Inspection Report

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

Indental Practice

Fewster Square, Leam Lane, Felling, Gateshead, NE10 8XQ

Tel: 01914692514

Date of Inspection: 10 April 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Indental Practice Limited
Overview of the service	The dental practice is located in Leam Lane Estate, Gateshead. The practice offers NHS and private dental treatment for children and adults and accepts referrals from across the South of Tyne NHS area for surgery involving sedation.
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'.

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 10 April 2013, talked with people who use the service and talked with staff. We received feedback from people using comment cards.

What people told us and what we found

We found there were arrangements in place for obtaining and acting in accordance with people's consent to care and treatment. People told us treatment options were discussed with them and their consent was obtained before treatment was carried out. This was supported by clear record keeping.

We asked eight people for their views about the treatment they received. People said they were treated with courtesy and respect and dental staff were able to put them at their ease. Discussion with staff and records confirmed good self care and preventive care was promoted. Arrangements were in place to deal with medical emergencies.

We found that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We checked a sample of staff records and found appropriate training had been carried out. This included training on care and treatment practice, promoting equality and diversity and ensuring staff and patient safety.

The provider regularly checked the quality of their service to ensure continual improvement. This included seeking the views of people using the 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us treatment options were discussed with them. They also told us their consent was obtained before they received treatment. We looked at several examples of patient consent and treatment records. These contained patient signatures to declare their consent to treatment, and treatment records detailed, in summary, discussion about treatment options. We were told should a patient change their mind, a new treatment plan would be generated. This was confirmed by the records we looked at. We also saw the provider was taking part in a clinical trial looking at the prevention of gum disease. We saw clear consent forms which had been signed by those people participating.

We were told everyone who visited the surgery was able to consent to their treatment. Should the provider believed a person was not able to consent to their treatment, we were told they would be referred to the dental hospital were a best interest decision could be considered. The provider was aware of how to access local interpreter services, so dental staff could discuss treatment options with people whose first language was not English. This meant people, irrespective of their first language, were involved in decisions about their care and treatment and able to offer informed consent.

Care and welfare of people who use services ✓ Met this standard

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

People told us they were happy with the treatment they had received. People said they were treated with courtesy and respect and that dental staff were able to put them at their ease. We saw evidence to show people's needs were assessed and treatment was planned and delivered in line with their individual plan. We looked at several examples of dental records. We saw there was a treatment record and plan which documented what treatment had been provided. We discussed the treatment offered with the Practice Manager. We were told about general health advice given to people during their appointments, which included guidance to patients on the effects of smoking and drinking on their oral health. We saw dentists also screened patients for oral cancers, and referred people to other NHS services for follow-up assessment and treatment if necessary. The recording of these discussions was periodically audited to ensure dental staff regularly offered and documented health promotion advice to patients.

The practice had a process in place for assessing medical risks. People's medical history and the medications they took, were reviewed at each appointment. Allergies, medications or medical conditions the dentist should be aware of were documented. This ensured the dentist had up to date information about people's health needs and meant treatment was planned and delivered in a way that ensured people's safety and welfare.

The practice had an emergency drugs kit and oxygen available and staff had received emergency resuscitation training. Staff had also been trained in first aid and resuscitation. This meant the practice had appropriate arrangements in place to deal with medical and other foreseeable emergencies.

Cleanliness and infection control ✓ Met this standard

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

There were effective systems in place to reduce the risk and spread of infection. The practice followed guidance set by the Department of Health known as HTM 01-05. This guidance tells dentists how they should remove infectious or hazardous materials from dental instruments so they were properly cleaned after every use. This is known as decontamination.

There was an infection control policy in place which covered relevant aspects of infection control and decontamination. This was available to staff working at the practice. This meant that staff were clear about what was good practice. In addition, the practice had a policy on uniforms and excess jewellery to guide staff to reduce the risk of contamination from clothing. We were informed that relevant staff had hepatitis B vaccinations to safeguard them in the workplace. This was confirmed by the records we looked at. Hepatitis B is a virus that produces liver disease in humans. It can be transmitted via the blood or bodily fluids of infected people.

The dental practice had designated a senior nurse to be responsible as the infection control lead. They were responsible for conducting periodic audits, which included reviewing staff practices and working procedures. This meant arrangements were in place which protected people from the risk of infection because appropriate guidance had been followed.

The dental practice was sited in a newly built health centre. We saw the treatment rooms were clean and tidy, had easy clean, non-porous work surfaces, and was designed to reflect current best practice in regard to infection prevention and control. We saw regularly used equipment and control panels had disposable covers, and such surfaces were wiped down between appointments. We saw there were arrangements to effectively clean, de-contaminate and sterilize and store equipment in line with current guidelines. In addition there were no soft toys in the waiting room. Soft toys are an infection control risk because they cannot easily be cleaned.

We saw there were plentiful stocks of protective equipment and a protective face visor for staff use when carrying out cleaning and decontamination work. These were used to prevent splashes of infectious bodily fluids or dental chemical solutions coming into

contact with staff member's eyes or mouth. These measures meant people received treatment in a clean, hygienic environment.

Supporting workers ✓ Met this standard

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

People told us they were happy with the staff at the practice. We were told all dental practitioners undertook at least 250 hours of continuing professional development (CPD) every five years, (150 hours for dental nurses). This was confirmed by the records we looked at. This meant staff received appropriate professional development and their practice remained up to date.

We saw staff had CPD Planners. These included a self assessment of each staff members current level of knowledge and a planner to ensure these areas were included as part of each staff members ongoing learning. We were told about practice meetings. These meetings were used to keep everyone informed of best practice and to discuss learning from incidents. Staff also received individual 'handbooks' which contained useful information about policies and procedures they had to work within. This meant staff were well supported to provide treatment to people who used services.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on. We saw the provider sought the views of patients on the standard of service they received. This included the use of a suggestion box and a patient forum. We saw the ways people could make suggestions, comments and complaints was clearly posted in waiting room areas.

We saw evidence the provider was monitoring the quality of service provision with a range of audits. These included an audit of infection control and regular checks of decontamination and x-ray equipment. It was evident actions identified from these audits had been completed. There was evidence that learning from incidents and investigations also took place and appropriate changes were implemented. This meant the provider was assessing and managing risks relating to the health, welfare and safety of people who used the service. The provider also participated in external quality monitoring and management arrangements. These included accreditation with Investors in People and the British Dental Association's good practice scheme.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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