Care Quality Commission

Inspection Report

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

Inglewood House Dental Practice

225 Bury New Road, Whitefield, Manchester, M45 8GW

Tel: 01617664506

Date of Inspection: 03 July 2013

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

Details about this location

Registered Provider	Inglewood House Dental Practice
Registered Manager	Dr. Robert Dorrington
Overview of the service	Inglewood House Dental Practice carries out a range of dental services for NHS and private patients. It is located in a large detached house on a main road in Whitefield, close to public transport links.
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'.

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 3 July 2013, sent a questionnaire to people who use the service and talked with staff.

What people told us and what we found

During our inspection we obtained the views of 12 patients. Patients were positive about the service they received. Their comments included "It's the best I've been to. The dentists are honest and give excellent advice", "Have always found staff open and approachable" and "Everything was explained fully".

We saw evidence that a range of assessments were completed during each dental examination. Patients had their treatment options explained to them, and no treatment commenced before patients had consented to it.

The dental practice was clean and tidy and appropriate procedures to decontaminate dental instruments were carried out.

Patients knew how to make a complaint, and any complaints made were dealt with appropriately.

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

As part of our inspection we obtained the views of 12 patients. They all said they had been asked to consent to their treatment. This had either been verbal or in writing depending on the treatment. Patients said they were given information regarding their treatment and their dentists discussed various options with them. Patients' comments included "Everything was explained fully" and "All discussed prior to treatment".

We looked at the computerised records for four patients. We saw that procedures and treatment options had been explained to patients and they had been asked to consent prior to treatment commencing.

We saw that all staff had been trained in safeguarding adults and children. Staff told us that this training included issues around patients' capacity to give consent. There was a consent policy in place that provided information around the Mental Capacity Act 2005 and the procedure that should be followed if there were doubts about a patient's capacity to consent.

The staff we spoke with gave us examples of patients who had difficulty communicating. They said that some patients attended with their carers and patients who did not speak English as their first language brought family members with them to translate. We were told a deaf patient brought a person who could explain procedures using sign language. They said most patients had used the practice for a long time so were known to them. However, they said if there were any doubts about a patient's understanding they would be referred to a larger NHS dental centre.

Care and welfare of people who use services ✓ Met this standard

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

We saw the computerised records of four patients. These provided evidence that various assessments were undertaken during each routine check-up appointment. Records were clear and included details of why the patient was attending the surgery, what treatment, if any, was required, and full details of any treatment options. Where more complicated treatment was required, we saw that treatments plans were very detailed.

The practice was taking part in an NHS pilot. We saw that this involved an in depth consultation with each patient where all elements of their social history, medical history and dental health were recorded. Following the consultation patients were given personalised advice sheets regarding their general and dental health. Recommendations on when their next routine dentist or hygienist visit should be were also given to them.

We saw evidence that options had been discussed with patients. A private room was available for staff to explain treatment options to patients in a non clinical environment. There was a computer in this room so patients were able to see animated visual explanations of various procedures. There were also models to show patients, for example, the different crowns available.

We saw that procedures were in place for dealing with emergencies. We were shown the emergency resuscitation equipment. It was complete and ready for use. The emergency equipment and emergency drugs were stored in a room close to reception that was locked with a keypad. All staff knew the code to the room. All staff had received training in life support and medical emergency training in the previous 12 months, and we saw this training was booked every year.

All the patients who gave us their views said they were happy with the service. Their comments included "Excellent and professional", "Brilliant dental treatment" and "It's the best I've been to. The dentists are honest and give excellent advice". Another patient said "It's great – welcoming and thoroughly decent".

Cleanliness and infection control

✓ Met this standard

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.

Reasons for our judgement

During our inspection we were shown round the practice. Everywhere appeared to be clean and well maintained. Hand wash sinks, liquid soap and paper towels were available in all the clinical areas. Disposable gloves and aprons were readily available.

To prevent the transmission of infection from one person to another, all dental practices must have effective infection prevention and control measures in place. This includes the correct decontamination procedures for used dental equipment. Decontamination is the process by which reusable equipment is made safe for further use.

There was a clear pathway for the cleansing of contaminated equipment in each surgery. The manager told us that contaminated instruments were scrubbed manually then cleaned in an ultra sonic bath. Following this, they were rinsed in distilled water then sterilised in an autoclave. They were then bagged, sealed, dated and stored ready for use. The manager told us they were in the process of obtaining quotes to have a dedicated decontamination room within the building.

We saw that infection control audits were carried out, and the most recent one had been in the month prior to our inspection. The audit covered all aspects of infection control in the practice and it provided evidence that essential quality requirements were being met. An action plan was in place for areas where improvements could be made. The provider may find it useful to note that target dates for completing these actions should be recorded.

All staff had been trained in the prevention and control of infection. In addition in-house refresher training had taken place during the month prior to our inspection.

The patients who made comments to us said they thought the practice and equipment looked clean and they were provided with protective clothing, such as goggles and aprons, when required.

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 manager told us that three dentists worked at the practice. They were supported by several dental nurses, two hygienists and a therapist. We saw that the practice opened at 8.30am on most days, and was open until 7.30pm once a week. The practice was also open every other Saturday morning.

The manager told us there were enough staff employed to cover in the event of sickness or holidays. They said they would use agency staff in an emergency but they preferred to employ more staff than they thought necessary to avoid this.

The 12 patients who gave us their views all said they thought there were enough staff available. Their comments included "Always able to get an appointment" and "I've never struggled to get help with anything".

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

We saw there was a complaints policy in place that was followed if any complaint was made. Informal comments and complaints were recorded in a significant events file. The manager monitored this and took action when appropriate. Formal complaints were recorded and the manager always responded to each complaint.

There had been no complaints since April 2013. We saw that for any received between April 2012 and March 2013 there was a record of what the issue was, how it had been dealt with, and any lessons that could be learned from the complaint.

The manager confirmed that they issued satisfaction surveys to patients regularly. Every year they compiled a report on the results of the surveys. We saw the report for year ending March 2013. The manager had analysed all responses and identified any areas where they thought improvements could be made.

Most of the patients we asked said they had been given information about how they could make a complaint or comment about their treatment. No-one said they had ever had a reason to complain, but patients said they felt they could do if it was necessary. Their comments included "I feel staff would be helpful" and "Have always found staff open and approachable".

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

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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)

(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

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