AN INSPECTOR CALLS

one year on

With CQC being in place for over a year, it is now much more apparent exactly what dental professionals need to know, says **Jill Powell** of SAFEcic*.

Safeguarding service users

It has been a year since primary dental care came under the Care Quality Commission's (CQC's) statutory requirement to register and comply with essential standards. This was done to ensure the public receive an appropriate and safe service. There are 28 regulations that determine the work of the CQC; each of the standards has an associated outcome which requires evidence that this standard is being met. This article focuses on outcome 7: 'Safeguarding people who use services from

abuse. People should be protected from abuse and staff should respect their human rights.'

The regulation for this outcome is Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The regulation states:

1. The registered person must make suitable arrangements to ensure service users are guarded against the risk of abuse by means of:
 - a) Taking reasonable steps to identify the possibility of abuse and prevent it before it occurs
 - b) Responding appropriately to any allegations of abuse
2. Where any form of control or restraint is used in carrying on the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being:
 - a) Unlawful
 - b) Otherwise excessive
3. For the purposes of paragraph 1, 'abuse', in relation to service users, means:
 - a) Sexual abuse
 - b) Physical or psychological ill-treatment
 - c) Theft, misuse or misappropriation of money or property
 - d) Neglect and acts of omission which cause harm or place at risk of harm.

Evidence

Inspection will take place at least every two years, or sooner, if there is any cause for concern such as a complaint from a staff member, known as 'whistleblowing', or from a service user. Information on 'whistleblowing' can be found on the CQC website, www.cqc.org.uk.

To be robust and adequate, the CQC requires evidence to:

- Be current, within 12 months or, if it has a

long term focus, longer

- Be reliable, from a credible source and consistent, with evidence that can be confirmed from another source
- Be relevant; the evidence must be related to the regulations and regulated activities
- Be sufficient; there must be an adequate amount of evidence with enough information to make an assessment
- Demonstrate the quality of the outcome, or experiences of those who use the service
- Demonstrate the processes in place to ensure continuing compliance
- Have specialist input if required.

Inspection and stumbling blocks

All providers of primary dental services must be registered to practise. If they are not they are breaking the law. Inspections have now increased for dental practices this year and will continue to increase. Service users are asked their experience of the service, as well as systems and processes studied. If there is any question that government standards are not being met then the inspectors will take action. The dental practice will be asked what they will do to ensure compliance and a time frame will be given for this to be put in place. Fines, formal warnings, suspension or cancellation of registration can be enforced.

Many of the CQC inspection reports confirm that standards are being met; however, it does seem that outcome 7 is failed in more cases than other standards.

Stumbling blocks appear to be:

- Staff recruitment with Criminal Record Bureau (CRB) checks not being done for all practice personnel
- More emphasis put on safeguarding children than vulnerable adults
- Staff not understanding their role within the Mental Health Act 2005
- Not all staff being clear about procedures in place

*SAFEcic

To help you achieve best practice and comply with Outcome 7, SAFEcic is an expert, not-for-profit organisation offering a service to help with this onerous task. SAFE is well established and provides a full range of high quality online and face to face training courses. There are also toolkits and proforma policies and procedures to guide busy managers through the many aspects of safeguarding. All guidance and advice has been developed by experienced professionals in the field of safeguarding and is developed in line with the latest legislation, government guidelines and conforms to the requirements of CQC. SAFEcic can also undertake CRB checks. For more information on membership and services go to www.safecic.co.uk.

- Staff adult safeguarding training not undertaken, even though the legal definition of a vulnerable adult is 'an adult in receipt of care, treatment or supervision'
- Safeguarding training not built in to continuing professional development of staff
- Contact numbers, for local safeguarding services, not available in the practice.

CQC report quotes

Examples of comments from reports undertaken this year are:

'Not all staff had CRB checks which would show if there were any issues which might prevent them from working with vulnerable people.'

CQC Report March 2012

'There was no evidence that staff had had safeguarding training, meaning vulnerable patients were not protected from harm.'

CQC Report January 2012

On balance, many more reports showed compliance of outcome 7, but non-compliance is unacceptable and puts patients and staff at risk of harm.

SCENARIO ONE

An example of best practice

An elderly lady who lives in a care home has attended the practice for her false teeth to be changed. She is attended by a care assistant. The patient smelled strongly of stale urine and, when she got up from the chair, there was a wet patch left on the seat. You point this out to the assistant who says she does not know the lady very well but she is incontinent. You suggest the assistant should report the incident back to the manager of the home.

When the patient leaves you report the incident to your lead safeguarding professional, as well as recording the facts of the incident and resulting action on the practice's safeguarding incident form. The lead professional makes a telephone call to the care home and speaks to the manager who is adamant that it is a one off and will not happen again. This is also recorded.

However, on a return visit the patient is still smelly and wet. A decision is made by the lead to report the concerns about the level of care in the home to the CQC.

Best practice

Best practice ensures that every effort is made to eliminate the possibility that abuse or harm happens or is continued, because of lack of systems and knowledge. Every member of staff should know the systems and learn the lessons available to safeguard both children and vulnerable adults. To enable this to happen, best practice should include:

1. A safeguarding lead person, in a position to hold authority and provide guidance, advice,

and take the lead in referral and action when necessary. A deputy should also be identified

2. Recognising that all adults, whilst undergoing medical treatment are, by legal definition, vulnerable
3. Rigorous recruitment, which includes enhanced CRB checks on all staff. Managers who recruit staff should undergo rigorous recruitment training, available locally or online, to include those who work with children and/or vulnerable adults
4. Adopting policies and procedures, which follow government and local guidelines for children and vulnerable adults separately and should include:

- What to do if abuse or harm is suspected
- How to record concerns and incidences
- How to make a referral, and local contact numbers of relevant referral and advice giving agencies
- Report writing
- How to report a member of staff or concern within the practice (whistleblowing)
- A code of conduct which is made public to demonstrate commitment to safeguard both children and vulnerable adults
- Data protection advice such as the sharing of confidential information
- How to comply with the Mental Health Act 2005 with especial reference to mental capacity and consent
- A confidentiality statement
- E-safety.

5. Developing a relationship with other relevant professionals like the local health visitors and social workers

6. Keeping up to date with both your Local Safeguarding Children Board and Local Adult Safeguarding Board

7. Holding regular team meetings where issues and new information are discussed with all staff

8. Ensuring all staff undertake the relevant level of training in:

- Recognition of abuse
- Making a referral
- Relevant knowledge of relevant legislation and government guidance
- National and local policies and procedure
- 'Whistleblowing'
- Report writing.

SCENARIO TWO

Another example of best practice

A mother attended for her annual check up and brought her 3-year-old child, Megan. When Megan was helped to the chair for the dentist to look at her teeth Sarah, the dental nurse, noticed that Megan had what looked like a bite mark on her arm. When asked how this happened the

mother said a visiting child had bitten Megan when she took his toy. Sarah had just undergone her child protection training and felt sure that the explanation did not fit the injury as the bite mark was much bigger than a child bite.

Sarah discreetly asked to speak with the dentist and the lead person for safeguarding before the mother could leave the practice. Following discussion, the lead member of staff spoke to the mother and told her they were going to have to make a referral to social services. On being challenged the mother acknowledged it was an adult bite and she would make sure it did not happen again. She pleaded with them not to make a referral. It was explained to her this could not happen as the safety of the child was paramount and the practice staff were duty bound to make a referral to social services, who would be able to make the relevant inquiries to ascertain what had happened and what action must be taken. The mother then took her child and left the surgery against staff advice. The referral was made and social services took over the case.

All observations, conversations and actions were recorded, signed and dated.

Essential summary points

It is vital that dental practice management ensure that:

- There is a sufficiently senior member of staff identified to lead on safeguarding issues and a deputy to cover during absence
- All staff are recruited in a way to ensure staff are suitable to work with children and vulnerable adults including a CRB check; enhanced for practitioners, standard for receptionists
- Separate policies and procedures are in place for safeguarding both children and vulnerable adults
- All policies and procedures are regularly updated, along with any new information and guidance being shared with all staff
- All evidence is up to date and comprehensive
- Training is undertaken by all staff as appropriate and built into individual staff continuous development programmes.

For local safeguarding information visit your local Adult Safeguarding and/or Safeguarding Children Board's website (Protection Committees in Scotland and Northern Ireland).

The BDA Training essentials course 'Safeguarding child and vulnerable adults; meeting the CQC essential standards of quality and safety' will be held in London on 21 September 2012. Call 020 7563 4590 to book a place or visit www.bda.org/training.