Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Highgate House Dental Practice

Front Street West, Bedlington, NE22 5TZ

Tel: 01670822100

Date of Inspection: 12 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mr. Peter Jackson
Overview of the service	HIghgate House Dental Practice is located in Bedlington. It offers both NHS and private dental care to people of all ages including children under five years of age
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who used the service to find out their views about the treatment they received. Everyone we spoke with was satisfied with the service and felt they received good care at the practice. One person said, "I am happy with the treatment. It is a good practice and I like the staff there. I have always found the practice clean." Another person told us, "The dentist explains what needs to be done and I get enough information about my treatment. The staff are friendly and helpful."

We found that people were given information and consulted about their care and treatment options at the practice.

We were satisfied people who used the service experienced effective, safe and appropriate care and support that met their needs.

We saw there were appropriate infection control procedures in place. One person said, "The rooms are all clean and the staff are careful to wear gloves and glasses when they give me my treatment."

We checked staff records and found these showed the provider had appropriate systems in place for the recruitment of staff.

There was an effective system in place to regularly assess and monitor the quality of service that people received which included audits and checks of records and equipment. The provider used surveys to seek feedback from people about the quality of the service. We saw the provider had acted on feedback to improve the environment for people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to three people about the service they received. People told us they were involved in planning their treatment since they were given enough information about their treatment options. They told us their views were respected and taken into account in the way their treatment was provided. One person told us, "They explain to me what should be done and tell me what my options are and how long it will take."

We looked at three people's dental records. We saw they showed people were involved in the planning of their treatment plan and had agreed to this as the basis for their treatment. Each person received an NHS treatment plans or a written estimate of the costs of their treatment. The practice had leaflets on display which provided written information for people. These related to treatment costs and oral hygiene. The provider also had a website which gave further information about the practice.

The dentists used 3D models and mirrors to show people what the procedure would involve. Having these resources available meant that treatment could be easily understood and people were able to make a more informed decision about their treatments.

We were told how young children were welcomed at the practice. The practice was able to cater for people who had mobility difficulties and those people who used wheelchairs. The provider showed us the treatment room downstairs which was suitable for wheelchair access.

People told us that staff respected their privacy and dignity. We saw that all consultations and any treatment were carried out in single treatment rooms with the doors closed. We saw posters that showed the practice had access to an interpreting service.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people we spoke with were positive about the care they received at the practice. One person said, "I have been very satisfied with the treatment I have received. I have always found the staff very good as I am a bit nervous about the treatment. They are very relaxed and that makes me feel more confident."

We spoke with the provider about recall arrangements for people to have check-ups. They told us the length of time between visits was based on guidance from NICE (National Institute for Health and Care Excellence) taking into account each person's oral and dental health. The provider said recall arrangements were always discussed with each person and the records we saw showed evidence of this. This meant that care was planned and delivered in such a way as to reflect guidance issued by an appropriate professional and expert body. One person told us, "I go every three months to have my teeth checked. It was agreed with the dentist and this suits me."

The practice used a hand written system for recording people's dental treatment. People's medical history and current medications were reviewed at each appointment. There were forms available in the waiting room for people to complete their medical history. One of the dentists told us, "I always check through the form with people each time they come to make sure we pick up on any changes." This system ensured that a process was in place for assessing medical risks and that the dentist had up to date information about people's health needs.

All members of staff were aware of their role if a patient collapsed or if there was another kind of medical emergency. Staff who would be involved in dealing with a medical emergency were trained and prepared to deal with such an emergency at any time. Emergency equipment and drugs were available. This meant the practice had appropriate arrangements in place to deal with foreseeable medical emergencies.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People told us the practice was always clean. They said staff always wore protective equipment to prevent the spread of infection.

There were policies were in place, such as infection control, blood spillages and management of sharps injuries so all staff were clear about what was good practice. Patients and staff had access to, and used, personal protective equipment such as gloves, disposable plastic aprons and eye protection, whilst treatment was being delivered. This helped to ensure that people, and staff, were protected against identifiable risks of acquiring a health care associated infection.

We saw staff wore clean uniforms. The practice had a policy that uniforms were not worn outside the workplace to reduce the risk of contamination from clothing. We saw staff followed this in practice. The uniforms had short sleeves so staff could wash their hands thoroughly and there was information about appropriate hand washing available in the dental practice. In addition, we saw records to confirm that relevant staff had Hepatitis B vaccinations to safeguard them in the workplace. Hepatitis B is a virus that produces liver disease in humans. It can be transmitted via the blood or bodily fluids of infected people.

The Department of Health has developed guidance known as HTM 01-05. This guidance tells dentists how they should decontaminate dental instruments so they are properly cleaned between people's treatment. The provider was following these recommended procedures which meant the practice was maintaining appropriate standards of cleanliness and hygiene in relation to equipment and reusable medical devices. The provider was aware of recent changes to this guidance.

The provider had also carried out regular audits of infection control measures and these included decontamination processes and clinical waste. The last decontamination audit was carried out on 8 March 2013 and no outstanding areas were identified. These audits confirmed appropriate measures were in place.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

One person told us, "I am very happy with the dental care I receive. All the staff are very pleasant and helpful here."

We saw records to confirm all dentists and dental nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are properly qualified and competent to work in the UK. This meant that staff were registered with the relevant professional body where necessary.

We checked four staff recruitment files and on all four files we found photographic identification had been obtained from staff. We saw documentation which showed that staff had undergone an application and interview process before starting work at the practice. This meant the provider was checking to make sure that staff had the relevant qualifications, knowledge, skills and experience to carry out their role.

Records showed two references had been obtained and Criminal Record Bureau (CRB), now known as Disclosure and Barring checks, had been carried out on all staff. This helped the provider to make sure staff were honest, reliable and trustworthy and showed that relevant checks were made when they employed staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People said they were satisfied with the quality of the service they received. They felt that staff were helpful and provided the care and treatment they needed.

We saw that the practice had a complaints procedure and a summary of this was on the wall in the waiting room. People with whom we spoke told us that they had no concerns or complaints, but said they knew how to make a complaint if they were not happy about the service. There was a suggestions box where people could feedback their views and satisfaction surveys were carried out. We looked at the results from the latest survey and saw that people had indicated some issues about the layout of the waiting room and as a result this had been changed.

Staff told us and minutes of one meeting confirmed that practice meetings were held where general issues were discussed. All staff with whom we spoke told us they felt supported by the provider. We concluded that people who used the service and staff were asked for their views about their care and treatment and these were acted on.

We looked at the quality monitoring systems that the provider had in place. We saw there was a range of daily, weekly and monthly checks in place to ensure the quality of the service was monitored closely. These involved daily surgery checks and audits were carried out on infection control, record keeping and x-rays. Tests of the decontamination process and checks that the emergency medicines were in date were also undertaken. Incident records were kept and these provided sufficient information about any incident and the actions taken by staff. Staff training was recorded and systems were in place to monitor this.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.