

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

Manor House Dental Practice

12 Boroughbridge Road, York, YO26 5RU

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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
Supporting workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Mr. Matthew Houlton
Overview of the service	Manor House Dental Practice is located close to the centre of York. There is a small car park for patients in front of the building. The treatment rooms are located on the first floor and there is disabled access to them. Mr Mathew Houlton is the registered person for this practice. The practice is solely for private patients. They offer all aspects of professional, modern dental care, including the prevention and treatment of tooth and gum disease, smile makeovers and cosmetic procedures.
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 5 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

To help us understand the experiences of people using the service, we spoke with people who had attended the surgery at the time of our inspection.

We spoke with people in private at the practice address. Everyone we spoke with said that they were treated with respect. They said they signed to say they agreed to the treatment. They explained they discussed their treatment options with the dentist so that they could make an informed decision about their dental care and treatment. One person said "The dentist explained my care and treatment plan, in detail, before I signed the consent." Another said "I have a copy of my treatment plan at home."

People told us they did not have to wait too long for appointments and that they were always welcomed in a friendly manner. One person said, "I was very anxious today and they made me feel relaxed, quite quickly."

People commented to us that they thought the surgery and practice building were clean. One person said "The practice always smells clean."

We were told by the people we spoke with at this inspection they felt safe and relaxed when in the surgery and they told us they trusted the dentist's skills and judgements.

We saw records which showed the practice to be compliant with current legislation.

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

People we spoke with said they had been provided with the Practice information leaflet when they first approached the practice. This provided general information about the service such as fees, the care that could be provided, complaints process and contact information. This was important to make sure people had enough information to be confident the dental practice was right for them.

People who used the service understood the care and treatment choices available to them. Three patients agreed to talk to us. They said that they understood the treatment they were offered and confirmed they had been given written treatment plans. People expressed their views and were involved in making decisions about their care and treatment. We also saw evidence of patient feedback from formal surveys and 'thank you' cards. These comments included: "I am a very satisfied customer." and "The dentist's good work has had a positive impact on my appearance."

One patient told us she had been coming to the practice for many years and would recommend the service. All the patients interviewed were complimentary about all the staff in the practice. We observed at all times the patients were treated with dignity and courtesy.

People who used the service were given appropriate information and support regarding their care or treatment. Practice information and dental health promotion leaflets were available in the waiting room, and we noted that each patient had been given clear information regarding their individual treatment. The practice had an informative web site which patients could access. This helped to inform current and prospective patients about the services which were currently available at the practice. These systems helped to make sure people had sufficient information to make informed decisions about their dental health.

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 we spoke with told us that they were very pleased with the care they received and no concerns were expressed about the treatment and service provided. One person told us "The dentist always tells me what is happening, when he is examining my mouth and teeth. " Another said " He(the dentist) always tells me what the benefits of each treatment will be."

We looked at patient records during our visit. Records were held electronically, with paper copies of consent and agreement to treatment plans which were stored in locked cabinets. The records showed that people were involved in the planning of their treatment and that informed consent was gained. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We noted emergency and first aid equipment was seen to be available within the practice. These were stored in an area which was easily accessible to staff. The medical emergency drug kit was checked, and all drugs were in date and the contents of the kit were in accordance with resuscitation council guidelines. A protocol was seen, which ensured that the various drugs in the kit were regularly checked and kept up to date.

We spoke with the dental nurses who told us about the emergency equipment kept at the practice. They told us they had received training in emergency care in dental practice and that this included first aid. This included Cardio Pulmonary Resuscitation (CPR). This meant that staff knew how to respond in the event of an emergency. We confirmed this when we reviewed their personal files.

We saw evidence of regular staff meetings where patient issues were discussed. This evidenced that the practice was patient focussed.

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

People told us that they had no concerns about the cleanliness of the practice. They told us that they wore protective glasses and so did the dentist. One person told us the dentist "Wears glasses, a mask and gloves, when he is carrying out procedures on me."

The practice has policies and procedures in place for the prevention and control of infection. Personal protective equipment (PPE) was available for staff and patients when carrying out dental procedures. We were told that single use items were disposed of as clinical waste after each patient. Each surgery had designated dirty and clean areas. Dental instruments, once used, were placed in the 'dirty box' which was sealed prior to transporting the instruments to the decontamination room. During our inspection we observed that clinical areas were clean and tidy.

The practice had a dedicated decontamination room which was located on the first floor. The room was found to be laid out in accordance to the guidance from the Department of Health HTM01-05. There were guidance documents placed on the walls at each stage of the decontamination process and arrows clearly showed the flow of the cleaning process to be followed. Examples of this guidance included the order of placement of PPE and guidance on the wearing of gloves. We noted records of monitoring checks carried out on the specialist cleaning and sterilising equipment were well maintained, including regular recording of the temperatures of autoclaves, which are used to sterilise equipment.

We found the building to be clean and in good repair. We were told that the cleaner had specific routines for cleaning which were clearly documented. We saw the records and the three separate coloured mops and buckets used for the different areas they cleaned; to prevent cross-infection. This followed current guidance.

We spoke with the dental nurses who told us that they had received all of the immunisations required for working in a dental practice, this included Hepatitis B. They told us how they would respond to, needle stick injuries and blood spillage; these met with the current guidance. There were effective systems in place to reduce the risk and spread of infection. Staff had undertaken decontamination and hand washing training which had been logged, and appropriate protocols were seen to be in place. All of these processes

meant that staff and patients were in an environment where all recommended cross infection measures had been implemented. This helped to ensure that the risk of harm to patients and staff from cross infection was minimised.

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 we spoke with told us they were comfortable and felt safe when having any treatment. One person told us "The dentist took great care in ensuring that the colour and shape of the crowns and new teeth were just right."

We looked at the staff files to see how people had been supported whilst they worked at the dental practice. We saw from the records individual competency based appraisals were in place. This meant where any training issues were identified people were supported to access further training.

Staff received appropriate professional development. We saw in the staff files evidence of appropriate training records which included their General Dental Council's (GDC) Continuing Professional Development(CPD) requirements. We were told that time is allocated for e-learning and for attendance at other professional training sessions either in-house or those provided by outside trainers.

We spoke with two members of staff who told us they were able to discuss professional matters with the dentist who they worked closely with each day. They also said they could speak informally to the practice manager at any time about any issues. They added they were confident that both would take their comments seriously. They were also very clear about their own responsibilities to seek support if necessary. We were told by a member of staff "We all feel valued as members of the team."

This evidence meant patients were supported and cared for by staff who worked in an environment where high standards of care had been safeguarded and where clinical excellence could do well.

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

We found that records were accurate and fit for purpose these included people's personal records including medical records. We examined the computer records of four patients. The standard of record keeping followed current best practice. Patient records contained detailed treatment plans and signed consent forms. We saw evidence that medical histories were updated for each course of treatment and that a protocol was in place to flag up medical alerts to protect both staff and patients. This meant that in the event of a medical emergency, staff had access to up to date medical information about each patient.

We saw that a system was in place for safely securing patient records. The computerised dental records were password protected. Any patient paper records were secured in a lockable room not accessible to patients. This meant that patients could be confident that their personal data was secure.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. These included practice risk assessment which ensured a safe environment for staff and patients and records for the safe disposal of clinical waste and the relevant waste transfer notes. This meant that the provider was following best practice in waste disposal.

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.

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