

IDH Limited

Mydentist - Burley Road - Oakham

Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out this announced inspection on 5 May 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:

Summary of findings

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, Burley Road, Oakham is in the county town of Rutland in the East Midlands and provides NHS and private treatment to patients of all ages.

There is a small single step at the front entrance of the building. Measures have been taken to enable people who use wheelchairs and pushchairs access to the practice if required. Car parking spaces, including those for patients with disabled badges, are available in a public car park directly opposite to the practice building.

The dental team includes five dentists, six dental nurses (including two trainees), a receptionist and a practice manager. At the time of our inspection, the practice were seeking to recruit a hygienist. The practice has four treatment rooms with one 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, Burley road, Oakham is the practice manager.

On the day of inspection we collected 27 CQC comment cards filled in by patients. This information mainly gave us a positive view of the practice.

During the inspection we spoke with one dentist, three dental nurses (one who also works as a receptionist) and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.30am to 6pm.

Our key findings were:

- The practice ethos included the provision of high quality dental care to its patients and offering excellent access to treatment in a welcoming environment.
- Effective leadership was provided by the provider with support from empowered practice management.
- Staff had been trained to deal with emergencies and appropriate medicines and life saving 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 and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took this into account when delivering the service.
- Patients had access to treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided. Information we obtained from 27 Care Quality Commission cards provided mainly positive feedback.

Summary of findings

There were areas where the provider could make improvements. They should:

- Review their arrangements for staff communications in the event of an emergency as staff did not have access to panic buttons.
- Consider undertaking a risk assessment to determine whether a second ultra-sonic bath was required for mechanical cleaning of dental instruments.

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.

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 excellent 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.

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 27 people. Most patients were positive about all aspects of the service the practice provided. They told us staff were caring, gentle and professional. They said that they were confident with the dentist's expertise, given honest explanations about dental treatment 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.

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 had access to interpreter services and were able to assist any 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.

Summary of findings

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.

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.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). 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. This included in practice meetings where a number of scenarios were provided to staff to measure their understanding and responsiveness to safeguarding issues. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Staff we spoke with were aware of who the safeguarding lead was within the practice. The practice had a whistleblowing policy and also posted contact information on the staff noticeboard. 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. 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 (updated January 2017) 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. This was last undertaken in January 2017.

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. These checks were undertaken on a daily basis.

The practice did not have access to panic buttons to alert staff if a medical emergency occurred. Practice management informed us that they had access to instant messaging on the practice computers to communicate with each other and could use this in the event of an incident occurring. We held a discussion with the practice about whether this arrangement would ensure that all staff would be able to respond quickly in the event of an incident occurring. Management told us they would consider any options available.

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 four staff recruitment files including one locum dentist file. 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. 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

Are services safe?

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 practice had use of one ultra-sonic bath for the mechanical cleaning of instruments. The practice had four busy surgeries and we noted that some staff manually cleaned instruments when the ultra-sonic bath was in use. Whilst staff demonstrated that manual cleaning procedures were compliant with national guidance, the organisation's policy did not support the manual cleaning of dental instruments, except for in the event of an equipment breakdown. We discussed the policy decision with practice management. We advised that if the policy should remain in place, a risk assessment could be undertaken to determine if a second ultra-sonic bath was required when surgeries were busy and items requiring cleaning exceeded capacity for one ultra-sonic bath.

Our review of documentation showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. However, whilst weekly protein testing was undertaken of the ultra-sonic bath, the logs maintained to reflect these tests had not been completed for some weeks. We discussed the issue with practice management and were provided assurance that the logs would be kept up to date.

The practice carried out an infection prevention and control audit twice a year. The latest audit undertaken in February 2017 showed the practice was meeting the required standards. Our review of recent audits showed the practice consistently obtained high scores.

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

Equipment and medicines

We saw servicing documentation for the equipment used, this included sterilisers, ultrasonic cleaning bath and X-ray machines. Staff carried out checks in line with the manufacturers' recommendations.

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

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

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 six months 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 saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth.

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

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health 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 all children based on an assessment of the risk of tooth decay for each child.

The practice provided oral health awareness material specifically for children. This included a card game, small books and puzzles which were handed out for children to complete.

The practice management informed us that they were currently in the process of making links with local schools to deliver oral health education amongst children and young people.

The dentist we spoke with 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.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals including personal development plans for all staff members.

Working with other services

The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice (or their other group practices) 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 majority of patients who provided feedback in comment cards 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. Staff were aware of the need to consider Gillick competence 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were professional, caring and friendly. We saw that staff treated patients respectfully and politely. They were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate, understanding and put them at ease. Staff told us they usually referred anxious patients to a particular dentist who had been praised for their caring and responsive approach towards these patients.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that 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. The practice held limited paper records. These were archived following their use to a secure storage facility held off site.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. The majority of patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A number of comment cards made specific reference to dentists taking time to explain procedures and that children were involved and spoken with in an age appropriate way. We noted in one comment card however, that a patient felt rushed by their dentist and they told us that they did not feel reassured by their clinician. The dentist we spoke with 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 provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and cosmetic treatments.

The practice provided some information on their website and in its patient information leaflet.

Each treatment room had a computer installed with specific software so the dentists could show patients models and X-ray images when they discussed treatment options.

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. The majority of 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, a disability access audit had been completed in December 2016 which identified that the main entrance was accessible by use of a small single step. The practice had placed a low fitting bell at the entrance which could be used by those with mobility problems. A member of staff would then assist with access and the practice had a mobility ramp if required. Patients with mobility problems were seen in a treatment room on the ground floor of the building.

Promoting equality

The practice made other reasonable adjustments for patients with disabilities. These included a hearing loop and accessible toilet on the ground floor with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. This included information leaflets in braille. They had access to interpreter/translation services.

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 where this was possible.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointment slots free on a daily basis. The practice advised patients to use the NHS 111 telephone number if they needed emergency treatment when the practice was closed. This information was provided on the practice's telephone answerphone message. Patients confirmed they could make routine and emergency appointments easily. The practice offered online appointment bookings. One patient comment included that staff had made additional efforts to accommodate arranging an earlier appointment when this was required.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice website included an area where patient feedback (including complaints) could be submitted online. The practice manager was responsible for dealing with complaints. 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 if appropriate. 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 past 12 months. We noted 14 complaints received since June 2016. Review of records showed the practice responded to concerns appropriately, in a timely manner and discussed outcomes with staff to share learning and improve the service. We looked at several compliments received regarding the effectiveness of the practice.

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 also worked as 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 manager maintained an electronic matrix which informed them when policies, procedures, training and audits were due for review.

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 apologetic 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 evident the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where all staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Separate meetings were also held with nurses, reception and dental staff. In addition, the provider had arranged for fortnightly conference calls to take place involving reception staff and nurses from the practice and other local practices owned by the same organisation. These conference calls were held to share learning and for training purposes.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included frequent audits of antibiotic prescribing, 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. The dental nurses and reception staff had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. Records we reviewed supported the training undertaken. The practice also held additional training sessions during meetings, for example, safeguarding scenarios to ensure learning was embedded within the practice. The General Dental Council requires clinical staff to complete continuous professional development. Staff we spoke with 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 provider encouraged patient feedback to obtain views about the service. This could be sent via their website. Patients were also invited to leave feedback in comment cards at the practice premises and the practice manager told us they welcomed verbal comments as well. We were informed that the practice premises had undergone some renovation since the current provider took over and this had resulted in positive feedback.

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. Results were collated from March 2017, when feedback had been submitted during this period. This showed nine responses were received. All nine patients were extremely likely or likely to recommend the practice.

The provider also encouraged staff to submit feedback annually about the views of the service and where improvements could be made. Any feedback was then reviewed at provider senior management level. We were

Are services well-led?

informed that there had not been any recent feedback which had been submitted for review. Information was displayed on the staff noticeboard inviting staff to provide their views.