

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

## Milehouse Dental Practice

Unit 8B, Brock Way, Newcastle, ST5 6AZ

Tel: 01782627531

Date of Inspection: 12 August 2013

Date of Publication:  
September 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Rodericks Limited
Registered Manager	Miss Leonie Bunn
Overview of the service	This dental practice offers NHS dental care and treatment for adults and children.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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This was the first time we had inspected at this practice. We spoke with four people and asked them about their experience of treatment at the practice. We also spoke with the two dentists, two dental nurses and a receptionist about working at the practice.

People that used the practice told us that they were supported to be involved in all aspects of their treatment. Everyone told us that they were recommend the practice to other people. One person told us, "I am a very anxious patient but they are able to reassure me so that I do not worry too much."

People received care and treatment that was planned to meet their needs. All consultations were recorded and any change in people's health needs taken into account when planning any treatment. People we spoke with told us that appointments were easy to book and that they could access emergency appointments the same day.

A new patient told us about how helpful the practice had been to help arrange an appointment the same day. They told us, "I rang today and got an appointment the same day. All good so far."

The practice had procedures in place to provide a safe environment of care. There were effective staff recruitment processes in place. There were systems and procedures in place to ensure that the practice was kept clean and that all dental instruments used were thoroughly cleaned and sterilised between each use.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People were treated with respect and supported to be involved in decisions relating to their care and treatment.

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### Reasons for our judgement

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During our inspection visit, we observed a number of people coming in for their appointments and heard a number of phone call conversations. The staff were friendly, helpful and courteous. None of the conversations were rushed and staff took time to respond to queries and concerns. We saw that doors to consultation rooms were closed during people's appointments to maintain their privacy.

People were supported to be involved in all aspects of their treatment. People were provided with information to support them to make choices about their dental care, and know their options if they had concerns. The people we spoke with told us they were involved in making decisions about their care and treatment. We were told the treatment was always explained, and the options available to them were discussed before any decisions were made. One person told us, "The dentist always explains what my choices are, what they mean and what it means costs wise. They do not hide anything."

There was a range of information leaflets on display for people to pick up as they chose. We found information was available about the practice, how to make complaints, and details about the costs for dental treatment at the practice.

All the staff we spoke with gave us good examples of how they would look after people during a visit to the practice. The dentists and dental nurses we spoke with were able to explain to us how they would make adjustments to the way a consultation and any treatment was carried out to support anybody who was nervous or anxious. This included extending appointments and booking additional appointments to try again. One of the reception staff told us how important it was for the reception staff to understand how they might be feeling about coming to see the dentist. They told us, "We are the first and last people they see in the practice, there is so much we can do to reassure them and ensure they know what to expect when seeing the dentist."

Adjustments were made for people's special needs, where the practice was able to do this. For example, people who needed a wheelchair for their mobility were only offered

appointments on the ground floor. This was noted as a special alert on the clinical system so that this did not get overlooked.

The practice welcomed feedback from people about the quality of care provided. There was a suggestions box available in the practice to seek people's views on their care and treatment. The feedback was discussed as a practice team to agree any changes required. The practice had recently purchased items to keep young children occupied when waiting in the practice following a suggestion made by a patient.

A six monthly survey of patients was also completed, using a sample of 40 patients for every dentist working at the practice. The outcomes of the survey were discussed with the individual concerned and through a clinical peer review process. The recent surveys completed reflected people had positive views about the dental care provided and the staff working at the practice. The provider may wish to note that the outcomes of these surveys were not shared generally with people using the practice.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We spoke to four people and asked them about their experience of treatment at the practice. Everyone told us that they would recommend the practice to other people. One person told us, "I am a very anxious patient but they are able to reassure me so that I do not worry too much."

People we spoke with told us that appointments were easy to book and that they could generally have an emergency appointment the same day. One person told us, "I always get in quickly if I have a problem." One person who was not registered with the practice told us about they had phoned the practice first thing in the morning and had been able to get an appointment the same day. They told us, "I rang to day and got an appointment the same day. All good so far."

We asked about the arrangements in place for people to access dental advice outside practice hours. Information in the practice provided contact numbers that people could ring when the practice was closed.

Appointments were scheduled based on people's individual appointment needs to try and ensure adequate time was booked and to minimise any impacts from delays. During our inspection, three of the people we spoke with told us that they had been waiting over twenty minutes past their appointment time. Two people told us that they usually experienced some delays in seeing the dentist. The provider may wish to note that no one had advised people that they may be kept waiting to see the dentist and how long they could expect this delay to be.

We found that a detailed dental and medical history was taken as part of the assessment of people being treated at the practice for the first time. People's medical information was then reviewed and updated as part of every appointment. This enabled the dentists to identify people at particular risk and take measures to reduce the chance of any problem arising.

As part of each appointment, a general oral health check was completed, to include a check for any signs of mouth disease. Following explanations and discussions, people were then asked to provide their written consent to any treatment required on the day. People told us that advice on keeping their teeth and gums healthy was always discussed

as part of their consultation or treatment. People told us that they were given advice on what to do and to look out for following any procedure.

The provider worked with others to ensure the delivery of safe and coordinated treatment. When treatment or an investigation could not be provided at the practice, the provider had arrangements with another local practice to accept referrals of people to them for that part of their treatment. There was an information sharing process in place to ensure that all relevant information was shared and the person's dentist would often accompany them to the appointment at the other practice.

The planning of people's treatment reflected their individual needs. We reviewed the records for five people. The frequency of check -ups and follow up treatment was based on people's on-going dental needs. Where no on-going treatment was required, people had follow -up appointments at six to 12 month intervals, as agreed with people and based on the dentist's professional judgement. The practice provided a phone or text reminder of an appointment nearer the time. There was a system to routinely monitor that people attended for their check-ups in line with the dentist's advice.

Where people required additional appointments to complete their treatment, further appointments in line with their treatment plan were organised. The manager told us that when people did not attend for their treatment appointments, the practice would try to contact by phone and in writing to rearrange. We were told this was not always successful, which meant people's treatment plans were sometimes not completed in full. One person told us that some of the fillings they had to have did not work and so the treatment had to be repeated over a number of appointments to ensure it was completed properly.

There were procedures in place for responding to medical emergencies. There was also appropriate equipment available for use in the event of an emergency and evidence that this was regularly checked to ensure it was always ready for use.

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

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**Our judgement**

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The provider was meeting this standard.

People were treated in a clean, hygienic environment and protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We found that the practice provided a clean and suitable environment for treatment. All areas of the practice were clean, tidy and in the case of treatment rooms, ready to use. During our inspection, people that we talked with gave us positive feedback about how clean the practice was when they visited. People we asked told us that the dentists and nurses always wore disposable gloves and offered them glasses to protect their eyes during treatment.

We found there were policies and procedures for cleanliness, decontamination and infection control. There were clear arrangements in place to ensure that treatment rooms were cleaned in between appointments. There were clear schedules in place to ensure staff knew how, when and where to clean to ensure cleanliness and infection control was adequately managed.

All the staff we spoke with told us about their responsibilities for ensuring that good cleaning and hygiene practice was followed. There was evidence of on-going training in infection prevention and control being provided to staff. Regular audits also took place to monitor staff practice and compliance with practice policies.

The practice had a dedicated room, where all the cleaning and sterilisation of instruments took place. We were given an explanation of the process in place for making sure that all dental instruments used were thoroughly cleaned and sterilised between each use. We checked instruments that had been sterilised and found them all to be in date for use.

The management of the practice and delivery of dental care kept up to date with professional and clinical guidance. We found that that the provider had already amended the decontamination procedures in place to reflect national guidance recently issued.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were effective recruitment and selection processes in place.

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### Reasons for our judgement

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We were unable to look at all the recruitment information for staff as recruitment paperwork was held by the provider's human resources team off site. The manager explained the recruitment process that was followed and the background checks completed to evidence that staff working in the practice were suitable to work with vulnerable people. They were able to show us the on-going checks completed to show that where professional registrations and indemnity cover were needed, that these were kept up to date.

We asked three members of staff what checks had been completed as part of their recruitment process. All three members of staff told us about the background checks completed when they were appointed. These matched what the manager had told us and what we would expect to have been completed.

The practice was supported by a trainer that ensured on-going training opportunities were provided to support staff to maintain and develop their skills and knowledge. We spoke with two members of staff who had recently started to work at the practice about the quality of the induction they received. They felt they had been well supported and were happy with the training they received. One member of staff said, "There is lots of training, which is good. The nurse trainers are excellent ? very supportive and very clear on what they expect."

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, receive, and respond to complaints.

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### Reasons for our judgement

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There was a complaints policy in place and this was available to anybody receiving treatment at the practice. The policy included information about how to make a complaint and information on where else to go if the concerns were not resolved with the provider.

We found there were effective processes to record both informal and formal complaints about the treatment and service provided at the practice. Informal complaints were responded to at the time to ensure issues were resolved quickly. All formal complaints received were acknowledged in writing and a written response to the concerns raised provided. There was one outstanding formal complaint recorded, which had been responded to in full and further feedback from the complainant was awaited before the complaint was considered closed.

We identified that a number of people had previously raised concerns about how clear the fees charged at the practice were. The practice was a NHS practice and was following the current NHS fee structure. We saw information was displayed in the waiting areas, to explain the charges that were payable for different types of treatment. We also heard reception staff providing clear and easy to understand information on NHS fees. This showed us that the provider had listened to people's concerns raised and ensured that information on the fees was explained in a way that everybody could understand.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

The quality and accuracy of records relating to people's treatment meant people were protected from the risk of unsafe or inappropriate treatment. People's personal information was held securely.

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## **Reasons for our judgement**

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During our inspection, we saw that people's personal information and records relating to their care was kept secure and confidential.

We found that people's records provided a detailed and on-going account of their dental care. A detailed record of the examination, treatment agreed and completed, and any after care required was made. The treatment plans we reviewed were completed to provide clear information on the outcome of examinations, treatments agreed and the costs. The reason for any x-rays taken and the discussion with people on the associated risks was clearly recorded to ensure the rationale for the x-ray was clear for future reference.

We found that specific risks for people relevant to their dental care that would need to be taken into account were recorded. Information on people's wider health and medical needs were fully documented and updated at every appointment.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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