

DERBYSHIRE COUNTY LOCAL DENTAL COMMITTEE

Draft minutes of an ordinary meeting

Date:	15 th September 2015
Venue:	Higham Farm Hotel, Higham
Present:	Drs: A Rodick, P Moore, D Hannah, A Dale, J Gale, S Watkinson, J Bendry, P Wilmot, S Evans, D Adams, L Fyfe, E Bates, K Sharan, K Bola, S Arpad, R Blackwell, H Hammond, R Khatib, J Lamb, S Raithatha, J Ward, J ward, L Wragg, J Morrell, C Walker

1.	<p>Welcome</p> <p>Dr Rodick welcomed everyone to the meeting and introduced the meetings speaker, Keith Hayes who was to talk on practices preparing for a CQC visit.</p>
2.	<p>Clinical Management Governance: A system mapped to the CQC Standards</p> <p>Keith Hayes opened by explaining that what he was about to talk about was a simple system devised to help practices satisfy and meet CQC requirements.</p> <p>KH gave a précis of his previous experience, which included thirty-seven years as a dental practitioner in a mixed NHS/private practice; assisting the CQC in regulatory development and inspections; dental board advisor and acting as a co-moderator and answering question for the GDPUK (CQC sub-section).</p> <p><u>Presentation Overview:</u></p> <p>Items to be covered included:</p> <ul style="list-style-type: none">• How to set standards and train the team;• How to create a quality management system (QMS);• Reviewing compliance and the 'living policies' to keep everything updated;• How to think like an inspector – know what they are looking for and questions they are likely to ask;• How to question team like an inspector;• How to review your own practice as an inspector would. <p>The CQC had made changes in what they were looking at and how they were approaching inspections as a result of not getting it right previously. It had been felt that the CQC did not understand dental practitioners and their legal responsibilities, and whilst changes had been made in practices as a result of recommendations by the CQC, practitioners felt that they were not relevant, mainly going unnoticed by both staff and patients.</p> <p>KH stressed that he believed in what the CQC was trying to do and outlined the inspection model being used in 2015. Inspectors would be in eth practice all day and would be looking at 5 areas:</p> <ul style="list-style-type: none">• Safe – if a practice is not safe the CQC is duty bound to put in place legally binding changes.• Effective• Caring• Responsible• Well-led

Whilst there are only two-dozen inspectors they are specialised and would be accompanied by a clinician appointed by the CQC who would be an experienced dental practitioner used to visiting dental practices.

Practices would receive 2-weeks' notice of an inspection and the CQC would request certain information eg staff list, any complaints or compliments. They would also want to see any comments from the patients' comment box.

However:

- if there are any concerns about the practice
- If they are responding to a practitioner issue or concern
- If something was identified at a previous visit that required follow-up
- If they have some new information

They may not give notice.

KH advised that practices not be a 'CQC frequent-flyer'. He also said that practices were obliged to inform the CQC if there was any suggestion that patients might be at risk.

KH then gave some genuine examples of issues found during practice visits where promises had been made to resolve issues, but they hadn't been acted upon. KH advised that if something was identified during a CQC visit that could be easily rectified, to set a date for when this would be completed. In some instances the CQC will close practices, inform them of what needs to be rectified and then would re-inspect at a later date.

The CQC inspection is methodical and data-led. Prior to inspection they will:

- look at any previous reports,
- contact the GDC to see if there are any pending issues;
- contact the NHS Area Team;
- Look at Choices website and also check the practice web-site to check that all relevant information is up-to-date.

What they will do during the inspection is:

- Speak to your staff and patients
- Collect and review comments cards
- Review essential documentation, but they will not inform you in advance what documentation they will be looking at

For private practices they will look at:

- Patient comment cards
- Any pending GDC issues
- Staff
- Payment plan providers
- Website
- They may Google to see if anything comes up on a search.

KH advised practitioners to look at the CQC website – there were provider handbooks on there, which give a broad overview of what to expect during a visit.

KH then spoke briefly about things that the inspectors would be looking for.

Safe:

Systems, processes and practices are in place to ensure all care and treatment is carried out safely.

- Patients must be put first
- Risk assessments
- Building a safe team

- Operate a clinical management system
- You need to convince the inspector that it is safe.

Effective:

- Understand informed consent
- Monitor results
- A good team ethos
- A caring and compassionate culture
- Operate a clinical management system

Responsible:

- Patients and staff are valued
- People are put first
- Issues are listened to
- Detail what has been done

Well-led:

Is a governance system in place to ensure that responsibilities are clear and to monitor quality and performance.

- People put first
- Monitoring processes
- A good team

Preparing for an Inspection

How do you prepare? Look at:

- Previous CQC report
- What do stakeholders say about you? Eg patients/staff/LAT/GDC/Choices/Google
- Have you any disgruntled employees?
- Has everything been fixed that is necessary
- Perform a mock CQC inspection visit – know what they will be looking for.

How do the CQC prepare? Their preparations will include:

- Gathering information about your practice
- Reading any previous reports
- Looking at websites such as Choices
- Identifying if there are any breach notices in place
- Looking at any pending GDC cases
- Arranging the visit

One the day they will:

- Arrive early to put staff at ease
- Sit in waiting room – listening
- Talk to patients
- Try to experience what it is like to be one of the practice's patients
- Ask open questions
- Possibly sit in on a consultation
- Observe how change-over happens
- Observe a decon cycle
- Observe how staff sell a product
- Observe if staff are caring, attentive, knowledgeable and welcoming

	<ul style="list-style-type: none"> • Ask how safety and quality of care is monitored • Determine: 'Is this a well-managed practice?' • They will only inspect on what is seen on the day of the visit. <p><u>How you can improve your preparedness?</u></p> <ul style="list-style-type: none"> • Conduct your own inspection visit first, this will help you determine a base-line and identify areas where you need to improve • Good team work • Ensure relevant documentation is in place and up-to-date • Ensure emergency equipment is in place. • Delegate responsibility for preparing – but keep aware. • Ensure you have good governance systems in place <p>One area that the inspectors will look at is patient consent. This is important to ensure that all patients have understood and give consent to the treatment you are proposing to deliver.</p> <p>KH then explained about the system – Rightpath 4 - that he had devised and which had been used by 350 since February 2015 and which had proved 100% effective so far which was web-based. Most practices were able to manage it themselves, but if a practice visit was required this was available for an additional cost. If there were any particular queries practices could e-mail him and he would respond.</p> <p>A brief Q & A session followed.</p>
<p>3.</p>	<p>Thanks</p> <p>The meeting closed with Dr Rodick thanking KH for his presentation and all the delegates for attending. He hi-lighted that the next general meeting was on 27th October and that observers were welcome.</p>
<p>4.</p>	<p>Date, Time & Venue of Next LDC Meetings</p> <p><u>Unless stated all meetings commence at 7.30pm, at Santos, Higham Farm, Higham.</u></p> <p>2015</p> <p>27th October 8th December</p>