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Home [Home](#) [CQC – An interesting but worthwhile challenge](#)  
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### CQC – An interesting but worthwhile challenge

06 Jan 2011

By **Beverley Street**, operations manager for Endocare's Harley St and Richmond practices.

CQC has made us all think about things in a different way. It is no longer good enough to say that we think our practice is running well, that we uphold the highest standards and each team member is fully on board with its policies and procedures. We can assume nothing, and now have to prove how we do "things".



It has been a truly eye-opening experience. CQC has forced us to implement procedures and protocols that we have probably always meant to do but there's always been another patient, or something else, more pressing. Or worse still, we assumed it was being done when clearly it wasn't.

We began the CQC in late 2010 and found the BDA's CQC disc and support package really helpful. Dentists are dentists, they are taught in dental school how to treat patients. Some have no real training in practice management and even less training in HR, Health & Safety and risk assessments. So, the arrival of a document consisting of 23 Outcomes was quite a shock to our delicate systems.

Using the BDA guide, we found there were 16 out of the 23 outcomes that we needed to meet in order to reach compliance. We were quite shocked at some of the assumptions we had made; fire safety regulations for example. Many dental practices are in rented or leased premises and so we assume the landlord is responsible for the installation and regular checking of fire extinguishers and alarms – now we know that is down to us, and that we must keep a record of checks, fire drills, and staff training and so on.

There were other areas of management that we probably had systems for, but had overlooked the need for physical evidence and standardisation. Reviewing risk assessments, having an up-to-date health and safety policy on display, auditing both record cards and x-rays and having all our HR policies documented is just part of evidencing process. Going through the CQC requirements and thinking about how we could comply with them really showed up how we all just assume someone else is taking care of such things, without ever really asking who or how. Oh, how those assumptions can so often be wrong! CQC has helped us to understand the importance of auditing and evidence, especially when it comes to the need of proving that patients are making informed decisions.

We started much of the process in January 2011 and had already begun earlier with infection control. Of course we were all aware of HTM 01-05, but still weren't fully compliant with it. CQC is about best practice and raising standards by forcing everyone to meet the minimum criteria. It's easy to see that there will be areas – clinical and non-clinical – where reaching that minimum standard will actually mean raising standards. For example, an x-ray audit can raise clinical standards.

Six months on, we produced a practice manual and we are in the process of updating our practice compendium so all of this information and the procedures we've implemented will be ready to hand. This is, in effect, a franchiser's bible complete with who we are, what we believe in and strive for, and why and how we do what we do.

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Of course it's been a difficult and painful exercise, and has taken a lot of time and expense. There are tests that have to be paid for, cross-infection control facilities, CRB checks, risk assessments, even fire test log books and patients complaint books – all are extra costs. But, once it's done and all in place, there is a point of reference and guidelines so if there is a problem, we're not all standing around looking at each other wondering what to do.

The most important thing that I've learned is that all the tests, procedures and protocols are meaningless without evidence and CQC is all about providing the evidence and proving that the practice and the team are meeting the required standards. It's forced us to address issues and to be more organised, which means that my colleagues and I actually feel as though we are more in control and are running a better practice, even with regard to things like staff holidays and medicine records.

I am in the middle of studying part-time for the CMI level 5. So, with that and CQC, I feel as though I've earned the right to wear the CQC anorak. Overall, I would say it's been a very interesting exercise, and a good thing to do because it increases knowledge and you never lose from learning. CQC has raised the standards of our practice. Our only criticism is the fear of the unknown. Have we done too much or too little? Is CQC there to guide or to criticise? To offer advice or to penalise?



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