

# Review of compliance

LEH Limited - Waddesdon Dental MK Dental Spa	
<b>Region:</b>	South East
<b>Location address:</b>	ISIS House 50 Tilers Road, Kiln Farm Milton Keynes Buckinghamshire MK11 3EA
<b>Type of service:</b>	Dental service
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	This clinic opened in 2011 and provides private dental services to adults and children. The clinic is located on the first floor and can be accessed by a lift or stairs. Currently two of the four patient treatment rooms are in use. The remaining rooms once completed will be opened for treatment purposes should patient demand increase.

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

## Our current overall judgement

**MK Dental Spa 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 22 February 2012, observed how people were being cared for, looked at records of people who use services, reviewed information from people who use the service, talked to staff and talked to people who use services.

### What people told us

We spoke to one person during the visit who said the practice and its staff were very good. We were told sufficient information including written estimates of treatments had been given prior to treatments taking place. The dentist had explained the proposed treatment and had involved him in the decision making regarding the treatments he had received. He said that he had given consent prior to treatments taking place.

The practice and its environment were described as clean.

### What we found about the standards we reviewed and how well MK Dental Spa 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 were involved in their decisions about care and support. People's privacy and dignity was respected and their independence encouraged. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

People's care and welfare needs were met. On the basis of the evidence provided and the

views of people using the service we found the service to be compliant with this outcome.

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

People were supported and well cared for. On the basis of the evidence provided we found the service to be compliant with this outcome.

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

People have been protected from infections. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

**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 were told sufficient information including written estimates of treatments had been given prior to treatments taking place.

#### Other evidence

Prior to the visit we reviewed the clinic website. We saw information relating to emergency contacts and telephone numbers, treatment information, fees, the clinics location and the latest news.

During the visit we saw patient information leaflets and health related posters displayed in the patient waiting room and throughout the clinic, for example: National Patient Safety Agency (NPSA) hand washing posters and leaflets containing specific dental information. Blank copies of patient satisfaction surveys were in the reception area. The registered manager said patient satisfaction surveys had been introduced for patients to complete the previous week. These surveys asked questions about the building, cleanliness, staff attitudes, patient information, appointments and payments relating to treatments. Information about complaints was also displayed. The registered manager said that to-date no patient satisfaction surveys had been completed.

Currently the clinic has two dental hygienists in post who visit the clinic on Tuesdays.

We were told that new patients receive goody bags and bespoke information relating to their needs. For adults these bags contain goods such as toothpaste and toothbrushes. Children also receive goody bags containing a bubble timer, balloons and stickers.

We reviewed two patients' clinical files which showed patient involvement in their treatments. We saw that patient files comprised of electronic and paper files. The files we saw related to one private patient and one patient who had been referred from the NHS. Information seen within the private patient's files included their details and price code. The medical history had been completed on paper files and had been updated six-monthly in the electronic clinical notes. We saw evidence of consent given; soft tissue and dental examinations documented and a post treatment plan and post operative instructions given. A dentist recall tab identified the patient's next appointment.

The referral patient's files included the following information: specialist referral form, photos and X-ray, completed correspondence tracking form and following treatment a report had been sent to the referring dentist and the patient.

During the visit we observed one member of dental staff working at the reception area. This person was seen to be polite and courteous to patients who came into the clinic for their dental appointment. Following dental treatments this person explained people's treatment plans to them; any associated costs and provided the person with a copy of their treatment plan and fees. The patient was also asked to sign a copy of the treatment plan for the dentist's records. We observed that questions were listened to and appropriate responses given.

We observed peoples' privacy and dignity could be respected as all consultations and treatments due to be carried out on the day of the visit took place in single examination rooms.

### **Our judgement**

People were involved in their decisions about care and support. People's privacy and dignity was respected and their independence encouraged. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## 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 to one person during the visit who said the practice and its staff were very good. The dentist had explained the proposed treatment and had involved him in the decision making regarding the treatments he had received. He said that he had given consent prior to treatments taking place.

##### Other evidence

Information from the clinic website confirmed the clinic offered an out of hours emergency service for emergency dental care to registered patients. Contact telephone numbers were also identified within this section on the clinic website. Dental sedation is also offered for nervous and phobic patients.

The staff we spoke to said they had received annual resuscitation training. Staff said during meetings they had talked through resuscitation scenarios.

Emergency drugs, resuscitation boxes, a defibrillator and an oxygen cylinder were available. A random check of the defibrillator showed it to be working and random checks of drugs and resuscitation equipment confirmed they were in date. We saw monitoring had taken place and completed monitoring records for the resuscitation drugs and equipment were seen. Staff confirmed they had received training in resuscitation techniques and previous resuscitation and defibrillation staff training records were seen dated January 2011. We were told that the next staff resuscitation training session was due to take place on 25 February 2012. Staff induction records confirmed their induction had included an emergency drill.

Paper and electronic records belonging to an existing patient were seen. They showed this person had received an oral health screen as part of their assessment program to ascertain whether there were oral or dental problems. We saw personalised treatment plans had been developed and reviewed regularly. We were told that treatment plans including alternative treatment options had been discussed with the patient and family.

The registered manager is the designated radiation protection supervisor for the clinic. The registered manager said he had completed his radiation protection supervisor training and radiation protection courses in dentistry in 2011. The clinic keeps all information and confirmation of servicing details for the digital X-ray equipment in use at the practice in a designated radiation protection folder. An X-ray inventory was seen for the three pieces of X-ray equipment in use at the clinic. X-ray risk assessments had been undertaken with test dates identified. Service records for X-ray equipment confirmed services as having taken place in January 2011 and February 2012. Local rules were seen for the X-ray machines. Two staff signatures with dates were seen on the local rules confirming they had read and understood the local rules. We noted that X-ray signs were not available or in use when X-rays were being undertaken.

### **Our judgement**

People's care and welfare needs were met. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## 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

People using this service did not comment on this outcome.

##### Other evidence

The clinic has its own adult and child protection policies and procedures in place. We were told that the Milton Keynes safeguarding team's contact numbers were kept in the staff room. These contact details were seen. During the visit the Milton Keynes safeguarding teams safeguarding of vulnerable adults and children's policies and procedures were not available.

During the visit we spoke to two staff who explained the actions they would take if they suspected a safeguarding situation existed. Both said they would assess the situation and approach the manager with their concerns. Both staff said they had discussed protection issues in staff meetings in 2011 with the registered manager and that they would follow the practice adult and child protection policies and procedures in a safeguarding situation. The registered manager said staff had not received formal training in these areas although the practice training log confirmed that six dental staff including the registered manager had received adult and child protection updates in 2011. The training log confirmed the next training had been arranged for March 2012.

The registered manager said staff criminal record bureau (CRB) checks were currently being undertaken on all staff.

#### Our judgement

People were supported and well cared for. On the basis of the evidence provided we found the service to be compliant with this outcome.

## 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

The practice and its environment were described as clean.

##### Other evidence

The clinic was seen to be clean and well maintained.

The infection control and decontamination lead at the clinic is the registered manager. The clinic has an identified infection control policy (September 2009) with supporting procedures in place. We also saw associated policies had been developed to support this policy, for example: use of protective clothing, instruments, decontamination, clinical waste disposal and a policy and procedure for dealing with inoculation injuries.

The infection control policy at the clinic states post inoculation injury that 'advice on post-exposure prophylaxis can be obtained from Stoke Mandeville Hospital 01296 315664', and to record the incident in the accident book.

The registered manager said he had just commenced cross infection training. The two staff we spoke to said they had some knowledge of infection control. One dental nurse said she had just completed her dental nursing course and infection prevention and control had been included as part of this course. The staff induction record showed three staff had completed infection control training in 2011. Two staff had completed this training in 2009 and 2010 respectively.

Discussions with staff confirmed that part of their role involved cleaning the environment and equipment. We saw a number of daily and weekly checks were in place, for example: ultrasonic foil tests, autoclave and surface protein tests had all been

undertaken at weekly intervals. The autoclave service record confirmed its last service had taken place in January 2011. The registered manager said that a legionella assessment was to be completed. On the day of the Care Quality Commission visit we were told that the initial legionella assessment had just been completed.

The dental nurse said patient treatment rooms were prepared and infection control precautions undertaken prior to each patient consultation taking place. The preparation process was explained and we saw specific equipment had been covered by clear plastic after being cleaned. We were told that lines were washed prior to lunch and again at the end of the day. Additional line washes were carried out where the procedure which has been undertaken was complex. We saw that multi-use instruments were cleaned in a vacuum autoclave, labelled with expiry dates and made ready for use.

An infection, prevention and control assessment took place on 1 February 2011. This assessment had looked at: policies and procedures, training, immunization, the practice and surgeries, water supplies, equipment and decontamination, waste and the Health Technical Memorandum 01-05 essential requirements checklist. No issues had been identified following this assessment.

The clinic has an audit tool in place for the prevention of blood borne virus exposure relating to decontamination, hand hygiene and waste. We did not see that any completed audits for these areas in the last year.

The clinic also listed specific risk assessments (February 2011), for example: waste management, clothing and equipment, ionising radiation.

### **Our judgement**

People have been protected from infections. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# 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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