

Review of compliance

CSDP (UK) Limited CSDP (UK) Limited	
Region:	North East
Location address:	6 Church Street Houghton-le-Spring Tyne and Wear DH4 4DN
Type of service:	Dental service
Date of Publication:	March 2012
Overview of the service:	<p>CSDP (UK) Ltd is an established service located in the Houghton Le Spring area of Sunderland providing dental care to the whole population within the area.</p> <p>The practice was registered with the Care Quality Commission (CQC) in 2011, to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures.</p>

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

Our current overall judgement

CSDP (UK) Limited 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, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People that were spoken with were happy with the service provided. They felt they were given enough information about their treatment options and the relevant fees and were able to ask all the questions they wanted to. They found the staff to be friendly and said that they were treated with respect and their privacy was maintained.

What we found about the standards we reviewed and how well CSDP (UK) Limited 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

Overall the provider was meeting this outcome and ensured that people using the service were respected and involved. Their dignity and privacy was upheld.

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

Overall the provider was meeting this outcome. People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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

Overall the provider was meeting this outcome and was ensuring that people were protected from abuse and the risk of abuse.

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

Overall the provider was meeting this outcome. We found the provider had systems in place to ensure the practice was clean and people were protected from the risk of infection.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Overall the provider was meeting this outcome and was ensuring that people could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remained confidential.

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 number of people who used the service about this outcome. The comments given were very positive. We were told that appointments were arranged at a time convenient to the patient but were usually given straight away. Patients were involved in planning their treatment and the procedures were explained to them before treatment started.

We looked at a range of surveys completed by people who attended the practice and the overall results. Comments contained within the surveys were positive and included "very professional" and "very friendly, makes you feel relaxed". The surveys were audited and the results discussed at a practice meeting. After this the comments were responded to and action taken where necessary.

Other evidence

We saw examples of a range of patient information leaflets for people using the service. The information leaflets were displayed in the reception area. We were told that a translator/interpreter could also be arranged if needed through the Local Authority interpreting service for people whose first language was not English or for people who had a visual or sensory impairment.

Our judgement

Overall the provider was meeting this outcome and ensured that people using the service were respected and involved. Their dignity and privacy was upheld.

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 people who used the service about this outcome. They said that the practice was comfortable and staff welcoming. They were happy with the care provided and a thorough assessment of their dental needs was carried out before treatment was offered. Treatment options were discussed with the patient during the assessment and an explanation of the treatment process was given before the patient was asked to sign an acceptance form.

Other evidence

We saw individual medical records showing that treatment options had been explained and a record of the patient's acceptance of the treatment was noted on the computer. Patients were given a copy of their personal treatment plan.

We saw various methods and tools to enable the patient to understand their proposed treatments. These included digital x-rays, hand mirrors, study models and a compendium of dental pictures produced by the British Dental Association (BDA) and Intra/aural cameras so that the patient could see into their mouth. The dentist explained the treatment, keeping the patient fully informed.

We were told that staff were trained in dealing with medical emergencies and saw evidence of staff certificates. We were shown emergency equipment including oxygen, airways and emergency drugs.

We were told that staff had annual training sessions in the surgery and were issued

with a certificate of competence by the Ambulance Service.

We were told that there was a system in place to record all adverse events, accidents and incidents and staff demonstrated knowledge of the Care Quality Commission notification process that they followed to comply with the regulations.

Meetings were held and attended by staff within the practice, to discuss complex and interesting cases and other business relating to the everyday running of the practice.

We were told of a number of ways the dentist was able to keep updated in clinical practice including peer support and review, clinical Audit, and additional training.

Our judgement

Overall the provider was meeting this outcome. People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

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

On this occasion we did not speak to people who used the service about this outcome. Staff told us that the practice provided a service to both adults and children.

Other evidence

The practice had adult and child protection policies in place with contact numbers for the local authority safeguarding team if needed. The BDA had provided information and guidance on safeguarding, whistle blowing, bullying and harassment.

Staff spoken with were aware of the safeguarding referral process in the event of an incident of harm or abuse being reported. We were told that all staff had safeguarding children training and arrangements had been made to enable staff to complete safeguarding adults training. We saw that staff had undertaken safeguarding training as part of their Continuing Professional Development (CPD).

Our judgement

Overall the provider was meeting this outcome and was ensuring that people were protected from abuse and the risk of abuse.

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

On this occasion we did not speak to people who use the service about this outcome. We noted that the practice was clean and well maintained.

Other evidence

The practice had a separate decontamination room as described in the Department of Health document HTM 01-05. We were shown a satisfactory process that ensured compliance with guidance on cross infection..

A staff member demonstrated how the instruments used in the surgery were prepared for decontamination. Instruments were transported to the cleaning area where initial cleaning was completed. The instruments were then passed to the sterilisation area where on completion of the process they were seal packed and dated. There was a clear process in place to ensure that clean and dirty instruments did not contaminate each other. All sterilised instruments had a 21 day life span and if unused the process was repeated.

The practice had a system for quality testing the washer-disinfector and the autoclave each time they were used by using an electronic data logger. A paper record was also maintained noting every time the process was completed and when tests were carried out.

We were shown service agreements and up to date certificates for the checking and maintenance of the decontamination, sterilisation and water systems testing. There were appropriate service agreements were in place for management of waste including clinical, hard and soft waste removal.

We were told that a designated infection control nurse had received training to undertake this role and that other staff in the practice had attended infection control and relevant health and safety updates from internal and external training providers.

We saw up to date infection control audits for instrument decontamination and general infection control audits.

Health and safety information was displayed in the surgery and referred to the use of equipment and safety procedures.

Staff wore uniforms and told us there was personal protective equipment available.

Our judgement

Overall the provider was meeting this outcome. We found the provider had systems in place to ensure the practice was clean and people were protected from the risk of infection.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people who used the service about this outcome. People who used the service could be confident their personal records were up to date, held securely and remained confidential. Other records to protect their safety and well being were maintained and held securely where required.

Other evidence

Policies and procedures were in place for the protection and safe keeping of personal and other records to protect the person using the service. Staff said they adhered to GDC (General Dental Council) guidance on confidentiality. We were shown a comprehensive clinical audit report on dental record keeping prepared by the dentist for the Primary Care Trust. The audit showed a commitment to ensuring records were held appropriately.

The service had clear procedures that were followed in practice, monitored and reviewed, to ensure personal records were kept and maintained for each person who used the service.

On looking round the practice we saw that paper records were maintained securely and guidance in respect of the correct method of disposal of records was adhered to after the required period of time had elapsed.

Our judgement

Overall the provider was meeting this outcome and was ensuring that people could be confident that their personal records including medical records were accurate, fit for purpose, held securely and remained confidential.

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
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

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