

Petrie Tucker and Partners Limited

# Mydentist - Clarendon Road - Hinckley

## Inspection Report

8 Clarendon Road  
Hinckley  
LE10 0PL  
Tel: 01455 631123  
Website: [www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 30 November 2017  
Date of publication: 05/01/2018

### Overall summary

We carried out this announced inspection on 30 November 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.

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?**

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**

The practice is in Hinckley, a market town in southwest Leicestershire. The practice provides mostly NHS treatment to patients of all ages. It also provides some private treatments. At the time of our inspection, the practice was accepting new NHS patients for registration.

# Summary of findings

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including one allocated for patients who are blue badge holders are available on site. There is also free on road parking near to the practice.

The dental team includes eight dentists, five dental nurses, three trainee dental nurses, one dental hygienist, three receptionists and a practice manager.

The practice has seven treatment rooms; four of which are on the ground floor.

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 Mydentist – Clarendon Road – Hinckley is the practice manager.

On the day of inspection we collected 43 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We noted five comment cards contained mixed feedback.

During the inspection we spoke with two dentists, two dental nurses, the dental hygienist, two receptionists and the practice manager. A regulations officer and the Regional Business Manager from Mydentist also attended on the day. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday and Thursday from 8am to 5.30pm, Tuesday from 8am to 6pm, Wednesday from 8.30am to 7pm and Friday from 8am to 5pm. The practice opened on an ad hoc basis on Saturdays.

## Our key findings were:

- Effective leadership from the provider and committed practice manager was evident.
- Staff had been trained to deal with emergencies. Appropriate medicines and lifesaving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting of untoward incidents and shared learning when they occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice was aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to routine treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development (CPD) by the practice.
- The practice dealt with complaints positively and efficiently.
- Staff we spoke with felt supported by the practice manager and were committed to providing a quality service to their patients.
- Governance arrangements were embedded within the practice.

# 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.

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 described the treatment they received as professional, gentle and effective.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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 43 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, welcoming and accommodated their needs. They said that they were given helpful explanations about dental treatment and said their dentist listened to them. A patient commented that staff 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 appeared efficient and met patients' needs. We were informed that patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing level access to the practice, a bell at the entrance for patients to use if they required additional help and a hearing loop. The practice had two ground floor toilets, although they were not accessible for wheelchair users.

The practice had access to interpreter services and could obtain information leaflets in different formats.

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 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.

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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. We noted fifteen untoward incidents had been recorded during 2017. We saw that learning outcomes had been shared with staff and appropriate action had been taken to manage any risks.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). We saw evidence which demonstrated that relevant alerts were acted on. The practice manager posted alerts on the staff noticeboard to inform staff and told us they also held discussions with them. The practice had not maintained a log of any actions taken in response to alerts received however. The practice manager told us they would implement a logged recording system.

### 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. The practice manager was the lead for safeguarding concerns and we noted they had undertaken appropriate training for this role. 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 reprimand.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data

sheets ensured information was available when needed. The practice had nominated dental nurse leads for COSHH. They had adopted a process for the review of COSHH data on a regular basis to ensure their records were up to date.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. 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. We saw rubber dam kits were available for use in surgery rooms.

The practice had a business continuity plan describing how the practice would deal with 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. Training last took place in April 2017. Practice staff had also completed simulated training scenarios every two months.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily 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 three staff recruitment files. 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.

### Monitoring health & safety and responding to risks

The practice's 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.

# Are services safe?

The practice had undertaken a fire risk assessment and had carried out regular fire drills and alarm tests. External specialist companies were contracted to service and maintain fire equipment. We saw annual servicing records which were dated within the last year.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists 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 completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments 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. We noted that spot checks were carried out in surgery rooms and any action points and areas for staff learning were recorded. This demonstrated a robust approach adopted by the practice.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice was following recommendations from the latest assessment undertaken.

The practice utilised an external cleaning company to maintain the premises. We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed in our comment cards that this was usual. A number of the comment cards included that the practice was spotlessly clean.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had most suitable arrangements to ensure the safety of the X-ray equipment. We noted that a rectangular collimator was not available in one of the surgery rooms when we inspected. After our inspection, we were informed that an order for one had been placed. The practice 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. Dental care records we looked at showed that the findings of patients' oral assessments and details of the treatment carried out were recorded appropriately. This included details of the soft tissues lining the mouth and condition of the gums using the basic periodontal examination scores.

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

The practice did not provide conscious sedation. We were informed that patients who required this service were referred to a practice approximately 13 miles away.

### Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care.

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we looked at demonstrated that dentists had given oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

One of the dental nurses had undertaken an oral health education course. The practice was proactive and staff had attended local primary schools to deliver oral health awareness education. The practice also hosted a kids club on site during school holidays. Children were invited to attend and play games which taught them about maintaining good oral hygiene. Items such as disposable mouth mirrors were handed out to children, for them to play with at home.

The dentists 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

We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

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

### Consent to care and treatment

We saw the practice recorded consent to care and treatment in patient's records and provided written treatment plans where necessary. We spoke with one of the dentists about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The clinical staff we spoke with understood the importance of obtaining and recording consent and providing patients with the information they needed to make informed decisions about their treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

# Are services effective?

(for example, treatment is effective)

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 consent policy also referred to young people's competence and the dentists were aware of the need to

consider this when treating those 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, always welcoming and accommodated their needs. A large number of comment cards made positive references to individual members of the team. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

A nervous patient said staff were compassionate and understanding. Staff told us about examples where they had assisted nervous patients. These included arranging an appointment during lunch time when the practice was quiet and sitting with the patient whilst they waited to be seen.

Patients could choose whether they saw a male or female dentist when they first registered with the practice.

Staff were aware of the importance of privacy and confidentiality. We noted that reception staff did not reveal any personally identifiable information when they spoke with patients at the desk or over the telephone. Staff told us that if a patient asked for more privacy they could take them into another room.

The layout of reception and the two waiting areas provided some privacy when reception staff were dealing with patients. Music was played which also provided some background noise when discussions were held in the reception area.

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.

There were some magazines and children's books in the waiting room. The practice provided drinking water on request.

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

The practice provided NHS dental treatments to patients of all ages and offered some private treatments. The costs for dental treatment were available to review in the practice and were also shown on the practice's website.

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.

The majority of patients told us staff were kind and helpful when they were in pain, distress or discomfort. We noted one comment card included a statement that communications could improve regarding staff informing patients about the NHS 111 service when the practice was closed.

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

Dentists told us that they used dental models and photos to explain treatment options to patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The majority of 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. We were informed that patients with mobility problems were seen in a surgery on the ground floor. We were also provided with specific examples such as staff contacting a patient with memory problems an hour before their appointment was due to remind them to attend.

Staff told us that they contacted patients up to 48 hours in advance to remind them of their appointment. Patients could choose whether to receive a reminder by telephone call, text message or email.

### Promoting equality

The practice had made reasonable adjustments for patients with mobility problems or disabilities. These included step free access, a bell at the front of the building to enable patients to call for assistance and a hearing loop. The practice had two ground floor toilets for patient use (male and female). The facility was not accessible for wheelchair users due to the width of the door frame. The practice did not currently have plans to modify the facility. We noted that a patient comment made reference to the fact that the toilets were not suitable for a wheelchair user. The practice informed patients in their information leaflet that an accessible toilet facility was not available.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. In addition, some staff spoke different languages which included Latvian, Russian, Portuguese and Punjabi.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website [www.mydentist.co.uk](http://www.mydentist.co.uk).

We noted that a number of comment cards praised the practice's responsive service for allocating convenient appointment times for patients. We noted however that three CQC comment cards made reference to longer waiting times for appointments or their appointment being cancelled. The practice manager told us they recalled there had been occasional problems when staff sickness or a staff emergency had occurred. This had resulted in some appointments having to be cancelled and rearranged. We noted that there were routine appointments available within a short timeframe.

The practice told us they were committed to seeing patients experiencing pain on the same day. Staff told us that whilst appointments were not blocked each day for dental emergencies, patients would be triaged and offered an appointment on the same day if this was required.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. Patients were advised to telephone NHS 111. The majority of patients confirmed they could make routine and emergency appointments easily and were not often 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 would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the past eighteen months. Complaints reviewed 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 registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was also the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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.

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 regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. The practice manager allocated dates for meetings twelve months in advance and notified staff of these. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. In addition, peer review meetings were organised for the dentists at provider level where topics such as 'Units of Dental Activity', (UDAs) which are awarded and calculated for completed treatments and mentoring were discussed amongst staff.

The dental team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. We noted staff were offered development opportunities. For example, two of the dental nurses had undertaken an impression taking course and one had attended a radiography course. There were also opportunities presented by the provider for staff to progress in a practice management career.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuing 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, car park bays were line painted to make parking arrangements more organised.

Staff were encouraged to provide any feedback during staff meetings.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.