

## Crown Dental Practice Partnership

# Mydentist - Church Street - Eccles

## Inspection Report

107 Church Street

Eccles

Manchester

M30 0EJ

Tel: 0161 7889815

Website: [www.mydentist.co.uk/dentists/practices/england/north-west-england/manchester/107-church-street](http://www.mydentist.co.uk/dentists/practices/england/north-west-england/manchester/107-church-street)

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## Overall summary

We carried out this announced inspection on 13 June 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 that we were inspecting the practice. We did not receive any information of concern from them.

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

# Summary of findings

Mydentist - Church Street is in Eccles, Manchester and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes seven dentists, 11 dental nurses, one dental hygienist, two receptionists and a practice manager. The practice has six 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 Mydentist- Church Street - Eccles was the practice manager.

On the day of inspection we collected 17 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, one dental nurse, the dental hygienist, two receptionists 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 from 08.15am to 17:45pm.

## 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 protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the availability of an interpreter service for patients who do not speak English as their first language.

# 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.

We found minor areas for improvement were required in relation to recording and auditing X-rays.

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 effective, gentle and commented that staff put them at ease. 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.

They displayed oral health education and smoking cessation information throughout the practice and supported national oral health campaigns.

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 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were professional, caring and kind. They said that they were given helpful, 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.

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.

The practice was part of a local scheme to provide urgent dental care to unregistered patients.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice did not have access to interpreter/translation services and patients' friends or family members were engaged to assist with translation.

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 received regular newsletters and bulletins from the company head office which included safety and confidentiality information and courses which were available to practice staff.

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 manager was in regular contact with other local practice managers and accessed support from area managers and head office as required.

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 used an online system to ensure all incidents were reported to head office. A tracking system was used to monitor the progress of investigations.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

Evidence was available that the practice received and acted on 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 and the lead for safeguarding had received a higher level of training. 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. The practice followed relevant safety laws when using needles and other sharp dental items. Not all clinicians consistently used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We discussed this with the dentists and practice manager who gave assurance that this would be risk assessed.

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.

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. 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.

Evidence of immunisation status was available for all clinical staff. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Two members of staff were identified as low responders; we saw evidence that they had been risk assessed appropriately.

### 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 manager carried out and recorded daily visual and monthly detailed checks of the premises. Several members of staff had received fire marshal training and fire drills were carried out every six months. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). These included the risk assessment and use of a safer sharps system, a protocol whereby only the dentist handles sharps to minimise the risk of inoculation injuries to staff and guidelines about responding to a sharps injury (needles and sharp instruments) which were displayed in clinical



## Are services safe?

areas. We observed that some of the sharp devices had not been included in the risk assessment. The practice manager gave assurance that these would be risk assessed and discussed with clinical staff.

A dental nurse worked with the dentists and dental hygienist 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.

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 and all relevant staff had received Legionella awareness training.

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. 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 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.

Not all of the dentists recorded a justification for taking X-rays. We saw evidence that the dentists graded and reported on the X-rays they took. X-ray audits were a continuous process carried out by the practice. The audit and the results were in line with current guidance but actions and learning points were not always recorded. This was discussed with the clinicians and practice manager to review as appropriate.

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.

### Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit. They displayed oral health education and smoking cessation information throughout the practice and supported national oral health campaigns. Staff told us that they had made use of the organisation's mobile oral health education unit to provide targeted oral health education to local nursery age children.

The dentists 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 as appropriate.

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

New staff to the practice had a full three day induction at the corporate training academy and a period of induction in the practice to familiarise themselves with the way the practice ran.

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 and we saw evidence of personal development plans. The organisation had a training academy and a range of online training 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. 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 dentists and dental nurses 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.

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

Several nervous patients commented that staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

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.

Magazines, patient information, patient survey results and organisational news were available for patients to read in the waiting room.

#### **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. Dentists 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.



# 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. There was a system to identify patients who needed additional support or were not able to access the upstairs surgeries.

### Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a lowered reception desk, a hearing loop, magnifying glass and accessible toilet with hand rails and a call bell.

Staff told they did not have access to interpreter/translation services and patients' friends or family members were engaged to assist with translation. We discussed this with the practice manager who told us they would risk assess their approach and raise the issue with the organisation.

Staff had identified there were a number of patients with dementia and the practice had booked dementia awareness training. The practice used Tynetalk which is a national telephone relay service to enable people who are hard of hearing, deaf or speech impaired to communicate with hearing people using the telephone network.

### Access to the service

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

The practice monitored waiting times and sent text messages to remind patients of forthcoming appointments to ensure they 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. In addition, the practice was part of a local scheme to provide urgent dental care to unregistered patients. Staff told us they had a good working relationship with the central appointment office who were responsible for booking patients and providing information to the practice. 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 and there was an online facility for patients to complain directly to the company.

The practice manager was responsible for dealing with these. They had access to support as required from the responsible complaints officer at the head office. 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.

Staff had received customer service training and we saw evidence that complaints were discussed at staff meetings (if appropriate) in order to disseminate learning and prevent recurrence. The practice received regular company updates on learning from complaints. It was evident positive actions were sought from complaints.



# Are services well-led?

## Our findings

### Governance arrangements

The practice was a member of a 'good practice' accreditation scheme. This is a quality assurance scheme that demonstrates a visible commitment to providing quality dental care to nationally recognised standards.

The registered manager had overall responsibility for the management and day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

There was a range of policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These were regularly reviewed by responsible officers at the provider's head office and 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. The practice received regular newsletters and bulletins from the company head office which included safety and confidentiality information and courses which were available to practice staff.

### 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 meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. The practice manager was in regular contact with other local practice managers and accessed support from area managers and head office as required.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, prescribing and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements but clinician's own comments and reflections were not documented in all of the X-ray audits.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager had not been able to carry out staff appraisals but we saw evidence that improvement in staff performance was monitored by personal development plans and informal discussions which were documented by the practice manager. The records we reviewed were completed with sufficient details and action plans.

Staff were encouraged to keep up to date with training and development. They discussed learning needs, general wellbeing and aims for future professional development. The organisation provided online and in-house training including CPD events which covered much of the core CPD.

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.

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

The practice had systems in place to involve, seek and act upon feedback from people using the service including carrying out annual patient satisfaction surveys. The satisfaction survey included questions about access to appointments. We saw positive comments that patients had made on the survey forms. The practice received regular reports to show how their patient satisfaction scores compared with local and national averages across the company.

The practice also undertook the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.