extracted, and the dentist had spent time speaking to the person about their fears before starting treatment.

What we found about the standards we reviewed and how well High Green Dental Practice was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used the service were treated with respect and involved in discussions about their treatment.

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

People received effective, safe and appropriate treatment.

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

People were protected from the risk of abuse, and they had their rights protected.

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

People are protected against the risk of exposure to a health care associated infection.
Staff receive appropriate annual up dated training in infection control.

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 a number of people who used the service. They all said they were very satisfied with the care and treatment they received at the practice. People said they were fully involved in decisions about their treatments and the dentists were excellent at explaining the treatment they received. People told us the dentists gave them information about the treatment options and explained the cost of the treatment. One person told us they lived quite a long way from the surgery, but they didn't mind travelling as they had built up trust in the dentist they were seeing. People we spoke with told us they were able to choose which dentist they wanted to see and understood that sometime they would be seen by a student who was on placement at the practice from Charles Clifford Dental Hospital

We asked people if they had ever made a complaint about the care and treatment they received. Two people we spoke with told us, "We sometimes find that appointments are running late, but the receptionist always informs us about how long we can expect to wait".

Other evidence

We saw evidence of completion and signing of FP17 forms (The FP17 DC form is one that must be signed by the patient before seeing the dentist to consent to being seen on

the NHS for an examination and whether charges apply. This form also needed to be signed on completion of treatment). We observed people in the waiting room that were completing the forms and the reception staff gave assistance to those who needed help. The staff also explained to people about the charges for treatment.

We spoke with the regional manager (employed by the providers to work between the two practices) at the practice about patient records and they showed us a number of treatment records (computerised). These demonstrated that the medical history of the patients was checked at regular intervals (generally at each visit). We saw evidence in the records we looked at of discussion regarding diagnostic test results, treatment choices, medical risk assessments and advice given.

The practice was pro-active in obtaining the views of people who used the service. We were shown examples of 'patient satisfaction questionnaires'. Staff told us they asked patients to take part in satisfaction questionnaires for each of the dentists at the practice. We were shown the outcome from the most recent questionnaires and they showed excellent satisfaction levels. There was evidence that the outcomes were discussed at practice meetings.

There were a variety of information leaflets available for people who used the service in the reception and waiting room areas. These included information on prevention of tooth decay, dental hygiene, dental insurance plans and information about the local primary care trust, which the practice had contract with for NHS treatment. There were also general information leaflets about the practice which were available on reception which included opening times, how to book appointments and brief details about the dentists working at the practice. The leaflet also gave examples of treatment charges which included charges for urgent treatment and the three bands of treatment offered at the practice. We asked if the information leaflets were available in other formats and languages and we were told that this would be considered if required. We were told that they had access to interpreters if required. This facility was available via the PCT (Primary Care Trust) and usually was accessed over the telephone. We also saw posters in the waiting area which offered help with stopping smoking. This advice service was also available to people who used the service.

The complaints procedures were displayed in the waiting room and we were told that all complaints were acknowledged in writing. We looked at the complaints records and they were dealt with swiftly.

Our judgement

People who used the service were treated with respect and involved in discussions about their treatment.

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

We looked at the computerised dental records of several people who used the service. They showed evidence of all the treatment people had received. The records included the person's family history, their individual medical history and any information on allergies the person may suffer from which may affect their treatment. The records also provided information about disabilities, for example a hearing, sight or physical disability. We spoke with one dentist working at the practice on the day of our inspection who had responsibility for supervising the treatment carried out by the students. The dentist told us that the students were in their final year of training and were very competent.

We were shown how appointments were allocated to the dentist working at the practice. This included time slots which would be required to ensure the dentist had sufficient time to carry out the treatment for each patient. Additional time was allocated to the students to ensure their work could be checked by a qualified dentist.

We found evidence that the practice had up to date clinical guidelines for dental treatments in place such as NICE guidelines, (The National Institute for Health and Clinical Excellence) dental recall clinical guideline which helps clinicians assign recall intervals between oral health reviews, that were appropriate to the needs of individual patients. The guideline took into account the potential of the patient and the dental team to improve or maintain the patient's quality of life and to reduce morbidity associated with oral and dental disease.

The practice had an emergency drugs kit and oxygen available. There were records of the oxygen cylinder being checked to ensure that the flow meter was in working order and that there was a sufficient level of oxygen available in the event of an emergency. There was a selection of oxygen masks available. The emergency and first aid kits were stored in the room where records were stored and was accessible to staff. All the staff received training annually in first aid/ basic life support skills . We were shown records of significant events which included incidents that had occurred in the practice. A staff member described a recent event where a person had fainted in the surgery. We were informed that staff were able to deal with such events by administering first aid to the individuals.

Other evidence

We looked at the computerised dental records of several people who used the service. They showed evidence of all the treatment people had received. The records included evidence of the person's family and medical history and indicated if the person was allergic to anything which may affect their treatment. The records also provided information about disabilities, for example a hearing, sight or physical disability. We spoke with one dentist working at the practice on the day of our inspection who had responsibility for supervising the treatment carried out by the students. He told us that the students were in their final year of training and were very competent.

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Our judgement

People received effective, safe and appropriate treatment.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not discuss this outcome with people who used the service.

Other evidence

We spoke with staff about their understanding of safeguarding people who used the service. They told us that they received both child and adult protection training and were aware of their responsibilities. The training included policies and procedures and oral questioning to check their understanding.

We were shown the practices safeguarding procedures which included a flow chart which told staff what they should do if they suspected an incident of abuse had taken place. Staff who we spoke with demonstrated a good knowledge and general awareness of safeguarding. Staff told us that they had meetings every six to eight weeks so that they could discuss best practise. Staff told us that the providers were very supportive and encouraged professional development, in all aspects of their job. One member of staff told us that they were encouraged to "Learn for life." They said the providers encouraged them to undertake training to be a qualified dental nurse radiographer.

The practice had strict recruitment and selection procedures and all staff had an enhanced Criminal Records Bureau check before commencing employment. Staff were registered with the General Dental Council which regulates dental professionals and the practice was registered with the British Dental Association (BDA). The practice had achieved the award for Investors in People which is an award given to organisations

who excel in developing their workforce.

We spoke with Mr Naylor about their understanding of the Mental Capacity Act 2005 and the implication the Act may have on how they worked within their practice. They had a good understanding of their responsibilities and were able to access advice and support if required.

Our judgement

People were protected from the risk of abuse, and they had their rights protected.

Outcome 08: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with a number of people who used the service. They told us that the dentists and nursing staff always wore protective clothing, before carrying out any treatment. People told us that they also wore aprons and were given protective glasses to wear prior to treatment. People said the treatment rooms were always, "Spotless and very hygienic".

Other evidence

The practice was compliant with the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). The HTM 01-05 was designed to assist all registered primary dental care services meet satisfactory levels of decontamination. We found evidence of the practice having undertaken audits and demonstrated compliance with HTM01-05 standards.

Staff confirmed they had received immunisation against Hepatitis B and immunisation status was checked. This was recorded on staff files.

The practice facilities were clean, modern and well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in each of the treatment rooms. The appropriate hand washing procedure was displayed over the sinks as required and the correct soaps and moisturisers were available.

We observed staff working at the practice, they all wore clean uniforms and we saw good hand washing practises throughout the inspection. Staff were seen working in the sterilization areas and they changed their gloves and aprons after each part of the process. Staff were able to confirm that they were supplied with the correct personal

protective equipment (PPE) when working in the surgery or carrying out decontamination procedures.

Staff were able to talk us through the decontamination processes and they showed us the records to support their work in this area. We observed that correct practices for the decontamination and sterilisation process were undertaken as per HTM01-05 requirements. We saw the arrangements for the cleaning and lubrication of hand-pieces (drills). Sterile instruments were bagged and dated with sterilisation date and use by date. We were told that they had equipment to examine instruments after the cleaning process was completed. This ensured the instruments were fit for purpose.

Dentists and dental nursing staff had received up date training in decontamination as part of their continuing professional development. Staff were able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control. There were infection prevention and control policy and procedures in place that were up to date. We saw evidence that all staff had received up to date annual training in infection control.

Our judgement

People are protected against the risk of exposure to a health care associated infection. Staff receive appropriate annual up dated training in infection control.

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