

Manor House Dental

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Inspection report

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Overall summary

We undertook a follow up desk-based focused inspection of Manor House Dental on 25 April 2024. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access.

We had previously undertaken a comprehensive inspection of Manor House Dental on 30 January 2024 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well-led care and was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Manor House Dental on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 January 2024.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 30 January 2024.

Background

Manor House Dental is in South Yardley, Birmingham and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 3 dentists, 5 dental nurses, 1 dental therapist, 1 practice manager and 3 receptionists. The practice has 3 treatment rooms.

During the inspection we spoke with the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm.

Tuesday from 8.30am to 5pm.

Wednesday from 8.30am to 12.30pm.

Thursday from 10.15am to 7.45pm.

Friday from 8.30am to 5.30pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 25 April 2024 we found the practice had made the following improvements to comply with the regulations:

- The security of NHS prescription pads and the system to track and monitor their use was improved and effective.
- Infection prevention and control processes were in line with HTM 01-05 guidance. The process for manual cleaning of instruments had been improved with regular training and spot checks carried out.
- A Legionella risk assessment was carried out by a competent person in February 2024. Regular monitoring of water temperatures were undertaken taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' Further improvements were in progress as recommended in the risk assessment.
- A fire safety risk assessment was carried out by a competent person in February 2024. Monitoring of fire detection and fire extinguishers had been recorded. Further improvements were in progress as recommended in the risk assessment.
- A Patient Group Directive (PGD) was in place for the Dental Therapist who was providing direct access for patients.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 25 April 2024.

The practice had also made further improvements:

- Systems of checks of medical emergency equipment and medicines were effective. The provider had ensured the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 25 April 2024 we found the practice had made the following improvements to comply with the regulations:

- The practice had a recruitment policy and procedure to help them employ suitable staff. The policy reflected the relevant legislation. We were provided with evidence of the appropriate recruitment documentation for recently employed staff. Records of all required pre-employment checks were kept and available for all staff.
- Staff understood their responsibilities under the Mental Capacity Act 2005. A practice policy had been introduced and training carried out for all staff.
- There were systems in place to ensure private patient referrals to other dental or health care professionals were centrally monitored to ensure requested treatment was completed.
- Systems to ensure patient consent to care and treatment was obtained and recorded were applied to ensure the practice was in compliance with legislation.
- The practice had systems and processes for learning, quality assurance and continuous improvement. Audits for radiography and antimicrobial prescribing were in progress at the time of our inspection. Staff kept records of the results of these audits and the resulting action plans and improvements.
- The practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 had been improved taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Radiation protection information had been updated and rectangular collimators had been fitted to all x-ray equipment.
- The shortfalls we identified at our inspection on 30 January 2024 in relation to the leadership provided, governance systems, recruitment, peoples' safety and continually striving to improve had all been addressed demonstrating the providers commitment to improving the service for both staff and patients. These systems were embedded within the practice.

These improvements show the practice had taken sufficient action to comply with regulations when we inspected on 25 April 2024.