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CQC inspections – more detailed, more dentally focused

Pat Langley outlines some of the important changes to the way the CQC regulates and inspects, and stresses the importance of keeping compliance 'live'

On 1 April this year the Care Quality Commission (CQC) moved from a requirement to demonstrate compliance with the essential standards of quality and safety, to a requirement to demonstrate compliance with new fundamental standards. The fundamental standards are standards below which the level of care must not fall. Some new regulations were also introduced, such as a specific requirement to have a demonstrable governance system and specific requirements for what happens when things go wrong, as they inevitably do from time to time.

Many of the criteria do remain largely the same though, so it is important not to 'throw the baby out with the bath water'. Many practices have been very concerned that all the work they did for the essential standards regulations is now redundant. This could not be further from the truth. The important thing is that everything is kept up to date and 'live' and that the whole team lives and breathes the practice policies and protocols.

Comprehensive and focused inspections

There are now two types of CQC inspection: a comprehensive inspection and a focused inspection. Comprehensive inspections seek to establish if a practice provides care that is safe, effective, caring and responsive and whether the practice is well led. Focused inspections are always triggered by a concern and the inspection only looks at the area or areas of concern that triggered the inspection.

At the start of every comprehensive inspection the inspector will ask the provider and the registered manager if there are any areas in which they know they are failing to comply with the standards and what actions are being taken to resolve the situation. They will also ask if there are any areas where the practice is exceeding the standards and again will ask for examples.

To answer these questions satisfactorily, practice owners and registered managers will need to have quite detailed knowledge of what the standards require, and to know in some detail how they measure up against the standards.

In March 2015 the CQC published a handbook for dental providers with an appendix that outlines what they call their key lines of enquiry (KLOEs). The main purpose of these is to guide the CQC inspection; however, they can also be used by practices as quite an effective self-audit tool. It is important to remember that the KLOEs are not intended as an exhaustive list.

Self-auditing

A CQC audit is an important aspect of monitoring your ongoing compliance and preparing your practice for inspection. This can either be carried out internally (eg, by using the KLOEs and other audit tools such as the IPS audit) or by engaging the services of a third party.

When Apolline carries out a CQC audit we will also look at how compliant the practice is with the GDC's requirements as detailed in its 2013 publication, *Standards for the Dental Team*. More and more dental professionals are finding themselves in the unenviable position of having to answer questions at the GDC so we think it's really important to do all we can to help them avoid the stress that this brings.

An Apolline audit normally takes a whole day, at the end of which the practice receives a full report and an action plan so that any shortfalls can be remedied – the priority of these is indicated by a 'traffic light' system so that the managers can see which actions should be tackled first. We also provide an online task management application that the audit feeds into – this enables the practice to manage their tasks and ensures they are completed by a specific date.

The CQC places great emphasis on seeking patient feedback and being able to demonstrate that this has been acted upon.

Ongoing feedback

The CQC's expectation is that the practice will have sought patient feedback, and where reasonable, will have acted upon it. The CQC does not have rules about how often a survey should be completed, nor does it prescribe how that feedback should be captured. At Apolline we encourage practices to ask a few patients every day or every week for their feedback and then record their comments. This approach is perfectly satisfactory for CQC purposes, demonstrating an ongoing concern with patients' opinions and providing the documentary evidence of such.

Of course, practices may not be able to act on every aspect of patient feedback, but some comments will provide a useful insight into possible improvements and acting on these will not only satisfy the CQC, they might even improve your practice! The notion that if patients keep on returning for treatment they must be happy is outdated and complacent and any dentist relying on this behaviour is likely to be in for a nasty shock in the next few years.

Demonstrating consent

Another area of particular importance for both CQC compliance and to satisfy the GDC's requirements is that of being able to demonstrate valid consent. Valid consent is the consent given by a patient when they have

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enough information that they understand on which to base their decision.

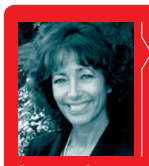
There is a widely held misconception that proof of consent is signified purely by a signature at the end of a treatment plan or consent form. Whilst this is important, it is at least as important that your patient records demonstrate that you have explained all the options and costs to patients in a way they can understand and that you have been clear about the benefits and also what, if any, the risks are together with your recommended option. It's also worth remembering that it is the dentist's responsibility to ensure their patient has understood, not the other way around. A failure to understand this leaves you open to the patient who says 'oh yes I know I signed it but I didn't understand it'.

Under the new CQC inspection regime, 10% of dental practices will be inspected in 2015/16 and this process is already well underway.

Currently the CQC's rating system, which has been introduced in other sectors, does not apply to dental practices because only a relatively small percentage of practices will be inspected this year. The CQC does however reserve the right to rate dental practices in future, so watch this space!

Practices that involve their whole team in compliance that train them adequately, that have up to date tailored policies, that reflect what actually happens in their practice and that can provide evidence of their compliance, will have nothing to fear from the new style of CQC inspections. Those that do none of this should be aware that a dentist will often undertake some or much of their inspection and dentists will know where all your skeletons are buried because they probably had the same skeletons themselves!

The best advice I can give any practice is involve your whole team and remember – compliance is for life, not just for your inspection. And of course – get help when you need it! **D**



Pat Langley is co-founder and chief executive of Apolline, which she set up with Jerry Watson to provide bespoke hands-on support to dental practice teams with all matters relating to regulatory compliance. Apolline members receive personalised in-practice support from their dedicated practice adviser to help them become and remain compliant. To complement their in-practice service and support their aim of making compliance achievable and sustainable, Pat and Jerry have also developed a set of highly innovative user-friendly web-based tools. 'Apolline is all about understanding our members and clients specific needs and delivering outstanding service alongside innovative solutions'.

FOR MORE INFORMATION and to find out what Apolline can do for you through DPAS' new initiative, Business Bites, visit us at BDIA Dental Showcase on stand J30 or alternatively contact DPAS Dental Plans on **01747 870910** or email **enquiries@dpas.co.uk.**