

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

Milnrow Center OF Dental Excellence

107 Dale Street, Milnrow, Rochdale, OL16 3NW

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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	SK Excel Dental Limited
Registered Managers	Mrs. Susan Driver Mrs. Christina Ketani
Overview of the service	Milnrow Center of Dental Excellence is based in Milnrow, Rochdale and provides a range of dental treatments for private fee paying adults and a limited number of free dental services for children under the age of four.
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 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 25 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with one person who had received treatment at the practice. They told us the dentist had asked them for verbal consent and had explained the treatment options to them before they began the treatment.

The person told us they felt the environment was suitable, clean and looked hygienic. They told us the dentist was very calming in the way he spoke.

We found that there were sufficient staffing levels at the practice and there was a complaints procedure in place.

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

The dental practice mainly provided private dental treatments and services. We spoke with the registered manager, who told us that only children under the age of four received free treatment. The practice manager told us they provided dental treatments and services for approximately eight to 15 people per day.

During each visit, the dentist updated people's medical history information. People who received private treatments were given a paper copy of the treatment plan, which included information about the treatments offered and details of fees and charges. The registered manager told us that people signed the treatment forms to confirm their agreement with the treatment plan.

The 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 dentist told us that they sought verbal consent from people who use the service prior to commencing treatments and that consent to provide treatment to children was obtained from their parents or legal representatives. Where people lacked the capacity to make their own decisions, consent was sought from their representatives.

During the visit, we looked at four people's medical records, which showed that staff involved people who use the service and treatments were offered in accordance with people's individual needs and preferences. The records we looked at showed that 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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The dental practice was based mainly on the ground floor which made access easy for all people, including those people in wheelchairs or people with disabilities.

The dentist 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 National Institute for Health and Clinical Excellence (NICE). Staff working at the dental practice had the relevant qualifications and experience to deliver the service provided.

The registered manager told us that if a person needed an emergency appointment, they always tried to ensure an appointment could be given within 24 hours. We saw that the time was allocated on a daily basis specifically for emergency appointments.

The provider used an IT database system to store records such as people's personal information, appointment history, consultation notes, medical history records and referral letters. The practice manager told us that some paper records, such as consent forms were retained for traceability whilst other forms, such as the medical history, were scanned into the system and the original was destroyed.

During the visit, we looked at four people's medical records, which contained information such as a person's basic contact details, medical history, referral letters and treatment records. The records we looked at were generally complete and up to date and showed that people who use the service received treatment and services in a way that maintained their safety and well-being.

The provider had processes in place to deal with emergencies that could affect the provision of services. We saw that there was equipment in place to deal with medical emergencies, such as a drugs and treatment pack, and these were checked and maintained by the staff on a routine basis. The staff training records we looked at showed that the majority of staff had received life support and medical emergency training. The provider should note that the emergency drugs kit did contained some items that were past their use by date such as airway breathing tubes.

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 practice consisted of two treatment rooms, but only one was in use on the ground floor. There was an equipment decontamination room 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 used the services.

During our inspection, the areas we saw in the dental practice were well maintained. The environment where treatments were carried out was clean and appropriate. The registered manager explained that checks were carried out on a daily and weekly basis. There were surgery checklists in place which gave clear instructions on how to set up the treatment room.

We saw that policies and procedures for infection prevention and control were in place. There were specific policies for areas such as decontamination of equipment, waste management and for the use of personal protective equipment. During the inspection we saw that staff had attended training in infection control.

The staff we spoke with understood the importance of infection prevention and control, including decontamination, and described their own roles and responsibilities within this area. The dentist was the identified person with specific responsibility for infection prevention and control.

The registered manager told us that preparations were undertaken prior to using the treatment rooms. This included checking all the water lines in the dentist's chair and performing appropriate cleaning cycles before and after use. We were informed the treatment rooms were cleaned by the clinical staff between each patient using appropriate equipment to agreed standards.

Staff using the treatment rooms had systems in place to ensure that clean and used (dirty) dental instruments and equipment were kept separate in sealed containers.

The registered manager 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 was a dedicated decontamination room which had a clear pathway outlined where contaminated (dirty) instruments followed to become clean. We were told the dental nurses rinsed and washed the instruments and then used an ultrasonic bath before checking for any debris under magnification before an autoclave was 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.

The practice had a policy in place to prevent exposure to blood-borne viruses and we saw staff had received the appropriate immunisations. There was a supply of gloves, aprons, wipes, paper towels and hand gel available within the treatment and decontamination rooms.

We saw a risk assessment had taken place to minimise Legionella by an external company. There was monthly testing in place to ensure that all the water outlets were flushed.

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

Treatments and services were provided mainly on Monday, Tuesday and Thursday with some Saturdays as required. The registered manager explained that there were approximately 250 people registered at the practice which meant they would open to accommodate the appointments.

The overall responsibility for the service was with the registered manager. There was one dentist in place as well as two dental nurses, of which one was the receptionist.

The registered manager confirmed there was at least one dental nurse available with the dentist when treatments were taking place. The dental nurses were also responsible for the domestic duties.

There was only one treatment room in use at the practice. The registered manager 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

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had a complaints policy in place which outlined the process for reporting and investigating complaints. People who use the service were given information on how to raise complaints through the policy which was displayed on a noticeboard in the waiting room area. The information provided included contact details for external agencies such as the Dental Complaints Service.

The complaints policy stated the timelines that the provider would take to acknowledge, investigate and respond to any complaint received. The registered manager told us they had received no complaints during the past 12 months.

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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