

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

## New Biggin Villa Family Dental Clinic

265 Kells Lane, Low Fell, Gateshead, NE9 6UE

Tel: 01914201620

Date of Inspection: 03 July 2013

Date of Publication: August 2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

**Safety and suitability of premises** ✓ Met this standard

**Safety, availability and suitability of equipment** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Mr Shiv Pabary
Registered Manager	Mrs. Susan Mulholland
Overview of the service	The dental practice is located in Low Fell, Gateshead. The practice offers NHS and private dental treatment for children and adults.
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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Safety and suitability of premises	5
Safety, availability and suitability of equipment	6
Records	7
<b>About CQC Inspections</b>	<b>8</b>
<b>How we define our judgements</b>	<b>9</b>
<b>Glossary of terms we use in this report</b>	<b>11</b>
<b>Contact us</b>	<b>13</b>

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 3 July 2013, talked with staff and reviewed information given to us by the provider. We talked with local groups of people in the community or voluntary sector.

---

### What people told us and what we found

---

We carried out this inspection after we received information about a fire at the practice. Although badly damaged, we found the building was being used safely and the dental provider had made alternative arrangement for people who needed level access due to their disability or physical frailty.

We looked at arrangements for the safe use of equipment, and found there were robust servicing and safety arrangements in place. This ensured people were not placed at risk by faulty or poorly maintained equipment, such as disinfectors and electrical items.

We asked for a range of records from the provider. These were located promptly, were well ordered and securely stored.

Although we did not speak to patients during this inspection, we found the provider had conducted an extensive consultation exercise with patients. This was to inform them about the damage to the practice and to offer consultations and treatment at alternative premises, but with the same dental team. We saw the feedback from patients was overwhelmingly positive.

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](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

### Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

---

### Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

### Reasons for our judgement

The reason for this visit was to check the safe use of the practice following two fires at the premises. We were informed this was the result of two arson attacks. The focus of our inspection was to check arrangements for managing the building ensured the safety of patients, staff and other visitors.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We looked around the building, including in fire damaged areas and a surgery and waiting area that remained in use. We saw there was extensive damage to a ground floor surgery and decontamination area. The level access for people who could not use the stairs, provided at the rear of the building was also no longer in use. The provider had sealed off these areas so they were not accessible to patients and visitors. The reception area, first floor surgery and waiting areas were still in use.

The provider had made 'reasonable adjustments' by offering alternative consultation and treatment facilities at another surgery, pending appropriate repairs being carried out. This had been the subject of extensive consultation with patients and the NHS. We saw the feedback was overwhelmingly supportive of the measures taken by the provider. The provider had also ensured essential repairs, for example to the wiring system, had been undertaken. We saw appropriate certification was in place for this. This meant people would be protected from harm because there were arrangements to appropriately manage the building.

**People should be safe from harm from unsafe or unsuitable equipment**

---

**Our judgement**

---

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

---

**Reasons for our judgement**

---

The reason for this visit was to check the safe use of the practice following two fires at the premises. The focus of our inspection was to check arrangements for servicing safety equipment were in place.

People were protected from unsafe or unsuitable equipment because the provider had taken steps to service equipment. Due to fire damage, dental equipment on the ground floor had been destroyed. We were told replacements for large equipment used on the ground floor would be made once the premises had been repaired. Some new equipment such as masks and water purifiers had been obtained.

We looked at routine servicing arrangements for other equipment used on the premises. We saw items such as autoclaves, an X-ray machine, compressor and portable electrical appliances had all been regularly examined and / or serviced in line with the manufactures recommendations. This meant people would be protected from harm because there was a decreased risk of equipment failure.

## Records

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

### Reasons for our judgement

---

The reason for this visit was to check the safe storage of records following two fires at the premises. The focus of our inspection was to check arrangements for ensuring the safe storage and easy retrieval of records were in place.

Records were kept securely and could be located promptly when needed. We saw the provider maintained appropriate records required for the protection of people who used services and for the effective and efficient management of the service. The records we asked for during our inspection were retrieved promptly and were in good order. We saw record storage had not been affected by the fire and the provider had IT systems that were not affected by damage to any single computer terminal. This meant people's rights and best interests were safeguarded by the provider's record keeping systems.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

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

---

### **Responsive inspection**

---

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

---

### **Routine inspection**

---

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

---

### **Themed inspection**

---

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

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---