

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

Myton Park Dental Centre

Myton Road, Ingleby Barwick, Stockton On Tees,
TS17 0WA

Tel: 01642760111

Date of Inspection: 01 August 2013

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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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mr. Timothy Rupert Lewis
Overview of the service	Myton Park Dental Centre provides private dental treatment to adults and NHS treatment to children. The practice is located on the ground floor and there is free parking available.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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 announced 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 1 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with two people who used the service. They told us they were happy with the service provided, were able to book convenient appointments and were aware of costs. One person said, "We are on Denplan and pay monthly so know what is covered and what we need to pay for." Another person said, "The staff couldn't be nicer, I am very happy with the service."

We found that staff were polite and friendly and people who used the service were treated with dignity and respect.

We found that people were protected from the risk of infection as care was delivered in a clean and hygienic environment.

We found that there were appropriate arrangements in place for the recruitment of staff.

We found there was an effective complaints system in place at the home.

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 privacy, dignity, independence and human rights were respected and treatment was delivered in a way that supported people to make choices wherever they were able to.

Reasons for our judgement

We looked at electronic dental records for three people who used the service. We found in all the records reviewed that personal dental treatments plans had been completed. We saw that treatment plans contained options for dental treatment and the total cost for each option was shown. We saw that it was recorded that options had been discussed with the person who used the service. This ensured people were given appropriate information regarding their treatment, enabling them to make choices about what treatment they received.

We were shown a welcome pack which was given to people when they enquired about treatment at Myton Park Dental Centre. We saw that options for payment plans and costs were clearly stated in this pack. We saw there were a number of leaflets available to people in the waiting room which described Denplan and private costs. We saw that private costs were displayed in the dental surgeries and were available on the practice website. One person we spoke with told us, "We are on Denplan and pay monthly so know what is covered and what we need to pay for." We found that people who used the service were aware of the cost of treatment and how charges were applied.

We looked at the Denplan patient survey completed in October 2012 and found that people were able to leave comments on 'what could improve'. We looked at an orthodontic survey carried out during February 2013 and patient questionnaires completed during the weeks 17th and 24th June 2013. We saw that people were asked to rate and comment on; quality of care, waiting times, facilities and booking appointments. We spoke with the practice manager about some of the feedback obtained through these questionnaires. We found that where possible some improvements had been made following comments made. For example; new sofas had been purchased for the waiting room and people were informed of waiting times where their wait would be more than ten minutes. This meant that people who used the service were given opportunities to provide feedback and we saw that improvements had been made as a result of feedback supplied.

We observed reception staff speaking with people who used the service in person and on

the telephone. We found the reception staff were friendly and polite. We were told that people have a choice as to whether they join Denplan or pay for their treatment privately. We saw that people received their treatment in the privacy of a dental surgery and the door remained closed throughout. The reception staff told us that if people wanted to discuss anything in private they were able to use the office. The dentist told us, "I always walk the patient back to reception after their appointment, you can chat to the patient and they are more relaxed when out of the surgery." We found that people who used the service were treated with dignity and respect and were offered choices.

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

Our judgement

The provider was meeting this standard.

People experienced treatment that met their needs and protected their rights.

Reasons for our judgement

We looked at the paper dental records of four people who used the service. We saw that a medical history form was completed when people arrived for their first appointment. We saw that adults were asked to review, update if required and sign the form every six months. We saw that children had their medical history checked at every appointment. The dentist told us that they checked the medical history forms and we saw that these had also been signed by the dentist. This meant the risk of people receiving unsafe or inappropriate care was reduced.

We looked at three electronic dental records which recorded what happened during a routine check-up and treatment offered and given. We saw that a routine check-up included the following examinations; extra oral, intra oral and temporomandibular joint (TMJ). The dentist told us they would discuss with patients what treatment was required, if any, including options for the treatment and costs. We were told that people were given copies of their treatment plans to take home with them. On some occasions people chose to have their treatment during the same appointment, others were able to book an appointment for the treatment they agreed to at a convenient time to them. We found that people's needs were assessed and the planning and delivery of treatment met individual's needs.

We found the practice offered emergency appointments during normal working hours. We saw that an hour was blocked out just prior to lunch each day to allow emergency appointments to be made. This meant if the appointment needed to be longer than the lunch hour could be used. The receptionist also told us that cancelled appointments could be used to book in emergency appointments if required and that a cancellation book was kept. One person we spoke with told us, "I fell and broke my front tooth recently and got an emergency appointment straight away and got it fixed." This ensured that people's needs could be met effectively and in a timely manner.

We found the practice maintained a stock of emergency drugs and that monthly checks were undertaken on stock levels and expiry dates. We found the practice had an emergency defibrillator and oxygen and that monthly checks were undertaken to ensure the defibrillator was working and the levels of oxygen were satisfactory. We found that staff had received medical emergency training each year during October. This showed that the provider had appropriate arrangements in place for dealing with foreseeable

emergencies that could arise from time to time.

We spoke with two people who used the service. They told us they were happy with the service provided. One person said, "The staff couldn't be nicer, I am very happy with the service." We saw that people who used the service were able to leave testimonials on the treatment they received. We looked at testimonials which were displayed on the practice website. These included, 'This is an excellent practice with pleasant and professional staff', 'Wonderful practice, would recommend to anyone' and 'I have had treatment from my dentist for a number of years and have total trust in their dental ability and knowledge'.

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 and they were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw the practice had a number of policies and procedures in place in relation to infection control. These included an up to date Infection Control Policy. We saw there were a number of standard operating procedures, for example; inoculation injuries and blood borne viruses, hand washing and personal protective equipment. We also found a number of protocols were available, including; maintenance of waterlines, decontamination of equipment and environmental cleaning. This meant that systems had been developed and implemented to reduce the risk and spread of infection.

We found the practice facilities were clean and well maintained with appropriate floor and surface coverings. There was hand washing facilities in each treatment room including soap and hand towels and hand washing posters were displayed. We saw that staff had access to personal protective equipment when working in the treatment rooms or the decontamination room. We found that daily cleaning records were kept. These showed that checks and cleaning had been carried out and was up to date on water lines and general cleaning of equipment and surfaces. This meant that people received their treatment in premises which maintained appropriate standards of cleanliness and hygiene.

We were shown the decontamination area which was separate to the treatment rooms. One of the dental nurses talked us through the process for decontamination and sterilisation of instruments. We were shown how the clean and dirty instruments were kept separate during the process. We found that dirty instruments were brought into the decontamination room using clear plastic boxes. We were shown how the ultrasonic bath was used and saw that time and temperature was checked and recorded every time it had been used. We found that regular checks were carried out on the autoclave which showed that cycles had been completed correctly and that the required temperature had been reached. We saw that clean instruments were bagged and dated appropriately and placed in drawers within the decontamination area.

We looked at a number of audit check sheets which logged all the daily checks carried out in the decontamination room and the diary which included the test strips used to check the autoclave daily. All of the daily audits were up to date and we saw that these were reviewed monthly by the practice manager. This ensured the maintenance of appropriate standards of cleanliness and hygiene in relation to equipment and reusable medical

devices.

We saw that appropriate service agreements were in place for management of waste, including clinical waste and sharps. We saw designated waste disposal bins around the practice with appropriate bags and containers for the different types of waste removal.

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 treated by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We found that the practice had a recruitment and selection policy which detailed the application process. We also found procedures which contained information on background checks, entitlement to work in the UK and General Dental Council (GDC) registration. We found the provider had appropriate recruitment procedures in place.

We looked at the files of three members of staff and found evidence in all files checked that Criminal Records Bureau (CRB) checks had been carried out. We saw that for one person who was recruited in December 2012, the CRB check had been carried out prior to employment. We found the other two staff had been employed for a number of years; however both had subsequently received a CRB check during July 2011. This showed that the provider carried out checks to ensure the suitability of staff.

We found in two of the three files checked that staff had been employed through a local accredited training centre approximately 4-5 years ago. We were told that the training centre obtained references for these staff; however there was no record of references in the staff files checked. For the most recent starter we did find copies of two references obtained. These references did not indicate that the person was unsuitable for the post they had applied for.

We found in one of the three files checked that a curriculum vitae (CV) was available, however there was no CV or application form in the other two files checked. We spoke with the practice manager who told us that they would have received and checked a CV for these staff prior to employment; however a copy could not be located. The practice manager told us that for all future new starters a copy of the CV and copies of references would be kept in the staff files.

The practice manager told us that since 2012 they had asked new staff to complete a medical questionnaire. We saw in the file of the recent starter that a medical questionnaire had been completed. This showed that the provider had ensured that staff were physically and mentally fit to work within the practice.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We saw that details of how to make a complaint was displayed at the entrance to the practice. We were shown a copy of the 'complaints patient information leaflet' which we were told was given to people if they asked for further information or wanted to make a complaint. This showed that the complaints procedure was available and accessible to people who used the service.

We looked at the complaints procedure which detailed how to make a verbal or written complaint. We found this directed people to the practice manager or any of the dentists in the first instance. We saw that the procedure gave details of other external organisations that could be contacted if required. We found the procedure showed clear timescales for acknowledging and investigating any complaints made. This ensured people who used the service understood who complaints could be made to and the timescales involved in responding to, investigating and resolving complaints.

We spoke with two people who used the service and they told us they had no complaints. One person said, "I have never had to complain, I would talk to any of the staff if I had any issues." We found that people knew how to make a complaint and that people were confident that if they needed to complain this would be addressed quickly and fairly.

We found that no complaints had been made during 2013. We spoke with the practice manager who told us that minor issues were discussed and addressed as soon as possible. The practice manager told us that if a formal complaint was made the complaints procedure would be followed.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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