

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

Dental Surgery

17 Bell Villas, Ponteland, Newcastle Upon Tyne,
NE20 9BD

Date of Inspection: 26 September 2013

Date of Publication:
November 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

Supporting workers ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mr Richard Winter & Mr Kevin Bernard Higgins
Registered Manager	Mr. Richard Winter
Overview of the service	The dental practice is located in the centre of Ponteland. Some NHS services are provided as well as private treatments which include orthodontics and sedation.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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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

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 26 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found people who used the service were given appropriate information and support regarding their care or treatment. Paper information and technology were used together to ensure people were well informed before reaching any final decisions about their treatment.

We found people were very complimentary about the staff, their treatment and the service overall. One person said, "The staff are absolutely lovely, you couldn't ask for a better service." We saw the following comments in patient satisfaction surveys; "everything and everyone top notch." and "everyone is professional and helpful."

We found people were protected from harm because the provider had ensured staff were trained to identify and respond to signs of abuse or neglect.

We saw that people were treated in well presented, clean and hygienic premises and infection control procedures were followed.

People were cared for and treated by a qualified, well trained and supported staff team.

People told us that they had no complaints and felt they would not have a need to make formal complaints as they were satisfied with the service and the staff were so approachable. We found the provider effectively sought the views of people and provided them with clear information and procedures for raising concerns and making complaints.

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 found people were able to express their views and were involved in making decisions about their care and treatment. People said they could make informed choices about their dental treatment and it was solely their decision if they proceeded with a particular treatment. One person said, "I cannot speak highly enough, everything is thoroughly discussed in a relaxed and confidential manner. The control is given to me to decide how I wish to proceed. Written information is sent out and I can make these decisions in my own time."

We saw there was information on display in the waiting areas which related to a variety of dental services which people could receive there and other useful information, such as the complaints procedures. Some of this information was in booklet and leaflet form so people could take these away with them. There was also a wall mounted monitor in the reception area displaying patient information.

The records we looked at showed that people had been involved in these decisions. For example, clearly recorded treatment plans were in place and we saw people had received detailed explanatory letters that included costings. Consent forms were signed following their consultation at the surgery. One of the letters we looked at included a link to a website that the person could use for further information about the implant product the dentist proposed to use.

We saw each surgery had wall mounted monitor screens onto which X-ray images could be displayed to the person in the dental chair, in order that the dentist could talk through problems and remedies with people. This meant that people were making fully informed choices and decisions.

We overheard friendly, reassuring and supportive interactions between staff and people who attended the practice during our visit. One of the staff said, "We know people very well, it is a close knit community with family links and other social networks, it helps make

for a good atmosphere and we feel we are approachable."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The people we spoke with were very complimentary about the service. One person said, "It is very good here, the staff are excellent and the dentists are very supportive." We noted that staff told us they received training in customer service.

We found care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw in the paper and computer records we looked at that people's medical histories were recorded, updated and signed by people. This ensured the dentist had up to date information about people's health needs. An examination assessment was carried out at the beginning of treatment and records were kept of the treatment provided. We also saw advice notes for dentists regarding any special needs people may have. For example, in one record we saw a flagged note to indicate the person needed to use the ground floor surgery for reasons of access.

We saw that a detailed assessment was carried out for people who underwent sedation. Separate consent forms were used and very detailed observation records were kept during and after the procedure. When implants were used additional records were kept including the implant batch numbers.

We found there were arrangements in place to deal with foreseeable emergencies. We saw records to confirm that staff were up to date in their training in dealing with medical emergencies, including resuscitation and defibrillation. We saw up to date written emergency procedures.

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 did not talk with people about this area specifically. We looked at the procedures for safeguarding adults and children from abuse and other records and talked to the staff. We found the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The practice manager and other staff on duty confirmed they had received training in the Mental Capacity Act 2005 (MCA), and in safeguarding children and adults from abuse. This was confirmed when we looked at staff records. We saw that as part of continuing professional development further training had been taken up by dentists in this area, which had been delivered by an external organisation and staff certificates were available.

The staff and the practice manager told us that no issues about people's capacity or vulnerability to abuse had arisen but demonstrated from their answers that they were knowledgeable about their procedures and the routes to follow if the needed to report any concerns. One of the staff told us, "I know the practice manager is really on the case about this and I would certainly report any concerns to her or the dentists, without a doubt I am confident about doing this."

We saw in the recruitment files, and staff confirmed, that staff at the practice were required to hold a current disclosure and barring service (DBS) certificate, previously known as a criminal record bureau (CRB) check. These certificates are proof that appropriate police and other checks have been carried out which can help to ensure that employees are suitable people to work with vulnerable adults and children.

We saw the practice had extensive and very detailed guidance about abuse and neglect. This included; photographs of injuries and signs of neglect, flow charts and time lines to guide decision making as well as written policies, procedures and people to contact. The staff demonstrated in their discussions with us that they were familiar with this information.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with confirmed the practice was always as clean as we found it at our visit. We saw in one of the patient surveys a person had commented; "clean facilities." We saw the communal areas, surgeries and decontamination facilities were clean and tidy and we found that people received treatment in a clean and hygienic environment.

The provider had an infection control policy in place. In addition, there were protocols and checklists in place for cleaning within the surgeries and the practice manager confirmed they checked cleanliness regularly and we saw this was formally recorded.

There were designated clinical waste bins in all of the surgeries and the decontamination room, and a clinical waste disposal arrangement was in place with an external contractor.

Staff had been tested for immunity to Hepatitis B, to ensure they were protected against the risk of contracting this infection whilst working at the practice. These measures showed that the provider sought to reduce the risk of people or staff contracting a healthcare associated infection.

The service followed best practice standards for dentistry 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. We were told, and documents confirmed, that an audit of the procedures had been carried out in May 2013 and a legionella risk assessment had been undertaken in September 2013. We saw these were part of routine checks of the overall compliance with HTM 01-05 which had been introduced when the practice first opened. We saw that these had been used to produce scores and action plans to ensure on going compliance.

We asked the practice manager to explain the procedures staff followed when cleaning dental instruments and we looked at the decontamination room and equipment. The answers they provided and what we observed indicated they adhered to the processes laid out in the HTM 01-05 decontamination guidance.

We found that people were protected from the risk of infection because appropriate guidance had been followed. We saw the practice had a file of information about HTM 01-5 and there was evidence that staff had read and signed the policies, procedures advice and guidance related to infection control. It also showed that the policies were reviewed at least annually or as required to keep in line with changes in legislation and national guidance.

We found that staff wore personal protective equipment such as face masks, eye protectors, aprons and gloves when delivering care and treatment, and when cleaning dental instruments. People confirmed they wore protective equipment such as eye protectors when they received care and treatment. This showed that the provider helped to reduce the risks of people contracting an infection, and for example, their eyes from being inadvertently damaged during the course of dental treatment.

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

We found staff felt supported and received appropriate professional development. One member of staff said, "We have a great team spirit and it is encouraged and supported. The training is very good, for example we have a really good sedation training programme. This all keeps us up to date with CPD. The practice manager is a good support with this for time and other resources." Another staff member said, " We have regular staff meetings and we can bring up anything we want to, I had very good induction training and recently we had a team building day around customer service training. This was good learning."

We found staff were able, from time to time, to obtain further relevant qualifications. We spoke with the practice manager about this. They described how staff were supported to maintain their continued professional development (CPD) and staff confirmed that they found the arrangements for study time and other resources helpful. We saw in staff records that systems were in place to identify staff training needs, the resources required and to monitor how staff were progressing with this. Staff qualifications and training certificates were available. The number of hours of training eligible for CPD purposes was verified in the records.

The white wall board in the staff room was used as a communication and reminder tool for team events that took place. We saw in the records, and staff confirmed, that the first annual appraisal of each member of staff's performance was planned to take place. Staff also told us that regular meetings took place to up date their practice in line with new procedures, guidance and changes. Staff said these were usually group meetings, though they confirmed one to one meetings were used to identify individual training needs. Records showed that all meetings were structured, recorded and planned at regular intervals.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People told us they were happy with the care and treatment they received but confirmed they felt they could raise any concerns if they needed to. One person said, "They are all very approachable here I can't imagine ever needing to make a formal complaint."

We found people were made aware of the complaints system. This was provided in a format that met their needs. For example, in the waiting room the complaints procedure was intermittently displayed on the wall mounted TV, along with other information for patients.

People had their comments and complaints listened to and acted on. We saw a patient survey was used and patients and staff mentioned that the chairs in the waiting room had been changed for a better design as a result of comments made in the surveys.

We saw a full complaints procedure in the office, which included timescales for the manager to respond and a flow chart to guide the person carrying out an investigation into a complaint. We saw that a system for logging complaints had been introduced and there was a copy of the policy and guidance for responding to complaints. The procedure incorporated the addresses of other bodies that people could refer their complaints to, such as the Parliamentary Health Service Ombudsman (PHSO) and the General Dental Council (GDC). We were told the provider had received no complaints since taking over the practice.

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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