

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

Shakespeare Street Dental Practice

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Miss Sara Goodman
Overview of the service	Shakespeare Street Dental Practice is located in the centre of Newcastle. The practice provides treatment for children and adults. The practice offers a range of NHS dental care and private fee paying treatment. NHS treatment is also available for adults who are exempt from NHS dental charges.
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 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 2 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The four people we spoke with told us they were very happy with the service provided. One person said, "They make you very welcome. There's a relaxed atmosphere here." Another person told us, "It's a very professional practice. It's like coming to visit a friend not the dentist." Other comments included; "I've been very happy coming here. They give me the best treatment." People described the treatment they received as, "brilliant" and said they had, "never had any problems" at the practice.

People who used the service were involved in the planning of their treatment and were given information to help inform their decisions.

People were asked for their opinions about the service. One person had commented, "I'm thankful for the high standard of care and professionalism in this practice from reception through to surgery."

The dental practice had a process in place for assessing medical risks. This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare.

There were effective systems in place to reduce the risk and spread of infection.

Staff were appropriately recruited and received professional development to help ensure the care and safety of patients.

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 saw the dental practice had some leaflets that provided written information to patients with regard to the service it provided. It explained the service provided treatment to National Health Service patients. If patients required specialist dental treatment the dentist referred them to the dental hospital. A detailed service user guide was available to provide information about the staff team, the service a patient could expect and an explanation of the after care and follow up after the patient's treatment. It also included contact numbers for other agencies should people need to complain. The provider may find it useful to note it did not include reference to the Care Quality Commission (CQC).

We were told that care was given to ensure that people with disabilities were treated in such a way as to ensure they were reassured and always encouraged to ask questions if they needed. This meant people's diversity, values and human rights were respected.

We spoke with four patients who all told us they were given information about the treatment before they received it. One person said;" The dentist explains what she is going to do." This meant people who used the service were given appropriate information and support regarding their care and treatment.

The four records we looked at confirmed people were involved in the planning of their treatment and were given information to help inform their decisions. The staff told us when people required treatment, they were presented with the options available to them. The dentist told us she got the laboratory to make a mould and cast of the required dental work so the patient could see what was involved and the end result. This meant people who used the service understood the care and treatment choices available to them.

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 dentist told us that before she provided treatment, she obtained a full medical history and details of the medication the person was taking. This enabled her to make the appropriate clinical decisions in the interests of each person. We saw that patients were asked to check and sign their medical history forms at each visit to ensure the dentist had current information about their health needs. We saw the practice had a process in place for assessing medical risks. This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at four patient's dental records. We saw that all had a treatment plan which they had been involved in developing and had agreed as the basis for their treatment. One person said; "my treatment options are explained to me." Another said;" I'm involved and kept informed from coming through the door to going out." We were told by the dentist the treatment plan was based on a full mouth, facial and neck assessment. She confirmed in some cases, patients would be referred to an external specialist for additional treatment. Patients were always referred if any abnormal areas in the mouth were seen and confirmed the urgent referral guidelines, of two weeks, if mouth cancer was suspected, would always be followed. This meant people's care and treatment reflected relevant research and guidance.

We saw the dental records included detailed care plans for patients. This meant people were kept informed and understood the care and treatment choices available to them. The records we saw also showed evidence of recall intervals for check-up and treatments. Comments included;" She's a brilliant dentist." Another person said; "It's like coming to visit your friend, not the dentist."

We saw the practice had appropriate arrangements in place to deal with medical emergencies. A staff member told us there had been no medical emergencies at the practice. The member of staff knew their role if a patient collapsed or if there was another kind of medical emergency. All members of 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 drugs and emergency medical equipment were immediately available. This meant there were arrangements in place to deal with medical emergencies.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Our discussions with the dentist and dental nurse showed they were aware of their responsibilities should they have concerns about any child or adult's safety or well-being. They told us what actions they would take if harm was suspected. We were told no safeguarding alerts had been made. This meant people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The practice had a safeguarding adult's and children's policy. They also had the local safeguarding adults' team contact and child protection team details. These teams investigate safeguarding referrals and therefore help protect people from harm. This meant the provider was aware of the multi-agency procedures which describe the role of the different authorities when an allegation of abuse is made.

The dentist working at the practice was registered with the General Dental Council and was required to work in accordance with their professional codes of conduct.

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

We were told by the dentist the service followed best practice standards set by the Department of Health in guidance known as HTM 01-05. This guidance tells dentists how they should remove infectious or hazardous materials from dental instruments so they are properly cleaned after every use. This is known as decontamination. The practice was following procedures recommended in the guidance. This meant there were effective systems in place to reduce the risk and spread of infection.

We saw the surgery and the treatment rooms were clean and tidy. There was an infection control policy in place so all staff were clear about what was good practice. The policy included guidance on blood borne viruses, decontamination and hand washing.

We saw the decontamination room. This room was used to ensure all the dirty equipment was cleaned and sterilised between each use. We saw there were dedicated hand washing facilities in the decontamination room. Liquid soap and paper towels were available. This meant people were cared for in a clean, hygienic environment. Patients we spoke with commented; "The place seems spotlessly clean" and "very hygienic and clean."

We spoke with the dental nurse. She understood the importance of infection prevention and control, including the decontamination of dental instruments. She could clearly describe her role and responsibilities within this area. The nurse was able to describe the process and explain the reason for each activity and the safety measures in place. We were told she scrubbed the instruments underwater and explained she used this technique to help prevent splashes of infectious bodily fluids contaminating both herself and the environment. She then used a cleaning device called an ultrasonic bath. This piece of equipment used energy from sound waves to loosen and shake off debris stuck to instruments for example dried blood. After the instruments had been cleaned in the ultrasonic bath, the nurse used an illuminated magnifying glass to check the instruments for debris. The nurse then used a steam steriliser which is known as an autoclave to sterilise the instruments.

The nurse told us after the instruments and equipment had been sterilised in the autoclave, she bagged and dated them with the sterilisation expiry by date. The nurse

confirmed sterilised instruments must be used within 21 days or be put through the sterilisation process again and re-dated. We looked at bagged instruments that had previously been sterilised and saw they were date labelled within the 21 day time frame. This meant people were protected from the risk of infection because appropriate guidance had been followed.

We saw staff had access to and used personal protective equipment such as gloves, disposable plastic aprons, face and eye protection. We also saw staff had hepatitis B vaccinations to safeguard them in the workplace. They told us about the special arrangements in place for cleaning up any blood or mercury spillages, and managing injuries from sharp objects such as needles. They knew about the equipment available and the procedures for clearing up blood spillages. This meant there were effective systems in place to reduce the risk and spread of infection.

We were also told there was a contract in place with an external company to manage clinical waste.

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

We looked at three staff records. They contained a photograph of the individual employed, proof of their identification and an application form. We saw evidence of references that were obtained from the previous employer, to check if staff were suitable to be employed by the organisation. This meant the recruitment and selection processes in place were effective.

We were told by the dentist that arrangements were in place for all staff to be employed after Disclosure and Barring Service (DBS) checks were carried out. These checks were previously carried out by the Criminal Records Bureau (CRB). These checks were carried out to find out if people had any criminal convictions that may prevent them from working with vulnerable people. We saw staff files contained evidence of these checks. This meant appropriate checks were undertaken before staff began work with vulnerable people.

Records showed staff were issued with contracts of employment and terms and conditions when they started working for the organisation. This meant they were made aware of the standard of work performance and conduct that their employer expected of them. Staff we spoke with were positive about working for the dental practice. One person said it was a good place to work. Another said there were opportunities to progress.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The dentist described the type of records kept for continuing their professional development, known as CPD. As a dentist she undertook at least two hundred and fifty hours of continuing professional development every five years. The newly appointed dental nurse was to begin a course in the autumn to become qualified as a dental nurse. She was aware she would need to undertake one hundred and fifty hours of CPD over five years. This meant staff received appropriate professional development.

Staff spoken with including the receptionist had received safeguarding training with regard to both children and adults. This meant they were aware of the procedure if an allegation of abuse was made with regard to an adult or child.

The dentist told us she was a member of the British Dental Association. This was a representative body for dentists and issues that affected them were discussed. She told us information from this specialist association was circulated to staff at the practice. We were informed she also kept up to date with clinical practice and employment law with computer "on line" learning provided by the British Dental Association and the British Dental Journal. This meant staff were kept up to date with current dental issues.

We saw there was a system for staff supervision and appraisal. This regular supervision and appraisal helped ensure staff were supported to deliver care safely and to an appropriate standard. This meant the provider had some arrangements in place to safeguard standards of care.

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 to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We were told patients were asked their views on the standard of service they received from the dentist. We saw the results of questionnaires given to patients after they had been analysed and audited by the practice. Comments included; "I'm thankful for the high standard of care and professionalism in this practice." Another person commented; "I couldn't think of any ways to improve." "Excellent dental practice-first class." This confirmed comments we received when we spoke with patients such as; "Brilliant dentist." This meant people who used the service were asked for their views about their care and treatment and they were acted on.

We were told by the dentist the quality of service provision was monitored with a range of audits. These included an audit of infection control and regular checks of decontamination equipment. It was evident that actions identified from these audits had been completed. We were told that learning from incidents and investigations took place and appropriate changes were implemented if required. This meant the provider was assessing and managing risks relating to the health, welfare and safety of people who used the service.

We saw staff meeting minutes of monthly meetings which included topics such as health and safety and staff development. This meant staff were involved in the running of the practice and were asked their views.

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.

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