

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

Manor Dental Practice

216 Washway Road, Sale, M33 4RA

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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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Turret Orthodontics Limited
Registered Manager	Mrs. Amanda Lowrie
Overview of the service	Manor Dental Care in Sale, Manchester is a private dentist. There is an all-female dental team providing an extensive range of dental treatments.
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'.

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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 unannounced 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 4 April 2013, talked with people who use the service and talked with staff. We received feedback from people using comment cards and reviewed information we asked the provider to send to us.

What people told us and what we found

People who have received treatment at The Manor Dental Care Centre told us: "The dentist coached me through everything, I am over the moon."

"It really helps that I get email reminders about my appointments."

"From reception onwards they treat you very well."

We sampled three electronic records which included scanned copies of signed consent. The consent letter detailed the treatment, treatment plans, estimated length of treatment and cost.

The practice was modern and contemporary, with a light and spacious waiting area which had a range of up to date magazines for patients to read whilst waiting.

The Manor Dental Practice also offers treatment to nervous patients and people with dental phobia, by offering a sedation clinic. The manager told us that although they do not have many patients whom ultimately choose sedation, they take this very seriously and have a specialist anaesthetist to treat these patients.

We saw the safeguarding policy, which included a simple flow chart of action and details of who to contact within the local authority should they have any concerns.

A dental nurse discussed the practice infection control daily procedures and showed us records of the checks they carried out.

The manager showed us the results of a patient satisfaction survey carried out in 2012. We noted majority of areas were rated as good to very good. 94% of those surveyed, said the friendliness of the dentist and care and attention as very good.

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 patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The practice had a consent policy explaining patient's rights, and that consent had to be informed and voluntary, and patients must have the capacity to consent.

The manager told us that following a consultation with the dentist, they discuss with patients the treatment plan, options and associated costs before they are asked to sign consent.

We sampled three electronic records which included scanned copies of signed consent. The consent letter detailed the treatment, treatment plans, estimated length of treatment. These were signed by the patient or legal guardian where necessary

.
Verbal consent was recorded electronically throughout the patient record, additional to the signed consent forms.

We spoke with two patients and both told us that their treatments and cost of treatments had been clearly explained, and that they felt informed enough to consent to their treatment.

One patient told us: "I was given really good information; they chatted through everything, so I could make a decision."

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

During our inspection we spoke with two people who had received treatment, they told us: "It's nice to go somewhere with a great environment, not only is the surgery very modern, but it's the staff consideration and attitude that makes the experience as good as it could ever be." "The way I have been treated is second to none, facilities are exceptional, and they use all the current techniques. I would score them 20 out of 10."

We spoke with one of the dental nurses, who told us that they like working in this practice as they have the time to spend with patients and can get to know them, and understand what it is they are trying to achieve from treatment."

We saw information leaflets and displays outlining treatment options in the reception and waiting rooms, and information promoting good oral hygiene.

The practice was modern and contemporary, with a light and spacious waiting area which had a range of up to date magazines for patients to read while waiting.

We saw that there was disabled access into the practice, a disabled toilet and accessible consultation rooms.

We reviewed three electronic dental records, which showed that risk assessments were carried out prior to treatment, with any medical conditional or allergies clearly highlighted. We saw correspondence to patients sent prior to an appointment which set out what patients should expect during their appointment.

The manager told us that feedback from patients was very important, and they take comments very seriously. We saw a patient comments box in reception. One of the dental nurses told us: "We are very conscious of feedback and try to make everyone feel welcome and at ease."

We saw from the results of the patient satisfaction survey and speaking with patients that satisfaction levels were very high. We noted in the patient satisfaction survey a very small number, 3% said that the cost of treatment was not very well explained. The manager told us that this was immediately addressed, and that all the dentists now explain the cost of treatment during a consultation, as well as the option of further discussion with a dental

nurse.

The Manor Dental Practice also offers treatment to nervous patients and people with a dental phobia, by offering a sedation clinic. The manager told us that although they do not have many patients who ultimately choose sedation, they take this very seriously and have a specialist anaesthetist who works with the dentist to treat patients.

Patients were able to access antibiotics at the practice, eliminating the need for people to access their General Practitioner (GP).

We saw emergency medication supplies, including oxygen and emergency drugs, which were easily accessible to staff should they be required. We saw records to demonstrate that staff were trained in dealing with emergency situations.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Lead clinical staff and the manager had undertaken a vetting procedure from the Criminal Records Bureau (CRB) to ensure that they were considered fit to work with children and vulnerable adults. The manager told us that although not a legal requirement, they are in the process of vetting all staff working in the practice.

We saw the safeguarding policy, which included a simple flow chart of action and details of who to contact within the local authority should they have any concerns. We saw the flow charts and contact information displayed in all surgeries, and behind reception.

The manager told us, that although they had not had any safeguarding incidents, they take the risk seriously and that safeguarding is a regular agenda item at staff meetings.

The practice had a member of staff trained in child protection, and we saw details of the training they had delivered to all staff in December 2012.

We spoke with two members of staff and the manager, they were all were aware of their roles and responsibilities to safeguard children and vulnerable adults.

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

We observed that all areas of the premises were maintained to a high standard, with all areas clean and tidy. We spoke with two dental nurses and they were clear about their roles and responsibilities for cleanliness and infection control.

Prior to our inspection the dental surgery had started renovation work to create a central decontamination room, which would be accessible from all clinical rooms. A dental nurse showed us this new facility and explained the infection control daily procedures and the checks they carried out. We noted that records had been signed and dated.

We saw the central decontamination room, although not fully completed, had clear areas for dirty and clean equipment, and personal protective equipment was available.

The dental nurse told us: "I am looking forward to having the central decontamination room working; it will make everything more effective and efficient."

We saw records of staff training in relation to infection control and prevention of cross contamination.

We saw a cleaning schedule for maintaining cleanliness in communal areas, hand wash instructions in clinical areas and within staff and public toilets.

The manager showed us copies of maintenance contracts, validation certificates and risk assessments for all the dental equipment, and equipment associated with cleaning and decontamination. We noted that the autoclave (a device to sterilise dental instruments) had been serviced in March 2013.

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 receive.

Reasons for our judgement

Patients, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider took account of complaints and comments to improve the service.

We looked at comments patients had placed in the comments box, all of which were positive.

The manager showed us the results of a patient satisfaction survey carried out in 2012. We noted majority of areas were rated as good to very good. 94% of those surveyed rated, the friendliness of the dentist and care and attention as very good.

We saw a copy of the complaints policy and although no formal complaints had been received, the manager explained to us how they responded and acted upon any comments made by patients.

The manager told us that they have weekly staff meetings in which staff were able to share any issues, and share knowledge. Annual appraisals were in place for staff and we saw records of appraisals taking place. The manager explained to us, that additional to appraisals staff are allocated targets throughout the year. One member of staff told us that: "The targets are achievable, and it helps to motivate us as a team. It is great when you find out in team meetings everyone has achieved their targets."

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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