The Domiciliary Dental Practice Limited

Mydentist - London Road - Morden

Inspection Report

18 London Road
Morden
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Website: n/a

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Overall summary

We carried out this announced inspection on 18 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 told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Mydentist London Road Morden is located in Morden, in the London Borough of Merton and provides NHS treatment to patients in care homes and to a small number of patients in their own home.

Summary of findings

The dentists travel across the south east of England and visit predominantly elderly patients who are unable to travel to traditional dental surgeries.

The dental team includes eight dentists, six dental nurses, two trainee dental nurses, one student dental nurse, five administrators, an oral awareness promoter and a practice manager.

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 London Road Morden was the practice manager.

Due to the nature of the service we were unable to collect feedback from patients or their carers. However we reviewed feedback that the practice collected and this gave a positive view of the service.

During the inspection we spoke with two dentists (via the telephone), two administrators and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The service is open from 9.00am to 5.30pm Monday to Friday. Dentists carry out their visits to patients between approximately 9.15am to 4.00pm.

Our key findings were:

- 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 for staff to take out with them.
- 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 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 although improvements could be made.
- The practice dealt with complaints positively and efficiently.

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. The dentists discussed treatment with patients and their carer so they could give informed consent.

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 reviewed the practices' feedback from patients and patients were positive about all aspects of the service the practice provided. They commented that staff were humble, caring and respectful

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 ✓

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 generally met patients' needs. Patients could get an appointment quickly if in pain.

No action ✓

Summary of findings

Staff considered patients' different needs. The practice had access to 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.

Are services well-led?

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

No action ✓

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.

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. There had been three accidents/incidents in the service in the last 12 months. All had been handled in line with the organisation's policy and procedures.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. Relevant alerts were discussed with staff, acted on and 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 to the correct levels. Details of the local authority were displayed in the staff rooms. Staff we spoke with knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. Suitable arrangements were in place for transporting used needles when the dentists were in transit between the office and patients homes. The practice had reviewed the need for staff to have Transport Emergency Cards (TREM) and had assessed that they did not carry sufficient quantities of hazardous waste to require this. [TREM cards are cards workers must carry if their work involves transporting certain quantities of hazardous waste].

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.

Each dentist who worked in the domiciliary care service had a medical emergency kit. This included emergency equipment and medicines as described in recognised guidance (including oxygen and an automated external defibrillator (AED)). Staff kept records of their daily 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 eight staff recruitment records. 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. A health and safety and fire risk assessment were completed on 19 November 2017. The practice manager monitored actions arising from these risk assessment and ensured they were completed.

Fire drills were completed every six months and records maintained of the drills. Fire alarms and fire safety equipment were tested annually. Fire equipment was serviced annually.

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:

Are services safe?

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.

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 procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We discussed how the dentists ensured they implemented infection control procedures whilst in patients' homes. Procedures included ensuring they had adequate personal protective equipment, hand gel, hand towels and clinical waste bins.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included annual servicing of the autoclave, washer disinfector and the pressure vessel certificate.

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

Radiography (X-rays)

The practice provided domiciliary care in people's homes; therefore they did not take any X-rays.

However clinical staff working in the service had 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.

Health promotion & prevention

The practice promoted preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit and the British Society for Disability and Oral Health. The dentists we spoke with had a good knowledge of these guidance documents.

The dentists told us they discussed relevant oral and general health issues such as smoking, diet and denture care with patients during appointments.

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. The practice manager had systems in place to monitor when the registration should be renewed to ensure registration was always current.

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

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff told us that carers usually gave consent on behalf of patients in care homes; however this was not being documented in patients' dental care records.

We discussed this with the practice manager and they assured us that the practice's policy would be reviewed and changes made as necessary.

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 and care home staff provided feedback about the service via the practices' internal survey. They commented positively that staff were kind, compassionate and humble. We spoke with dentists and they told us that they saw patients in their rooms in the care homes. They ensured that doors were closed and privacy was maintained when they carried out treatment. Many of their patients had long term conditions such as dementia, in such instances they always saw patients with a carer present when appropriate.

Dentists carried dental care records with them on their site visits. To maintain confidentiality a limited amount of information was on the patient dental care records. Staff ensured they checked they had all documents before they left the premises. Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involvement in decisions about care and treatment

A dentist told us they described the conversations they had with patients and their carers to satisfy themselves they understood their treatment options. Patient feedback we reviewed told us staff were kind and helpful.

The practice had a leaflet for patients in the service outlining the services provided. It explained why certain treatment could not be carried out in a home environment and alternative available in the event that certain treatment could not be completed.

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. Dentists visited people living in their own home as well as care homes and adjusted visiting times to accommodate this. For example when visiting care homes they avoided meal times; in faith led care homes they avoided mass and prayers times and they also avoided planning visits that clashed with the GP visit.

Promoting equality

The practice manager told us that whilst the patient population was not diverse in relation to age there was diversity in other aspects. They had care homes that catered specifically to certain cultures and staff were aware of promoting equality to ensure patients received the same level of service.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services. The staff team were multi lingual and staff spoke languages which included Greek and various Ghanaian dialects.

Access to the service

The practice made the care homes aware of their opening times. Due to the nature of the service appointments were not made for specific times. Instead dentists gave an indication of arrival times such as morning or afternoon. This was because when they visited services they often saw more than one patients and it was difficult to state exactly how long they would be at each service. This system was generally acceptable to most, although some feedback indicated that some patients would have preferred a fixed time. The practice manager explained that they would try their best to see patients at appointed times but sometimes this was not possible.

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. The dentists usually had a list of patients to visit for the day and if a person had an emergency then they would slot them in if they were close enough for them to travel to. If this was not possible then they were triaged to the out of hours service.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. There was a poster in the reception area with details on how to make a complaint. The practice manager was responsible for dealing with these.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. A copy of the organisation's code of conduct for complaints was given to patients. This leaflet contained information 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 over the past 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 registered manager had overall responsibility for the management and clinical leadership of the practice as well as general responsibility 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. All policies were available electronically on the organisations intranet system. Systems were in place for policies to be personalised to the local practice and also be reviewed regularly.

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

Leadership, openness and transparency

Staff we spoke with 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 culture at the practice. They said they felt confident to raise any issues and felt confident they could do this at the local and corporate level. They knew who to raise any issues with and told us that managers were approachable, would listen to their concerns and act appropriately.

The practice held meetings on a monthly basis 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 had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, prescriptions and infection prevention and control.

The practice manager told us they held monthly one to one's with administration staff and weekly meetings with the dentists. During these meetings they discussed staff development and any other issues they wanted to discuss. The practice manager said that it was important to meet with the dentists regularly because they were not office based so it gave them an opportunity to meet with them and raise any concerns. The whole staff 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.

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 continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Training was monitored by the practice manager and they were able to track when refresher or additional training was required for each staff member.

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

The practice used patient surveys to obtain patients' views about the service. The practice manager explained that most patients lacked capacity so the surveys were generally sent to the care home and the care home staff completed them. We discussed that in some cases where patients had capacity of family members who could provide feedback this would be useful to obtain. The practice manager agreed and confirmed that they would review how they gathered feedback to ensure it captured feedback from all patients include those with capacity.

We were given examples of suggestions made by family members who had contacted the service directly. It related to the fact that there was no generic email address for the team and this meant if a member of staff was off information sent in could have been missed. This resulted in the practice implementing a new email address that went to all staff ensuring that if someone was trying to contact the practice it would not be missed.