

Review of compliance

Mrs. Jillian Cooper Dental Care with Jill Cooper	
Region:	North West
Location address:	152 Rushgreen Road Lymm Cheshire WA13 9QW
Type of service:	Dental service
Date of Publication:	April 2012
Overview of the service:	<p>Dental Care with Jill Cooper is located in a residential area in Lymm and provides general dental treatment to both NHS and private patients. Four dentists work at the practice from two separate treatment rooms.</p> <p>The ground floor treatment room is accessible to wheelchair users although the WC is not as it is located upstairs. There are car parking bays at the front</p>

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

Our current overall judgement

Dental Care with Jill Cooper 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 and carried out a visit on 16 March 2012.

What people told us

We spoke to a sample of two patients who were attending the practice during our visit. They said that the staff and level of service experienced was "good".

Patients told us they were given information about their treatment options and costs and knew what to expect before consenting to treatment. One patient reported that they had been registered at the practice for many years and also had other family members signed up with the practice.

Patients spoken with reported they were very happy with the level of service and care offered. Patients reported that staff were caring, professional and helpful.

People informed us that they had no complaints and told us that if they had a problem they would speak to their dentist or another member of the practice

What we found about the standards we reviewed and how well Dental Care with Jill Cooper 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 use the service have their privacy, dignity and independence respected and their views taken into account.

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

and supports their rights

Patients experience effective, safe and appropriate care, treatment and support that meets their needs.

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

Safeguarding procedures are in need of review and development to ensure the overall safety of vulnerable adults.

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

The practice has systems in place to ensure the environment is clean and patients are protected from risks of infection.

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 to a sample of two patients who were attending the practice during our visit. They said that the staff and level of service experienced was "good".

Patients told us they were given information about their treatment options and costs and knew what to expect before consenting to treatment.

One patient reported that they had been registered at the practice for many years and also had family members signed up with the practice.

Other evidence

The practice has two separate treatment rooms where consultations take place. Overall, each treatment room offered privacy to patients however the first floor clinic had no covering on the windows which were opposite residential houses. This was highlighted for review to enhance the privacy of patients.

Staff spoken with described how they always keep doors closed to safeguard each patient's privacy and explained how they tried to talk to people to help them relax and put them at ease whilst receiving treatment.

The waiting and reception area contained a variety of dental health information leaflets for people to view and this included practice information giving details of arrangements for emergency treatment and how to raise concerns. A suggestion box was available in the reception area to enable people to discreetly share their views on the service.

Reception staff told us of various ways they try to maintain and protect the privacy and confidentiality of patients. Staff informed us that they ask patients for their details over the phone which helped to ensure their details were kept private and not heard openly at reception. Staff also advised that sometimes they went to the patient in the waiting room with forms to fill in so they didn't need to verbally speak openly in reception or they would use the conservatory.

The computer screen used by the receptionist was positioned so it could not be read by patients at the counter. We noted that the majority of patient records were stored electronically although some paper copies were stored in filing cabinets.

The ground floor has wheelchair access to the waiting and reception area and a treatment room. There is only one toilet in the building which is not accessible to wheelchair users as it is located on the first floor.

Our judgement

People who use the service have their privacy, dignity and independence respected and their views taken into account.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Patients spoken with told us that they were very happy with the level of service and care offered. Patients reported that staff were caring, professional and helpful.

People reported that they had no complaints and told us that if they had a problem they would speak to their dentist or another member of the practice staff.

Other evidence

The practice offers private and NHS treatment to patients.

We looked at the dental notes of four patients and saw that their relevant medical history had been reviewed and recorded. The notes were detailed and provided an overview of treatment options, prognosis and treatment provided. We noted that consent had been sought, recall periods discussed and that health promotion advice had been given where necessary. This was also confirmed in discussion with patients spoken with during the visit.

The practice uses diagnostic x-ray equipment in each of the two treatment rooms and we saw that local rules for its use were displayed in each. A member of staff was identified as the radiation protection supervisor and we saw that a satisfactory radiation protection advisor's report had been completed in the previous twelve months and was available for inspection. Certificates were also available to confirm other equipment in use at the practice had also been routinely serviced.

We talked to staff about emergency procedures and they were familiar with them. Staff had received basic life support and medical emergencies training and they all knew where the emergency equipment was kept. Emergency equipment was readily available and included emergency drugs, oxygen and a newly purchased defibrillator. Staff showed us audit checks that they regularly carried out to check on the safe storage of these resources.

Our judgement

Patients experience effective, safe and appropriate care, treatment and support that meets their needs.

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

No issues of concern were received from patients using the service regarding this outcome area.

Other evidence

The practice had a child protection policy and basic vulnerable adults guidance in place. The practice manager agreed to also obtain a copy of the local authority's adult protection procedures for staff to reference.

We spoke to two reception staff and a dental nurse during our visit to ask them about safeguarding procedures. Staff spoken with understood their responsibilities and stated they would have no hesitation in reporting their concerns. Staff acknowledged they had received training for safeguarding children but reported that they had not covered vulnerable adults. Training records viewed indicated that some other staff had completed training in safeguarding both adults and children however some gaps were noted which were in the process of being addressed.

Enhanced Criminal Record Bureau (CRB) checks had been completed for dental practitioners however no evidence of a CRB certificate was available for some staff with patient contact. The practice manager advised that she would continue to extend and periodically review these checks for all staff which will ensure good practice in managing safeguarding.

Our judgement

Safeguarding procedures are in need of review and development to ensure the overall safety of vulnerable adults.

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 to two patients who had used the practice for several years. Both told us they were always happy with the cleanliness of the building in general and the surgery rooms in particular. They both confirmed that they were offered protective equipment such as bibs and eye shields when necessary and that the staff wore appropriate equipment.

Other evidence

When we visited the practice we viewed all parts of the environment and had a full tour of the building. We noted that the premises and treatment rooms were clean and tidy and of a satisfactory standard.

A number of policies / protocols had been developed to provide guidance for staff on a number of areas such as infection control and decontamination. We discussed infection control policies and the filing systems with the provider and practice manager as some records were difficult to locate. We received confirmation that improvements would be made in this area to improve accessibility.

Staff spoken with were able to explain their roles in maintaining good procedures for preventing cross infection. A dental nurse advised that when each patient was seen in the treatment room staff had specific tasks in cleaning the area in between each patient's appointment.

A dental nurse spoken with explained the procedures for carrying out the transfer, processing and storage of instruments to and through the decontamination room. We

spoke to staff about the procedures and it was clear that they understood them and carried them out appropriately.

The practice's decontamination facilities were housed in a separate room to those in which treatment took place and met the essential requirements as outlined by the department of health. We saw that the equipment was suitable, appropriately installed, maintained and checked.

We noted that all staff wore uniforms and were seen to be wearing personal protective equipment at all times. Staff told us that they always provided protective equipment to their patients during their treatment.

We saw that the practice had an arrangement for the disposal of waste with a suitable contractor.

Hand washing facilities and alcohol dispensers were provided. There were appropriate facilities for the disposal of sharps and procedures for needle stick injuries.

Our judgement

The practice has systems in place to ensure the environment is clean and patients are protected from risks of infection.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Safeguarding procedures are in need of review and development to ensure the overall safety of vulnerable adults.	
Surgical procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Safeguarding procedures are in need of review and development to ensure the overall safety of vulnerable adults.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Safeguarding procedures are in need of review and development to ensure the overall safety of vulnerable adults.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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