

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

## The Low Fell Dental Practice

323 Durham Road, Gateshead, NE9 5AH

Tel: 01914910660

Date of Inspection: 31 July 2013

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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>Supporting workers</b>                               | ✓ | Met this standard |
| <b>Complaints</b>                                       | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | The Low Fell Dental Practice Partnership  |
| Registered Manager      | Mrs. Carole Smiles  |
| Overview of the service | The dental practice is located in Low Fell, Gateshead and offers NHS and private dental care services to people of all ages including children. |
| Type of service         | Dental service  |
| Regulated activities    | Diagnostic and screening procedures<br>Surgical procedures<br>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

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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 31 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. 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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We found that people were given the information they needed to help them understand the options, and make choices, about their treatment.

Oral health needs were thoroughly assessed. People were fully involved in making decisions about any planned treatment and had individual treatment plans.

The people we talked with told us they were very happy with the service and had confidence in the expertise of the dental team. They told us, "Everything was explained to me, including why I needed referral to a specialist. They're very keen to get the best support for me"; "The staff are always nice and I see the same dentist. I live out of the area, and am able to change my appointment time if it's not convenient"; and, "All my family come here. It has always been a friendly, family practice".

All care and treatment was given in a clean and hygienic environment. Professional guidance was followed to make sure all areas of the practice, and the equipment that was used, were kept clean and free from infection.

Staff were supported in their professional development and completed regular training to maintain and advance their knowledge and skills.

There were systems for people to give comments and to complain about the service. No complaints had been made and we were told any concerns would be taken seriously and acted on.

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's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their treatment. We saw a range of information was available in the reception area of the practice for people to read or take home for reference. It included details of the opening hours; appointments system; treatment options; prices guide and payment methods; and the standard of service people should experience. This meant people had access to clear information about what they could expect from using the service.

We saw the practice was accessible to people with mobility difficulties, or who used wheelchairs, and their treatment was provided in a surgery on the ground floor. Services were also provided to people in their own homes, and care homes, who were unable to visit the practice because of their health or disabilities. This showed us that the service supported people's diverse needs.

The surgery areas were located away from the reception area and doors were closed during people's consultation and treatment. The practice manager told us that her office or other space was available, should anyone wish to talk with staff in private. Patient records were kept securely in locked cabinets, and there was restricted access to records held electronically. These measures were taken to ensure people's privacy and maintain confidentiality.

During our visit we spoke with three people, each of whom had been attending the practice for many years. They described the staff as being friendly and supportive and said they took time to properly explain each stage of their treatment. Their comments included, "The staff are all very courteous and helpful"; "They treat me as an individual, which is a comfort"; "They've discussed everything with me and shown me the x-rays"; and, "No-one is ever too busy to talk, they always explain things clearly."

People said they received written plans setting out any proposed course of treatment, and the costs, and had time to consider whether to proceed. They told us the dentists advised them of the options and benefits of treatment, and obtained their consent before starting

any dental work. This meant that people were able to make informed decisions about their care and treatment.

**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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People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. We were shown patient records which confirmed comprehensive assessments were carried out to identify people's oral health needs. Full examinations were conducted, including taking x-rays and conducting oral cancer checks, and recording the person's medical history, lifestyle and usual oral hygiene routines. From these assessments personal treatment plans were developed that set out the NHS and/or private treatment required, with a breakdown of the costs. These were signed by the patient to verify they had understood and accepted the treatment services and fees.

The people we talked with spoke positively of the care and treatment they had experienced, and said this was provided safely. They were asked to update their medical history at each appointment with details of any changes to their health, medication, and any allergies. Patient records showed that risk factors were discussed with people, and any 'medical alerts' were flagged up through the practice's electronic system. We saw that people were given advice on preparing for treatments and the care they should take after treatments. For example, following a tooth extraction they were given a leaflet that included information on care of the mouth. This meant that risks to people's safety and welfare were taken into account when planning and delivering their treatment.

The practice manager told us there were clear systems for recall appointments and cancellations. These made sure that people received timely treatment and were able to be seen and treated as soon as possible in an emergency. We were told about the arrangements to support people who were nervous or afraid of visiting the dentist. These included being accompanied by a relative/friend, or being supported in the surgery by one of the dental nurses. Treatment could be provided over a series of visits, to suit the person's pace and help them build up confidence, and if needed, extra time was allocated to appointments.

We saw the practice kept supplies of emergency drugs and equipment, including oxygen and a defibrillator, in the event of a medical emergency. These were checked on a daily basis to make sure equipment was in good working order. All of the dental professionals were trained in resuscitation and dealing with medical emergencies. This meant there were arrangements in place to deal with foreseeable emergencies.

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

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**Reasons for our judgement**

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People were cared for in a clean, hygienic environment. We observed all areas of the practice were clean and well maintained. Surfaces and equipment which were in regular use were designed to be easily cleaned, or were disposable. We were told that staff adhered to cleaning routines, including wiping down and disinfecting all surface areas between patient appointments. There were suitable hand washing facilities and we saw that staff used protective equipment. All staff were given vaccinations against the risk of Hepatitis B virus. These measures helped protect staff and patients from the risk of infection.

The people we spoke said the practice was always clean and confirmed they were given eye protection and aprons during their treatment.

The practice manager said told us the head dental nurse had a lead role for infection control and checked that sound hygiene practices were followed. She told us policies and procedures, and audits to check compliance with infection control, were based on professional guidance from the Department of Health. She showed us that thorough audits were carried out, and kept under review to ensure compliance with this guidance.

Staff were trained and had guidance on how to remove infectious or hazardous materials from dental instruments to ensure they were properly cleaned after every use. This is known as decontamination. A dental nurse showed us how decontamination was carried out in a room specifically for this purpose. She demonstrated that a clear process was followed, using appropriate equipment, to make sure instruments were properly cleaned, disinfected and sterilised. This meant there were effective systems in place to reduce the risk and spread of infection.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development. The practice manager told us all dentists and dental nurses maintained their professional registration, and had undertaken the required hours of continuing professional development (CPD).

We were told about, and shown evidence of, the training staff had completed. This included courses on resuscitation, infection control, health and safety, child protection and safeguarding vulnerable adults. Individuals also pursued special interests, such as root canal work, and undertook relevant courses. This meant that the dental professionals kept their knowledge and skills up to date.

The people we spoke with said they had confidence in the experience of the dental team. One person told us, "Most of the staff have been here a long time. They are all very friendly and professional".

The staff we talked with confirmed they were supported by the provider in their roles, and had plenty of opportunities for training. They had regular one to one supervisory sessions with the practice manager, and attended monthly meetings with colleagues to discuss practice issues.

## 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.

There was an effective complaints system available.

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### Reasons for our judgement

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People who used the service had access to information on how to give their feedback about the service, including the 'code of practice for patient complaints'. This informed people that complaints were taken seriously and would be handled in a caring and sensitive way. It set out the process for making complaints; how complaints would be acknowledged and responded to; and contact details for other organisations to which people could refer their complaints or get support and advice.

The practice manager told us the practice had not received any complaints. The people we spoke with said they felt able to complain if they needed to, but they had never had cause to do so. They said they were satisfied with the service and had recommended it to others.

## 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

### 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)

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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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