

# Review of compliance

Mrs. Purvi Precious Far Headingley Dental Care	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	174 Otley Road Headingley Leeds West Yorkshire LS16 5LG
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	July 2012
<b>Overview of the service:</b>	Far Headingley dental practice is situated in the Headingley area of Leeds. The dental practice comprises of a combined reception and waiting area, two treatment rooms and a decontamination room. It has a toilet facility and car parking is available. The practice provides a dedicated service for private patients.

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

## Our current overall judgement

**Far Headingley Dental Care 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 5 July 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

Two people said they had attended the practice for a number of years. All three people that we spoke with told us they were very satisfied with the care and treatment they received.

People said they were fully involved in decisions about their treatments and the dentist was very good at explaining the treatment they received. People told us the dentists gave them information about the treatment options and the costs were explained. They told us they felt comfortable to ask questions about the treatments available if they wished to do so. All three people we spoke with also told us that their confidentiality and dignity was always maintained and respected.

All three people we spoke with told us they were happy with the care they received and no concerns were expressed about the treatment provided at the practice. People told us if they had any concerns or complaints they would discuss them with members of staff, the practice manager or the dentist and they were confident of using the complaints system if they needed to.

Everyone with spoke with told us that the practice was always clean, tidy and they had no concerns with the hygiene.

### What we found about the standards we reviewed and how well Far Headingley Dental Care 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. People's privacy, dignity and independence were respected.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

**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. People were cared for in a clean, hygienic environment.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

**Outcome 17: People should have their complaints listened to and acted on properly**

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

**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

We spoke with three people who used the service during our inspection. Two people said they had attended the practice for a number of years. All three people told us they were very satisfied with the care and treatment they received.

People said they were fully involved in decisions about their treatments and the dentist was very good at explaining the treatment they received. People told us the dentists gave them information about the treatment options and the costs were explained. They told us they felt comfortable to ask questions about the treatments available if they wished to do so. All three people we spoke with also told us that their confidentiality and dignity was always maintained and respected.

One person told us "The dentist is very relaxed and I am able to ask questions" and "My appointments are always on time." Another person told us "Everything is explained in a lovely way and I feel reassured" and "I feel fully involved in the planning of my treatment and care." One person said "The service is very focused on me and I am involved in my treatment" and "I feel my comments and input are valued."

All the people we spoke with told us that they made routine check up and follow up appointments before they left the dentist. They also told us that there were very rarely

waiting times to be seen by the dentist. However, if the dentist was running a little behind each person told us they were kept informed about the delays. The three people we spoke with said that if they needed an emergency appointment they would be seen the same day. They also told us if an appointment was not pre-booked, a letter was sent or phone call made to the person to remind them when they had an appointment due.

Everybody we spoke with told us staff were friendly, pleasant, approachable and professional. One person told us "The staff make a refreshing change from my last practice."

### **Other evidence**

We looked at the information available to each person. A range of information was available in the waiting area of the practice. These included information regarding treatment fees and options, teeth whitening, dental implants, patient testimonials and patient survey feedback. The practice manager told us that the information was also available in different formats if required, these included Braille and large print. The practice also produced a newsletter. We saw that the summer 2012 newsletter was available in the waiting area. A practice information leaflet was available for people who used the service. The information included the dental team, appointments, payment options and the range of services. Specific treatment information leaflets were also available, these included sensitive teeth, children's teeth and teeth and braces.

People who used the service understood the care and treatment choices available to them. People were given appropriate information and support regarding their care or treatment. People were able to express their views and were involved in making decisions about their care and treatment. One dentist told us that they used a TV monitor to visually demonstrate and explain to each person their plan of treatment.

Peoples' diversity, values and human rights were respected. We observed staff treating people with respect, being polite and courteous. We spoke with five members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and confidentiality. The practice had policies on involving patients and confidentiality. Staff signed to say they had read and understood these policies. The practice manager and the dentists had also received training in 'the patient journey'. This included first contact, patient's needs and how the patient experience could be improved. 'The patient journey' training was disseminated to staff at 'lunch and learn sessions'.

The practice carried out surveys to obtain the views of patients. The last survey was conducted in May 2012. The practice manager told us that the survey results were analysed and action taken where necessary. The practice also had a suggestions box in the waiting area for people to use if they so wished. They told us that any suggestion would be looked at and considered.

### **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. People's privacy, dignity and independence were respected.

## 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 spoke with three people who used the service. All three people we spoke with told us they were happy with the care they received and no concerns were expressed about the treatment provided at the practice.

One person told us that the "Care is always good I have no complaints." Another person told us "I am 100% looked after" and "I feel care is personalised, they do look after you and I feel safe." One person said "My care and treatment goes beyond my expectations" and "I cannot praise them highly enough. They are amazing. I can't think of a bad thing to say about them. Standards have got better over the years."

##### Other evidence

We looked at the records of three people who used the service. The practice used an electronic based record keeping system. We saw that information about the patient such as medical history and allergies had been completed in all records. We could see that the notes contained detailed information about patient attendances and treatments. X-rays and consent to treatment forms were also present in each person's record. Members' of staff told us that medical and dental history was checked by the person every six months and the person confirmed the information was up to date. However, a verbal check of people's medial history and medication was completed at each visit. Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care needs. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's care and treatment reflected relevant research and guidance.

The practice had a number of policies in place. These included care and welfare and medical emergencies. Staff signed to say they had read and understood the policies. We saw the policy folders located in the practice and these were easily accessible to staff. The dentist told us that they followed the NICE guidelines (The National Institute for Health and Clinical Excellence) for dental recall which helps clinicians assign recall intervals between appointments that were appropriate to the needs of individual patients.

We observed people who used the service being greeted as they arrived in the practice and saw evidence that staff communicated with people in an appropriate, respectful, friendly and welcoming way.

There was a system in place to ensure that all staff were made aware of any drug or medical device alerts issued. A member of staff told us that an email would be given to all staff and also relevant issues would be discussed at team meetings. They also told us that time was allocated each day for staff to raise and discuss issues if they needed to.

There were arrangements in place to deal with foreseeable emergencies. 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. The emergency drugs list was checked on a weekly and monthly basis. The emergency equipment and first aid kit was stored securely and accessible to staff.

Most of the staff had received training in first aid, basic life support skills and cardiopulmonary resuscitation (CPR). When we asked staff, they told us that they knew what to do in an emergency. All staff had received training in the past 12 months and training records confirmed this. The practice manager told us they were in the process of arranging medical emergency training for a new member of staff.

The practice manager told us that staff had received training about the Mental Capacity Act and deprivation of liberty safeguards. We saw evidence of this in the staff training files.

### **Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## 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 three people who used the service. All three people told us that the practice was always clean, tidy and they had no concerns with the hygiene. One person told us "The practice is always clean and tidy." Another person told us "Infection control is managed in a way that it makes me feel confident and I don't have to think about it."

We saw that the treatment rooms were tidy, spacious, organised and well laid out.

##### Other evidence

In 2009 the Department of Health published 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' 2009. The HTM 01-05 is designed to assist all registered primary dental care services meet satisfactory levels of decontamination. We found evidence of the practice having undertaken audits and demonstrating compliance with HTM01-05 standards.

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

During our inspection we asked a member of staff to show us the decontamination process currently being used from start to finish. We saw that practice had two rooms dedicated to carrying out decontamination and that there was a clear dirty to clean route through the rooms. Staff were able to talk us through the decontamination processes and they showed us the records to support their work in this area. This included an explanation of the ultrasonic bath, washer disinfector, oiler and autoclave processes. Staff also told us that autoclave checks were carried out using test strips and the daily, weekly and quarterly tests were completed. We saw that sterilised

instruments were pouched, dated, stored and rotated appropriately. We saw that daily and weekly checks were also completed for the ultrasonic bath, the washer disinfectant and both the decontamination rooms. The practice manager told us that 'spot checks' were carried out to make sure all the checks had been completed.

We observed staff working at the practice, they all wore clean uniforms and we saw good hand washing practices throughout the inspection. Staff were able to confirm that they were supplied with the correct personal protective equipment when working in the practice or carrying out decontamination procedures.

The practice facilities were clean and well maintained with appropriate floor and surface coverings. There were 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. A hand sanitizer was also available in the entrance to the practice.

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 received annual training in infection control. Infection control and cross infection control training was also included in the induction programme for new members of staff starting work at the dentist.

We looked at the infection control audit for February 2012. Identified issues were documented and addressed by the dentist and practice manager immediately. There were effective systems in place to reduce the risk and spread of infection.

### **Our judgement**

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

## Outcome 12: Requirements relating to workers

### 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We spoke with people who used the service but their feedback did not relate to this outcome.

##### Other evidence

There were effective recruitment and selection processes in place. We spoke to three members of staff who told us they had been recruited by completing a CV and attending an interview. The provider confirmed staff were recruited by interview, using competency based questions and pre-employment checks were carried out. Appropriate checks were undertaken before staff began work.

The practice had recruitment policies and procedures that the provider used when employing new members of staff. We saw evidence of interview records and references that had been followed up.

The practice had an induction programme for new members of staff. The programme included a range of training courses and responsibilities of the role. The provider also told us that staff were able to work for a trial period. This allowed the dentist and the person applying for the job time to say if the arrangement would suit them.

##### Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

People told us if they had any concerns or complaints they would discuss them with members of staff, the practice manager or the dentist and they were confident of using the complaints system if they needed to.

##### Other evidence

People were made aware of the complaints system. People were given support by the provider to make a comment or complaint where they needed assistance. The service had a complaints policy and procedure and these were available in a clear print format. The practice manager said that they could provide large print or alternative language versions if needed.

The service regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The practice manager told us that she was always available to speak to people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We asked for and received a summary of complaints people had made and the providers' response. People's complaints were fully investigated and resolved where possible to their satisfaction. Checks of the complaints record showed that complaints received in that past year had been handling in accordance with the practice's

complaints policy.

**Our judgement**

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

# 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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