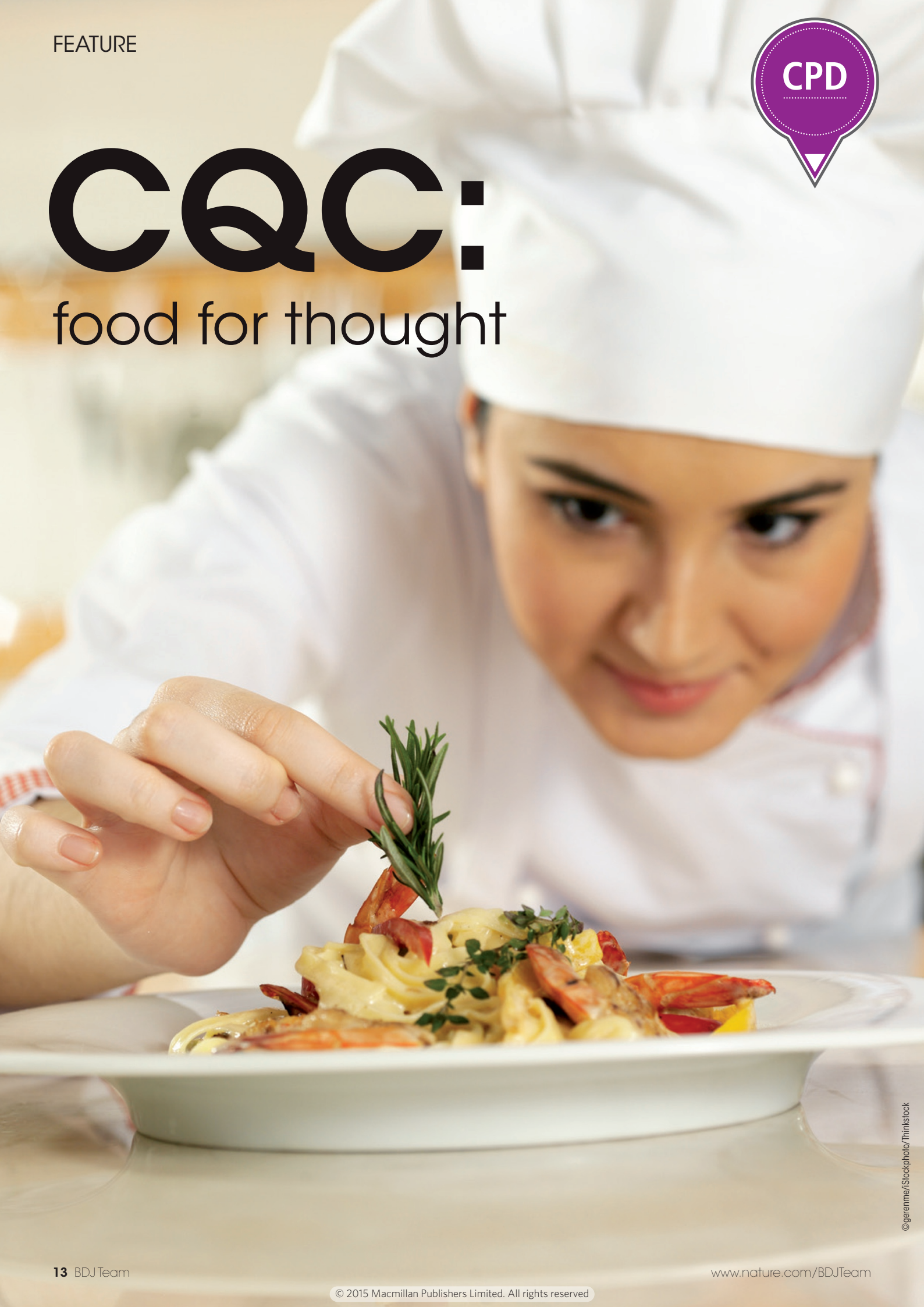




CQC:

food for thought



Michael R. Young¹ explains how you can make CQC work in your dental practice.

Hygiene standards

Dining out in a restaurant or buying food from a takeaway has always been a risky business if you are one of the 2 million people in the UK unfortunate enough to live with food allergies. Even if you are one of the lucky ones and aren't a sufferer, you at the very least like to know that where your food has been prepared, cooked and served all meet certain standards of hygiene. All food businesses are therefore closely regulated and assessed by local authorities and awarded a 'Brand Standard' for food hygiene. You, as a consumer, have the right to know you are safe and that cross-contamination of prepared foods is not going to make you ill. In a dental context, patients also like to know they are safe. Until recently, if you had a food allergy or intolerance you were literally taking your life in your hands if you let someone in any food outlet prepare your food, but not anymore (although the risk has probably not been eliminated entirely, it has been significantly reduced).

A team effort

What has food to do with you and working in a dental practice? Let me explain. First, the production, processing, distribution, retail, packaging and labelling of food stuffs are governed by a mass of laws, regulations, codes of practice and guidance – do you see any similarities to dental practice? Second, in the same way as a practice owner has to put his or her faith and trust in their employees, likewise, the owner of a restaurant relies upon and has to trust their employees to not only give excellent service to his or her customers,

¹Michael managed a dental practice for over 20 years and taught clinical dentistry at two dental hospitals. He co-wrote *Developing your dental team's management skills the Genghis Khan way with his wife, Linda, which will help you understand CQC. This book is designed to be used with Managing a dental practice the Genghis Khan way. Both books are available directly from the publisher at a special offer bundle price of £47.50 (price if bought separately £57.98). Visit www.radcliffehealth.com/shop/managing-dental-practice-developing-your-dental-team-genghis-khan-way-bundle*

but to also adhere to food hygiene regulations and best practice and, with the introduction of the *Allergen information rules (EU Food information for consumers Regulations 1169/2011)* on 13 December 2014, to also know if any of the food they are serving up contains any of the 14 listed allergens.

It is, however, not sufficient for the restaurant owner to simply tell the head chef that they have to do such and such, hoping they will pass the message on to the commis chef, the kitchen porter and waiters. Complying with this latest piece of legislation, which has, after all, been introduced to

looking to involve yourself in the compliance process, finding out, understanding and knowing more about the CQC Outcomes.

In the patients' shoes

Where do you start? I would begin by putting yourself in the patients' shoes, and researching what the CQC has to say about the standards a patient should expect from their dentist and a practice. A lot of the information you need can be found at: <http://bit.ly/1yQwrDf>.¹

Make a list of any shortfalls in your knowledge and anything about which you have not been told, and, for example, if your

'IT IS NOT SUFFICIENT FOR THE RESTAURANT OWNER TO SIMPLY TELL THE HEAD CHEF THAT THEY HAVE TO DO SUCH AND SUCH, HOPING THEY WILL PASS THE MESSAGE ON TO THE COMMIS CHEF, THE KITCHEN PORTER AND WAITERS.'

protect the public, demands employee involvement and certainly some level of training. (According to Food Standards Agency figures, on average ten people die and 5,000 are hospitalised per year due to an allergic reaction involving food, so protecting the public is a serious business.) The point is that introducing and, more importantly, complying with this new allergy regulation has to be a team effort: the owner has to make everyone understand not just why but how the restaurant is going to protect and safeguard its customers. I see similarities between this and dental practices, and compliance with the Care Quality Commission (CQC) Outcomes.

Why?

Understanding why something is done or has to be done in a certain way helps everyone perform to a higher standard. As an employee you should ask yourself two questions: I know the practice has to comply with CQC, but do I really understand *why*? and, having found out why, will this help me understand *how* I can help the practice comply? I am told that one of the major reasons why practices struggle with CQC is because the owner has not involved the rest of the team, so not everyone knows what is going on, which makes compliance much more difficult that it need be. As a member of that team you should be

training plan hasn't been reviewed or updated for a while, or if you haven't even got a training plan.

No one would expect you to have read *all of Essential Standards of Quality and Safety*;² however, the ones you need to know about are to do with patients, employees, care, quality, and the business in general. CQC is about improving the quality of care within dental practices and about patient safety; aren't those things you should care about and be interested in? Restaurant owners who are grappling with *Allergen information rules (EU Food information for consumers Regulations 1169/2011)* should certainly have customer safety at heart.

Breaking it down

Initially you should make yourself familiar with Outcomes 1 (Respecting and involving people who use services), 4 (Care and welfare of people who use services), 7 (Safeguarding people who use the services from abuse) and 8 (Cleanliness and infection control). (Inspectors often start with these.) Then, once you are happy that you have mastered these, move on to find out more about Outcomes 2, 6, 9, 10, 11, 12, 14, 16, 17 and 21.

If you want to find out even more, all of the 28 CQC Outcomes can be found at: <http://www.cqc.org.uk/content/essential-standards>.²



‘RESPONSIBILITY FOR COMPLIANCE WITH CQC OUTCOMES LIES NOT ONLY WITH THE PRACTICE OWNER OR THE DESIGNATED “RESPONSIBLE PERSON” BUT WITH THE WHOLE TEAM.’

Don't try to take all of this in one sitting: read one Outcome a day and in two weeks you'll have a much better grasp of what CQC is all about. The CQC handbook is written in plain English so don't be put off reading it because you think it will be dense with legalistic terms, it's not.

Having improved your knowledge, next talk to other team members and find out if any of them feel that they don't know enough about CQC. Ask the practice manager and/or practice owner if you can all discuss CQC and the specific Outcomes that the team would like more information about in your next team meeting. Take the initiative and ask if there is any training available you can do that is going to help you better understand what is such a crucial part of the practice.

Getting to grips with CQC

I remember at dental school realising that although I could recall the stages involved in carrying out a vital versus non-vital pulpotomy on a deciduous molar, I didn't

really understand what was going on. I knew I would have to know about this throughout my practising life, so I arranged to spend an hour or so with one of the consultants in the children's department, who explained it all to me. Once I completely understood the whole thing I did not have to try to memorise it, it all came to me as second nature. This is what I hope will happen to you once you fully understand CQC.

Anyone who owns a food business or who works in the food industry was probably very busy in the run up to 13 December 2014, pulling together information about what exactly is in every ingredient of every item of food they distribute or serve. By this date they had to put together files listing ingredients and highlighting allergens, which will have been very time consuming and exacting, and ensured that all of their staff had received adequate and appropriate training. It will have involved everyone in the food distribution chain. This will not have been a pointless bureaucratic exercise, and

nor is complying with CQC. Both involve the whole team, and both demand understanding of the process from each and every member of the respective teams.

Not wanting to labour the point, but if you think you don't understand CQC then perhaps it is time you found out by reading, discussion and, if necessary, undergoing additional training. Responsibility for compliance with CQC Outcomes lies not only with the practice owner or the designated 'Responsible person' but with the whole team. If I were still a practice owner I would not expect to have to shoulder the burden on my own: I would make sure that everyone shared some of the responsibility, which they can only do if they want to be involved and if I'd made sure they have received the necessary training. I wouldn't do it this way because I am lazy, I'd do it because dentistry is very much a team effort.

1. Care Quality Commission. *Checking your dentist for the care you should expect to get*. November 2012. Available at: http://www.cqc.org.uk/sites/default/files/documents/20121126_isl025_11_what_you_can_expect_from_your_dentist_lo_res_final_26nov2012_easy_to_read_0.pdf (accessed 29 January 2015).
2. Care Quality Commission. *Guidance about compliance. Essential standards of quality and safety*. March 2010. Available at: http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf (accessed 29 January 2015).

There are two verifiable CPD questions associated with this article. They can be found at www.nature.com/bdjteamcpd (free registration required). An hour of CPD for February 2015 can be completed by reading Is your practice accessible to all?

bdjteam201524