

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

DHS Dental Practice - Langley Clinic

Langley Clinic, Borrowdale Road, Middleton, M24
5QG

Tel: 01616551334

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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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	DHS Dental Practices Limited
Overview of the service	<p>DHS Dental Practice is situated in the Langley clinic and is close to public transport. There is on road parking available close by.</p> <p>The dental practice provides a range of dental treatments and services for people of all ages mainly through the NHS. The practice</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

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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 14 November 2012, talked with people who use the service and talked with staff.

What people told us and what we found

Patients were provided with an information leaflet about the practice. This informed people of the surgery opening hours, contact details, emergency out of hours contact numbers, the complaints procedure and charges.

As part of our inspection visit we received comments from one patient attending the practice. They told us; "Everything is explained, they put my child at ease, I would recommend the practice to anyone".

The patient who provided us with feedback, said that they were provided with relevant information about their treatment and that their consent was sought prior to the treatment being carried out.

The patient who provided feedback about the practice told us they had not been provided with information about how to complain if they needed to. However they said they would feel able to raise any issues should it be necessary. Staff were described as 'attentive', 'considerate' and 'helpful'.

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

The practice is located in Langley clinic, which is a single storey building with level access to the waiting area, surgery room and toilet facilities.

Patients were provided with an information leaflet about the practice. This informed them of the surgery opening hours, contact details, emergency numbers, the complaints procedure and charges.

We were told that the practice manager manned the reception during surgery hours. Patients were able to make an appointment at a time when it was convenient for them. The practice did not open evenings or weekends however, patients were advised to contact the 'out of hours' service should this be needed.

Whilst looking round the building we saw that clear signs were displayed identifying fire exits and areas where equipment such as x-ray machines may be used. From our observations, patients were seen in private and surgery room doors were closed whilst consultations were taking place.

We were told that all treatment plans were discussed with patients and recorded on the computerised records held by the practice. Paper copies were also printed off and discussed with patients ensuring they understood the treatment required. Patients were then asked to sign a copy of the plan evidencing their agreement. This was then scanned into their computerised records.

As part of our inspection visit we received comments from one patient attending the practice. They told us; "Everything is explained, they put my child at ease, I would recommend the practice to anyone".

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

Individual computerised records were held for each patient. These detailed all examinations and treatment received. We were told that medical information was periodically updated. However patients were asked during their appointments with the dentist if there had been any changes, for example to their prescribed medication.

Where people required additional treatment which could not be provided at the surgery, referrals would be made by the dentist. This may include where patients required sedation, hospital treatment or the orthodontist.

We were told that the use of x-ray machines was only undertaken by staff trained to do so. The safe and effective use of x-ray equipment is important for the protection of patients, all members of the dental team and members of the public.

We discussed what arrangements were in place with regards to emergencies. We were told that emergency drugs and oxygen were available. We saw that these were kept in a separate room next to the surgery. These were easily accessible. Staff within the practice had received training in emergency procedures and cardio pulmonary resuscitation (CPR).

The patient who gave us with feedback, said that they were provided with relevant information about their treatment and that their consent was sought prior to any treatment being carried out.

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

Reasons for our judgement

The dental nurse showed us the practice they followed with regards to the decontamination and sterilisation of equipment. Instruments were placed in a sealed box when being taken to and from the sterilisation room. This was a separate room where the disinfectant machine and autoclave were kept. An autoclave is a machine which uses high temperature pressurised steam to sterilise instruments.

Instruments were thoroughly cleaned and checked prior to being individually placed in sealed bags, which were dated and then returned to the surgery.

During our visit we looked at the surgery. There were areas which were identified as 'clean' and 'dirty' work areas. The environment appeared to be well maintained and clean and tidy.

Policies and procedures were in place relating to the Health Technical Memorandum (HMT01-50), which relate to the standards required for the decontamination of equipment and the prevention and control of infection. Staff had also completed training in this area.

Personal protective clothing such as gloves, aprons and masks were available and used when providing treatment. Hand washing facilities were provided in all areas. Liquid soap and paper towels were readily available.

We were also shown records that were completed to monitor safety and hygiene standards within the practice. Suitable arrangements were in place for the removal of hazardous and clinic waste. Servicing certificates were also seen with regards to the x-ray equipment, washer disinfectant and autoclave ensuring they were safe to use.

We were told that the practice was registered with the British Dental Association (BDA) Good Practice Scheme Award. This scheme was a quality assurance framework for dental practices.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The staff team at the practice was small. It comprised of a full time practice manager and dental nurse, two dentists (one working 3 days and the other working 2 days) and another practice nurse who worked between the Langley practice and the Phoenix Centre, another practice owned by the providers.

We received comments from one patient visiting the practice during our inspection. They described the staff as 'attentive', 'considerate' and 'helpful'.

We looked at a sample of training records. Records of training attended and copies of certificates were kept in an individual 'Continuous Professional Development' (CPD) file. Training completed included infection control, radiography, sedation and medical emergencies. The practice nurse spoken with had also recently completed her dental nurse training.

Staff confirmed they received regular training updates and that performance reviews were held to discuss their on-going professional development. Staff said they felt supported and enjoyed working for the practice.

Staff were aware of the safeguarding adults and child protection procedure as well as the whistle blowing procedure. They were aware of their responsibilities and were able to tell us what they would do should concerns be identified with any of their patients.

We were told that practice meetings were held each week. The dentists alternated each week so that any issues with patients could be discussed.

Complaints

✓ Met this standard

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

Policies and procedures were in place for the recording and responding to any complaints or concerns raised about the practice.

We saw records of complaints that had been raised with the practice. Information was held showing what action had been taken to investigate and respond to any issues raised. Patients were also able to contact the Patient Advice and Liaison Services (PAL's). This service would then liaise with the surgery to address.

We saw that annual records were also provided to the Primary Care Trust (PCT) as part of the contractual arrangements in place with the practice.

The patient who provided feedback about the practice told us they had not been provided with information about how to complain if they needed to. However they said they would feel able to raise any issues should it be necessary.

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.

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