

# Manchester Dental Care Limited

# Manchester Dental

## Inspection Report

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### Overall summary

We carried out this announced follow up inspection on 12 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We had undertaken an unannounced focused inspection of this service on 7 April 2017 as part of our regulatory functions where breaches of legal requirements were found.

After the focused inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to each of the breaches.

We reviewed the practice against two of the five questions we ask about services: is the service safe and well led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manchester Dental on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We revisited Manchester Dental as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements. We checked these areas as part of this follow-up comprehensive inspection and found this had been resolved.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

# Summary of findings

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

## Are services well-led?

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

## Background

Manchester Dental is located in Urmston, Manchester and provides private treatment to adults and children. The practice also offers private orthodontic treatment, dental implants, occasional intravenous sedation and cosmetic treatments. A chiropodist operates alongside the service but this does not come under our regulation.

There is access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available at the practice with additional on-street parking available.

The dental team includes three dentists, four dental nurses (one of which is a trainee), two dental hygiene therapists and a practice manager. The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Manchester Dental was the principal dentist.

During the inspection we spoke with the principal dentist, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 6pm Monday, Wednesday and Friday, 9am to 8pm Tuesday, 9am to 5pm Thursday and 9am to 4pm Saturday.

On the day of inspection we reviewed patient feedback and spoke with three patients. This information gave us a positive view of the practice.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

## There were areas where the provider could make improvements and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's safeguarding staff training; ensuring it covers both children and adults and all staff are trained to an appropriate level for their role.
- Review the practice's arrangements for conscious sedation, ensuring staff involved with this service are aware of roles and responsibilities, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.'

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Not all staff had received training to the appropriate level.

Improvements should be made to the system to receive and act on MHRA alerts.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and friendly. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from three people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and kind and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice knew how to access telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

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

The practice had reviewed and introduced updated policies and procedures to support the management of the service and to protect patients and staff.

Risks assessments including sharps, COSHH and fire had been carried out and recommendations implemented. Procedures including infection control, equipment maintenance and equipment certification were now in place.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

The practice were able to show evidence that all staff had completed highly recommended training.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

We saw evidence that the practice recorded, responded to and discussed all incidents to reduce risk and support future learning. They had also introduced a book to assist part time staff to communicate effectively; we saw this was used to notify each other of any day to day issues and actions taken.

The practice had a system to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We noted that the most recent relevant alerts relating to self-inflating oxygen masks and surgical sutures had not been received. We checked these items and confirmed they were not affected. The practice manager gave assurance they would review the arrangements to receive and act on alerts which would be stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training, but five members of clinical staff had only received training to level one. The practice manager told us this would be addressed. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. A sharps risk assessment had been carried out and a safer sharps system was in use.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff involved in the provision of sedation had received additional training.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files including two recently recruited members of staff. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice occasionally used a local dental nurse agency when they were short staffed. They had introduced a system to confirm their ID, GDC registration, indemnity and immunity status.

### Monitoring health & safety and responding to risks

The practice's fire and health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. A fire risk assessment had been carried out and the recommendations acted on. COSHH risk assessments had been carried out and were stored with manufacturer's safety data sheets. Regular checks were carried out to identify and dispose of expired products. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.



## Are services safe?

A dental nurse worked with the dentists and dental therapists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had completed infection prevention and control training.

The practice had reviewed the arrangements for transporting, cleaning, checking, sterilising and storing instruments and we found these were in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had provided training and implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

### Equipment and medicines

We saw up to date servicing documentation for all the equipment used. Staff carried out and recorded checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. Expired dental materials and medicines had been disposed of and records were maintained of all medicines as described in current guidance. The practice had a separate fridge for storing dental impressions and medical products. The temperature of the fridge was monitored.

Staff had received training and showed us how they carried out checks of the autoclaves in line with the manufacturers' recommendations. A log book was used to record the time, pressure and temperature of a test load each day and evidence was available of steam penetration tests and all sterilisation cycles.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice provided dental implants. The dentist explained the process which patients underwent prior to undertaking implant treatment. This included using X-rays to assess the quality and volume of the bone and whether there were any important structures close to where the implant was being placed. We saw evidence these X-rays were analysed to ensure the implant work was undertaken safely and effectively. We also saw that patients gum health was thoroughly assessed prior to any implants being placed. If the patient had any sign of gum disease then they underwent a course of periodontal treatment. After the implant placement the patient would be followed up at regular intervals by the treatment co-ordinator to ensure the implant was healing and integrating well and a direct contact number for the dentist was provided if they had any questions or concerns. All of these measures greatly improved the outcome for patients.

The practice occasionally carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment but the principal dentist could not provide information about this or recall when this service had last been used. The practice manager told us that sedation had been carried out recently but the dentist who provided this service brought their own equipment and they were not available to speak to on the day of the inspection. We reviewed records of the most recent case which confirmed that the treatment was carried out in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We discussed this with the principal dentist and stressed that they should be fully aware of the arrangements to provide sedation.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines

management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children as appropriate.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice supported them to complete their training by offering in-house training, lunch and learn sessions and online training.

Staff told us they discussed training needs at staff meetings and annual appraisals. We saw evidence of completed appraisals and three monthly reviews.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed





## Are services effective?

(for example, treatment is effective)

treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice received private referrals from other dental practices. A referral procedure and system was in place to manage these effectively and inform the referring dentist of patients' progress or if they failed to attend appointments.

### **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment

options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the clinicians were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.





## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

Staff were aware of their responsibility to respect people's diversity and human rights.

Comments about the service suggested patients were treated with care, respect and dignity. They described a professional, friendly and responsive staff team. Patients told us that staff were helpful and kind. We saw that staff treated patients respectfully, appropriately and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

The layout of reception and waiting areas did not provide privacy when reception staff were dealing with patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Television programmes were played in the treatment rooms and there were magazines and television in the waiting room. The practice provided drinking water, tea and coffee.

Information folders, patient survey results and thank you cards were available for patients to read.

#### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, patient notes were flagged if they were unable to access the first floor surgery or needed to access the surgery via the step-free side door.

Patients were sent text message and email reminders for upcoming appointments. Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice. Staff also telephoned patients after complex treatment to check on their well-being and recovery.

### Tackling inequity and promoting equality

The practice had carried out a disability self-assessment and made reasonable adjustments for patients with disabilities. These included step free access via the side entrance and an accessible toilet with hand rails.

Staff said they could provide information in different formats to meet individual patients' needs. They knew how to access interpreter/translation services but staff told us they had never needed to access these.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had reviewed and introduced updated policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Risks assessments including sharps, COSHH and fire had been carried out and recommendations implemented. Procedures including infection control, equipment maintenance and certification were now in place.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings and staff huddles on alternate days where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice was open to feedback and had taken immediate action to address the concerns raised during the previous inspection and sent evidence to confirm that action had been taken. They demonstrated a commitment to continuing the work and engagement with staff and external organisations to make further improvements.

The practice had introduced quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, oral cancer and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had three monthly reviews and annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice were able to show evidence that all staff had completed highly recommended training, including medical emergencies and basic life support, infection control and safeguarding, although some members of staff had not received safeguarding training to the correct level. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, waiting times had been reviewed and discussed with staff and the television display in the waiting room had been changed.