

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

## Langley Dental Practice

215A Wood Street, Middleton, Manchester, M24  
5RU

Date of Inspection: 29 October 2012

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November 2012

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

<b>Consent to care and treatment</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>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Langley Dental Group Limited
Registered Manager	Dr. Tariq Drabu
Overview of the service	Langley Dental Practice is based in Middleton, Greater Manchester and provides a range of dental treatments and surgical services for both NHS and private fee paying people of all ages.
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
<hr/>	
<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
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Staffing	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## 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 29 October 2012, 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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During the visit, we spoke with two people who use the service. They told us they were asked for both written and verbal consent for treatment prior to receiving any treatment.

The people we spoke with told us they were very happy with the services provided. One person told us they had been at the practice for over 12 years and were impressed by the standard of the services received.

They also told us the dental practice was clean and tidy and they had never had any concerns about the cleanliness of the premises or the dental equipment and instruments.

The people we spoke with told us the staff were very good, sympathetic and efficient. They also told us that they had no concerns about the services they received and would speak to the Principal Dentist if they had any concerns.

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

### 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

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### 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.

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### Reasons for our judgement

The dental practice provided services mostly for people who were receiving treatment on behalf of the NHS with a few private fee paying individuals. We spoke with the Principal Dentist, who told us approximately 18,000 people were registered with the service to receive routine dental treatments with additional people being referred by their dentists for surgical treatment on an ad hoc basis.

We saw there was an appropriate policy in place for the staff to follow to ensure that appropriate consent was undertaken. The Principal Dentist told us that at each scheduled examination, people who used the service were asked to complete and sign consent to treatment forms and a signed acknowledgement of fees and charges for the treatment. People who used the service also completed a medical history questionnaire which was checked verbally at each visit and updated on the practice computer at least annually.

The Principal Dentist told us that the treatment options and services available were explained to people prior to receiving treatment, so they could make an informed decision. The Principal Dentist confirmed that the majority of people who undertook treatment had the ability to consent and they sought written consent from people who used the service prior to commencing treatments. Consent to provide treatment to children was obtained from their parents or legal representatives.

During the visit, we looked at three peoples' medical records, which showed that staff involved people who used the service and treatments were offered in accordance with peoples' individual needs and preferences. The records we looked at showed that written consent had been obtained for services prior to commencing 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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Staff told us that all of the procedures for care and treatment were carried out in line with up to date published research and good practice guidelines such as those from The British Dental Association (BDA) or The National Institute for Health and Clinical Excellence (NICE). The practice has been a member of the BDA Good Practice Scheme which is an externally validated quality benchmark system since 2011.

Staff working at the service had the relevant qualifications and experience to deliver the service provided. The Principal Dentist was fully registered with the General Dental Council (GDC) and a member of the British Dental Association (BDA). The practice employed a number of registered dental nurses to assist during treatment.

We reviewed three peoples' medical records which contained information such as patient details, medical history, referral and appointments letters as well as their dental X-Rays. The records for the routine dental treatments were kept electronically whereas the records for the surgical treatment were all paper based.

The staff we spoke with showed a good awareness of the needs of the people who used the service. They told us procedures were in place to deal with emergencies, for example, there was a first aid box for patients who may feel unwell and require these during their treatment. We were told that the clinical staff received training in resuscitation, first aid and basic life support.

There was a policy in place that recognised equality and diversity issues and contained guidance for staff.

**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. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The practice consisted of four treatment rooms, two equipment decontamination rooms as well as a waiting room and a reception area. We saw there were patient information leaflets that explained the care, treatment and choices available for patients that use the services.

During our inspection, the areas we saw in the dental practice were well maintained. The environment where treatments were carried out were clean and appropriate. We saw that policies and procedures for infection prevention and control were in place. During the inspection we spoke with staff who told us they attended training in infection control on a regular basis. We saw the appropriate application of required infection prevention and control procedures and techniques in place in the areas we observed.

There was a daily and weekly surgery environmental checklist in place which included checks for cleanliness of the environment and equipment and waste disposal processes. We looked at recently completed checklists, which showed that regular audits were taking place and actions were being taken to address any issues found.

The staff we spoke with understood the importance of infection prevention and control, including decontamination, and could clearly describe their own roles and responsibilities within this area. A registered dental nurse was the identified person with specific responsibility for infection prevention and control. We found this role was not fully outlined in a job description but saw the registered dental nurse was aware of their duties.

Preparations were undertaken prior to using the treatment rooms. This included checking all the water lines in the dentists chair and performing appropriate cleaning cycles that included flushing through with cleaning solutions. We were informed the treatment rooms were cleaned by the registered dental nurses between each patient using appropriate equipment to agreed standards.

Staff using the room had systems in place to ensure that clean and used (dirty) dental instruments and equipment were kept separate in sealed containers. During our discussions with the Principal Dentist and a registered dental nurse, we found they were aware of implementing government guidance on decontamination within dental practices.

The registered dental nurse showed us, and explained to us, the process for managing used instruments within the treatment room to ensure clear and separate areas for clean and dirty instruments. There were two dedicated decontamination rooms which had clear pathways where contaminated (dirty) instruments followed to become clean. We were told the dental nurses placed instruments in dedicated washer disinfectant machines before autoclaves were used to sterilise them to the approved level of sterilisation. Clean instruments were stored in sealed packaging and date stamped according to national guidelines. The staff we spoke with had the required levels of competence and training in relation to these areas.

Validation of the technical dental equipment such as autoclaves and x-ray machines was in place and recorded on a daily basis. We also saw evidence of external servicing.

There were risk assessments in place for Legionella as well as monthly checks. We saw an assessment was conducted by an external company in July 2011. There were appropriate waste disposal arrangements in place for the domestic and clinical waste.

The practice had a policy in place to prevent exposure to blood-borne viruses. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the treatment rooms. The staff files we looked showed that checks for immunisations such as Hepatitis B had been carried out.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The overall responsibility for the service was with the Principal Dentist who was also the Registered Manager and the Managing Director. There were also four additional dentists in place.

There was a Clinical Director who oversaw the general day to day running of the service and was supported by a Senior Registered Dental Nurse and a Senior Receptionist. The practice employed six registered dental nurses, one of whom was the identified person with specific responsibility for infection prevention and control, and two trainee dental nurses.

During the visit, we looked at a selection of staff training files, which showed that the dental staff had the relevant qualifications and experience to deliver the services provided.

The Principal Dentist told us that they were adequately resourced to meet the needs of the people who use the service and had sufficient staff to cover for any absence.

## 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. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. Information on how to raise complaints was displayed in the providers' waiting room area.

The complaints policy stated that if a complaint was received, it would be acknowledged within three working days and investigated and responded to within 10 working days. The Principal Dentist told us they had received three formal complaints during the past 12 months. We saw that these had been dealt with in an appropriate manner with all the relevant documentation.

There was a template complaints form in place which allowed the practice to follow all the required steps to address the complaint. This included sections for recording details of complaints, carrying out investigations and remedial actions. The Principal Dentist told us he would oversee any complaints received.

## 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.

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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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