

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

Chelsea House Dental Practice

299 Albert Road, Jarrow, NE32 5JU

Date of Inspection: 01 August 2013

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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
Safeguarding people who use services from abuse	✓ 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	South Tyneside Smiles Limited
Registered Manager	Miss Louise Erskine
Overview of the service	Chelsea House Dental Practice is located in Jarrow on a main road next to transport links. There are three surgeries, two waiting areas and a dedicated decontamination room. The practice treats NHS and private patients.
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

People told us they were satisfied with the service they received from the practice. One person told us they thought the service was "Absolutely brilliant" and they thought staff were "Very approachable".

We found people were given appropriate information regarding treatment. Care and support was given which met their needs and protected their rights.

The service followed the appropriate guidance regarding the risk of infection. The patients we spoke with said they found the practice to be clean.

The provider could demonstrate that appropriate checks were in place regarding the recruitment and vetting of staff. There was an effective system in place to assess and monitor the quality of service.

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 who use the service were given appropriate information and support regarding their care or treatment.

Reasons for our judgement

We looked around both reception areas and saw that there was information for patients displayed on the walls. There was information regarding charges for NHS and private patients and a copy of the practice's public liability insurance. There was also a notice telling patients what to expect from the practice, how to contact the emergency 111 number in case of need and how to make a complaint. There was first aid and fire warden information, child protection and radiology policies. The practice had a downstairs surgery for disabled access.

The patient information leaflet which was available at the reception desk set out who the dentists were, the standards of care, what types of services were provided and how to make an appointment.

We looked at a sample of three patient's records and saw that consent forms were held in the paper based records and were up to date. We were told and people we spoke with said they were asked for medical history details on a regular basis, this information was held electronically and in people's clinical records.

We spoke with a receptionist who explained the process for booking in an appointment with new patients. She told us that the standard recall for check-ups was at the dentist's discretion in consultation with patients and could be three, six, nine or twelve months. Reminders were issued by post, email, text or telephone call as chosen by the patient.

People we spoke with said they were satisfied with the service they said "The practice isn't bad at all" and there were, "No bad points" about the practice. Information from surveys of patients was also positive.

Paper based records were held in secure lockable cabinets. The practice had a confidentiality policy and the electronic records were password protected.

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 care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The receptionist explained the process of booking in a new patient for an examination, how she would ask that patients complete a medical history form prior to being seen by the dentist. We spoke with a dentist who talked us through the process of examination; how he would check medical history, ask about previous dentist visits and history of treatment and carry out a full mouth examination. He told us how costs treatment and potential X-rays were explained to people.

From the sample of three people's electronic records we looked at we could see that the consultation with the dentist was fully documented, from the dentist and dental nurse treating the patient to the questions asked to assist treatment and options available.

We were told that the practice manager was the lead for Health and Safety in the practice and we were told that this was discussed at practice meetings and saw the minutes of this. We saw the emergency medical equipment which was kept in the practice in case of need; regular checks were carried out on the equipment which was documented.

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

Our judgement

The provider was meeting this standard.

People who use 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

We spoke with the practice manager and the dentist regarding safeguarding issues. Both were able to demonstrate that the practice knew its responsibilities regarding safeguarding. The dentist told us how there had been a safeguarding matter with a vulnerable adult who was a patient and he told us how he had raised this as an issue with safeguarding authorities and how it was dealt with.

We saw the provider's policies on child protection and the protection of vulnerable adults. There were local authority safeguarding numbers on the wall in the staff area in the practice. The practice had a document available for staff regarding the Mental Capacity Act 2005 (MCA) which was the easy read version and the practice manager told us this was to be discussed at the next staff meeting.

We looked at three sets of staff records which confirmed staff had received training in the safeguarding of vulnerable adults and children. The staff we spoke with confirmed this and they could also demonstrate what they would do if they encountered any safeguarding issues.

The patients we spoke with confirmed they felt safe and had confidence in the dentists. One person said they were always nervous as they didn't like visiting the dentist but confirmed that the dentist did their best to put them at their ease.

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

A dental nurse talked us through the procedure for decontamination of instruments in the practice's decontamination room. We found that staff had access to and used personal protective equipment such as gloves, disposable plastic aprons and eye and face protection. There was also a dedicated hand washing facility with the correct soaps and hand towels available.

We saw that there was an effective system in place to ensure that used (dirty) instruments were kept separate. The dental nurse showed us the two washer disinfectors which were used to clean the instruments and then took us to the area where the instruments were checked with an illuminated magnifying glass prior to being placed in one of the practice's two autoclaves (sterilisers). We saw the daily tests which were carried out to ensure the autoclaves reached the correct temperature. We then saw clean bagged and sealed instruments of which we checked a sample and they were all in date (sterilised).

There were laminated decontamination procedures on the wall in the decontamination room. There were also cleaning schedules and checklists for the set-up of the surgeries every day. There was a white board on the wall with a list of supplies which needed to be ordered.

The dental nurse explained and we were also told by the practice manager that the practice was compliant with HTM 01-05 which is a Department of Health memorandum which ensures appropriate governance arrangements are in place in dental practices for the decontamination of equipment.

We saw the up to date maintenance contracts with equipment specialists who service the dental equipment such as compressors (which power the dental equipment), washer disinfectors and autoclaves. There was also a domestic and clinical waste contract. We noted that the relevant staff had received hepatitis B vaccinations to safeguard them in the workplace.

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 by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The practice manager showed us the provider's recruitment policy which set out the procedure for the recruitment of staff, how to carry out the interviews which were required and identity checks.

We asked to see the recruitment files for a dentist, dental nurse and a receptionist. There was evidence on the dentist's file of his General Dental Council (GDC) registration which was in date. The dental nurse was a trainee and therefore would not yet be registered with the GDC. We saw that it was the provider's policy to check all employees' eligibility to work in the United Kingdom and the three members of staff had a checklist regarding this in their files.

There were no interview notes for the dentist on file however the practice manager told us that their recruitment was dealt with via head office, there were identity checks, recruitment checklist, disclosure and barring check, dental insurance and an induction checklist for the dentist.

We saw application forms for the dental nurse and receptionist, there were no unexplained gaps in their employment history. There were identity checks on file and both had a current disclosure and barring check. No references had been sought when both employees had commenced employment. The practice manager said that this was something she was aware of and future employees would have references on file.

We spoke with a dentist, dental nurse and receptionist. All said they enjoyed their work and received support from their employer although the dentist did say that in future he believed that dentists employed by the company would have to pay for some of their own training and they were unhappy with this. The staff confirmed the practice had regular staff meetings.

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 receive.

Reasons for our judgement

We saw that the practice had policies and procedures, for example, on health and safety at work, confidentiality, infection control, quality assurance and complaints. We looked at the complaints file and there had been two complaints in the last twelve months. One complaint was on going and the other had been brought to a conclusion following the complaints procedure.

We asked the practice manager about audits of the service. We were told there are essential audits such as X-ray, HTM 01-05, patient feedback and clinical audits. We asked about two audit areas. In relation to HTM 01-05, the practice complete an on-line assessments every twelve months, with the Infection Prevention Society, which produces an action plan of what needed to be followed up.

There was an audit of patient records three monthly and six monthly. The last one we saw was in May 2013. The audit checked records for questions asked of patients about, oral cancer, smoking, alcohol use and medical history. The checks included looking at the notes present and to see if allergies were flagged for the dentist's attention.

The practice manager was audited by the provider's area manager who carried out health checks on people, performance, customer operations and excellence and the practice is given an overall score.

The practice issued ten patient feedback surveys per day which were analysed and discussed in staff meetings. The only issue was the patients asking for magazines to be put back in the waiting areas. Comments on the completed surveys included "(the dentist) was fantastic, made me feel at ease" Another said "excellent all round" and "always found the practice helpful".

We saw the maintenance books for the practice these included servicing on the autoclaves, washers, compressors, portable appliance testing, boiler and air conditioning servicing. There were risk assessments for asbestos, disabled access, fire and health and safety. We saw the practices accident book and there were contracts for domestic and clinical waste disposal.

There were minutes of regular staff meetings, items on the agenda included performance, reception area, audits and health and safety. We saw minutes of meetings from 17 June and 18 July 2013.

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

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