

Petrie Tucker and Partners Limited

# Mydentist - Padiham Road - Burnley

## 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 an announced comprehensive inspection on 16 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### 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?

# Summary of findings

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

## Background

Mydentist Padiham Road Burnley is part of the Integrated Dental Holding Ltd (IDH) Dental Group the largest dental care provider in Europe. The practice is situated in a converted three storey residential property in Padiham, Burnley. There are 12 treatment rooms in total six on the ground floor and six on the first floor. On the day of the inspection there were five dentists working in the practice, they were supported by 10 dental nurses, three receptionists and the practice manager.

The practice was open Monday, Tuesday, Wednesday and Friday from 8.30am until 5.30pm and Thursday 8am until 7pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 37 completed CQC comments cards from patients who had visited the practice in the two weeks before our inspection. In addition we spoke with three patients on the day of the inspection.

## Our key findings were:

- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- The provider had emergency medicines available in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Audits were carried out on radiography and dental care records at regular intervals to help improve the quality of service

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about treatment.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice was well-led and staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.
- There was an effective complaints system. The practice manager recorded complaints and cascaded learning to staff.
- The patients we spoke with and the comment cards we reviewed indicated patients were treated with kindness and respect by staff.
- Staff felt well supported by the practice manager and were committed to providing a quality service to their patients.

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

- Check all audits have learning point's action plan and dates for completion documented so that improvements can be demonstrated.
- Ensure all staff are aware of their role and responsibilities of the requirements of the Mental Capacity Act (MCA) 2005. Review staff awareness of the Gillick competencies.
- Review the practice's recruitment procedures to ensure references for new staff are requested and recorded suitably.
- Check all dental products in the second floor store cupboard to ensure they are within the expiry date and fit for use.
- Ensure the most up to date policies and procedures are easily available for staff to reference.
- Ensure keyboards in treatment rooms are covered or easy clean.

# 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 responded to national patient safety and medicines alerts and took appropriate action. Significant events and accidents were appropriately recorded. Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

There were suitable arrangements in place in relation to infection prevention and control, clinical waste management, dealing with medical emergencies at the practice and dental radiography (X-rays). All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and adults. Staff were trained to respond to medical emergencies and undertook regular practice sessions. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation council UK guidelines.

### **Are services effective?**

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

Consultations were carried out in line with best practice guidance from the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE). The practice focused on prevention and the dentists were aware of 'The Delivering Better Oral Health' toolkit with regards to fluoride application and oral hygiene advice.

Staff that were registered with the General Dental Council (GDC) were supported in their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Staff awareness of the Mental Capacity Act 2005 and Gillick competencies should be improved.

### **Are services caring?**

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

We reviewed 37 completed CQC comment cards. The comments were overwhelming positive about the care and treatment they received. Patients we spoke with told us they were treated with politeness and respect by all of the staff. They commented on the professionalism and skills of the clinical staff.

If a patient wanted to discuss something confidentially they would be taken to one of the treatment rooms or a private room. We saw that reception staff were friendly and helpful.

### **Are services responsive to people's needs?**

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

There were vacant appointment slots for urgent or emergency appointments each day and there was clear advice for patients about how to access urgent care when the practice was closed.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients who used wheelchairs or mobility scooters.

Patients were invited to provide feedback via satisfaction surveys and the NHS Friends and Family cards. There was a clear complaints procedure and information about how to make a complaint was available in the waiting area.

# 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 manager was responsible for the day to day running of the practice and they were supported by a local area manager. The dental care records we reviewed were complete and information was stored securely to protect patient's confidential information. There was candour, openness and honesty amongst all staff we spoke with.

Regular staff meetings took place and these were recorded and shared with staff unable to attend. Staff reported that the practice manager was approachable and they felt supported in their roles and felt able to raise any issues or concerns with them at any time.

# Mydentist - Padiham Road - Burnley

## Detailed findings

### Background to this inspection

This inspection was carried out on 16 November 2015. The inspection was conducted by a CQC inspector and a dental specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months and the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and consulted with other stakeholders. We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them.

The methods that were used including talking to patients using the service, interviewing staff, observations and review of documents. We toured the premises and spoke with two dentists, two dental nurses/receptionists, the practice manager, the practice support manager and the area manager.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The registered provider was aware of their responsibilities under the duty of candour. Mydentist had produced a poster for staff explaining their role and responsibilities to be open and honest should something go wrong that affected a patient. The clinical staff we spoke with told us if there was an incident that affected a patient they would apologise to the patient, take action to prevent reoccurrences and inform the patient of any actions taken as a result.

We saw practice meeting minutes and staff spoken with confirmed that learning from incidents was discussed at meetings.

The staff we spoke with were aware of the different types of abuse and who to report their concerns to if they suspected a child or vulnerable adult was experiencing abuse. There was a flow chart available for staff with the contact numbers of local safeguarding teams.

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

We saw that safe sharps were in use at the practice in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations) and the European Council Directive 2010/32/EU (the Sharps Directive). The practice used disposable needles and a safe needle remover.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.)

There was a safeguarding policy and procedure available to staff that contained the contact details of the local authority safeguarding teams. The staff had attended training in child protection and the protection of adults who may be vulnerable.

Dental care records were completed in accordance with the Faculty of General Dental Practice (FGDP) guidance. The FGDP is part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care.

We found some dental materials in the stock cupboard were past their expiry date. The practice manager said they would dispose of any out of date products and conduct an audit of the stock cupboard.

### Medical emergencies

There were arrangements in place to respond to medical emergencies. We checked the emergency medicines and saw that medicines were available in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). There was documentary evidence to show that the emergency medicines were audited each month. We checked the emergency medicines and found that they were of the recommended type and were all in date and stored securely with emergency oxygen in a location known to all staff.

Training records demonstrated that all staff had received training in emergency resuscitation and basic life support in June 2015. The practice had access to an automated external defibrillator. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

The oxygen cylinder was checked on a regular basis to ensure the levels and flow rate was sufficient for use in the event of a medical emergency.

### Staff recruitment

We reviewed the recruitment files for five members of staff and found checks of professional registration with the General Dental Council (where required) and with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an

# Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. It was the practice policy to request a Disclosure and Barring Services (DBS) check for all staff.

In three of the staff recruitment files we found the required pre-employment checks were not complete. For example, we saw that files had missing information which included application form/curriculum vitae (CV) and references.

The staff files we reviewed contained evidence of current registration with the General Dental Council (where required) and personal indemnity insurance. (Insurance professionals are required to have these in place to cover their working practice).

## **Monitoring health & safety and responding to risks**

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.

There was a business continuity plan for use in the event of an emergency which could disrupt the safe and smooth running of the service. On the day of our inspection we saw how the plan was put into action; a treatment room and a waiting room situated on the first floor were out of use due to a water leak from the roof. The plan was used to report the incident, arrange for builders to attend and make alternative arrangements for patients to use another treatment room and waiting area.

There was current employer's liability insurance which covered employees working at the practice. In addition all clinical staff had personal indemnity insurance (professionals are required to have insurance in place to cover their working practice).

A fire risk assessment had been undertaken in January 2015 and a manual handling risk assessment was completed in November 2015. The assessments identified risks and actions the practice should take to mitigate risks. For example the fire risk assessment had recommended the need for additional fire marshals and we saw that this was being arranged.

## **Infection control**

We toured the premises and found the treatment rooms appeared visibly clean and clutter free.

Hand washing facilities were provided in the treatment rooms and the toilets. We found that there were adequate

supplies of liquid soaps and hand towels throughout the premises and posters demonstrating proper hand washing techniques were displayed. There were good supplies of protective equipment (PPE) for patients and staff members including gloves, masks, eye protection and aprons. We found the computer keyboards in treatment rooms were not washable and did not have covers to minimise the risks of cross contamination.

We reviewed service records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly sterilisation cycles and tests were carried out. We saw the autoclaves had been serviced in June and July 2015.

Staff had been immunised against Hepatitis B to prevent the spread of infection between staff and patients. There were clear guidelines for staff about responding to a sharps injury (needles and sharp instruments).

An instrument transportation system had been put in place to minimise the risk of cross contamination when moving used instruments between the treatment rooms and decontamination rooms. This was in accordance with Health Technical Memorandum 01-05 (HTM 01-05) guidance. The decontamination process was demonstrated by one of the dental nurses. The nurse wore appropriate PPE, such as heavy duty gloves and eye protection. The practice had two new decontamination rooms which were completed in January 2015 and were in use for the first time on the day of our inspection. Neither room had a washer disinfectant.

After washing and rinsing instruments were examined under an illuminated magnifying glass to ensure they were free from debris or damage before being placed into an autoclave (an autoclave uses high temperature pressurised steam to sterilise instruments). Sterilised instruments were packaged, sealed and dated with an expiry date and stored in the treatment rooms. We found there was a system of rotating sterilised instruments to ensure they were used within the expiry dates.

A Legionella risk assessment had been undertaken in 2013. Legionella is a bacteria found in the environment which can contaminate water systems in buildings. Dental nurses told us they flush the water lines in the morning before the first patient and at the end of each session.

# Are services safe?

Sharps bins were properly located in each treatment room, signed and dated. There was a contract in place for the disposal of clinical dental waste and waste was stored securely in locked bins until collection.

## Equipment and medicines

A portable appliance test (PAT- a process during which electrical appliances are routinely checked for safety) had been carried out in April 2015. We saw dental chairs, the air compressor and X-ray equipment had been inspected and serviced within the manufacturer's recommended time frames.

The practice manager maintained a record of when all of the equipment was next due to be checked.

Prescriptions were securely stored, individually numbered with an effective system in place to monitor their use. We saw that the practice had written records of prescription pads to ensure that the use of these was monitored and controlled.

## Radiography (X-rays)

The practice had produced a radiation protection file and copy of the local rules for each X-ray machine was available for staff reference. A radiation protection supervisor (RPS) and a radiation protection advisor (RPA) had been appointed, as required by IR(ME)R in line with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) and The Ionising Radiation Regulations 1999(IRR99).

The X-ray equipment was located in each of the treatment rooms and X-rays were carried out safely and in line with the local rules specific to the practice and type and model of equipment in use. We saw records to demonstrate that a specialist company attended at regular intervals to calibrate and service the X-ray equipment.

Staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic dental care records and we found these were up to date and detailed. They contained information about the patient's current dental needs and past treatment. Any paper records were securely stored in locked cabinets in a separate records room.

The dentist carried out a basic periodontal examination (BPE) this is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. The dentists worked in accordance with current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

The practice carried out consultations, assessments and treatment in line with recognised guidance from the Faculty of General Dental Practice (FGDP) at each examination in order to monitor any changes in the patient's oral health. The assessment included completing a medical history, outlining medical conditions and allergies (which were reviewed at each visit) and an extra- and intra-oral examination.

### Health promotion & prevention

The practice was working in accordance with the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion leaflets were available for patients in the waiting area and included a range of leaflets relating to smoking cessation and oral health care.

### Staffing

There were five dentists and an implant specialist working on the day of the inspection. They were supported by ten dental nurses, three receptionists and the practice manager.

Dentists, therapists, and dental nurses were registered with the General Dental Council and they were up to date with their continuing professional development. This included responding to medical emergencies, infection control, child

protection and adult safeguarding and dental radiography (X-rays). (The GDC required all dentists to carry out at least 250 hours of CPD every five years and dental nurses 150 every five years).

The practice used an on-line academy for clinicians and staff. This on-line resource provided verifiable continuing professional development. Staff confirmed they had good access to on-line training to support their knowledge and skill levels. In addition staff told us they had face to face training sessions.

There was an implant specialist, an orthodontist and an endodontist working at the practice on a part time basis.

### Working with other services

The practice manager told us they received referrals from other practices in the Mydentist group for implants, orthodontic or endodontic treatment based on the patient's clinical need. The practice followed the two week referral process to refer patients for screening where oral cancer was suspected.

Dental care records contained details of the referrals made and the outcome of the specialist's advice.

### Consent to care and treatment

The staff we spoke with were not confident with how the Mental Capacity Act applied to them in relation to their role. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff explained that they would raise concerns with the practice manager or the principal dentist should they had concerns about a patient's capacity to consent.

Staff did not fully understand the use of the Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

This was discussed with the practice manager who advised us that this training need had been identified and appropriate training had been planned. Prior to the training easy read guides to the Mental Capacity Act 2005 had been made available in the staff room.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We spoke with three patients, reviewed 37 completed CQC comment cards, completed Friends and Family Test cards and reviewed the results of the practice's patient satisfaction surveys. The feedback was extremely complimentary about the care and treatment patients had received at the practice.

Patients commented on the understanding and kindness of their dentists as well as the polite attitudes and the respectful and caring approach of the whole team.

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

There was information about NHS charges and private fees displayed in the waiting rooms. The practice website included information about dental care and treatments, costs and opening times. The website also contained the contact number for emergency dental care when the practice was closed.

Feedback in CQC comment cards and from the patients we spoke with demonstrated that patients felt involved in decisions about their care. The staff we spoke with told us they ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

There was information displayed in the waiting areas and in the patient information leaflet describing the range of services offered to patients.

We observed reception staff arranging an appointment with a patient over the telephone and saw that they asked the patient when would be most convenient date and time for them to attend.

There were vacant appointment slots for urgent or emergency appointments. The patients we spoke with told us they could get an appointment to suit their daily routines. Staff told us that

patients who requested an urgent appointment would be seen on the same day where possible or within 24 hours.

Patients commented they had sufficient time during their appointment and they were not rushed. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Tackling inequity and promoting equality

The practice had a range of policies promoting equality and diversity and the staff we spoke with were aware of how to access these policies.

The practice had recognised the needs of different groups in the planning of its services that included easy access for patients who used a wheelchair or parents with pushchairs. The staff had access to a telephone translation service if required. To assist with explaining different treatments the dentists used models and images.

There was an adapted toilet fitted with handrails and an emergency call system that was large enough to accommodate a wheelchair.

### Access to the service

The practice was open Monday, Tuesday, Wednesday and Friday from 8.30am until 5.30pm and Thursday 8am until 7pm. The answerphone, practice leaflet and website provided patients with details of how to access NHS emergency out of hour's dental care when the practice was closed.

Patients told us they were able to access appointments in a timely way and the appointment system met the needs of patients. Emergency appointment slots were available each day for patients who were experiencing dental pain.

### Concerns & complaints

There were effective arrangements in place for handling complaints and concerns. The complaint procedure was displayed throughout the practice and the practice manager handled all complaints in the practice. The patients we spoke with knew how to raise concerns or make a complaint. Staff we spoke with were aware of how to escalate a complaint or concern to the practice manager.

We reviewed the complaint log and found there had been six complaints in the last 12 months and we found they had been dealt with in accordance with the practice policy. The records showed the patients concerns were listened to, investigated patients were notified of the outcome and where necessary and were given an apology.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was responsible for the day to day running of the service and there were quality monitoring systems in place. There were systems in place for carrying out clinical and non-clinical audits within the practice. These included; referrals, record keeping and a radiograph (X-rays). Audit results were discussed at the monthly practice meetings.

At the time the inspection we found that computerised copies of the policies and procedures had been received in the practice. These had been received during the practice manager's maternity leave and had not yet been transferred into the hard copy of the policy file.

We saw that relevant risk assessments had been carried out and were available. These covered environmental risk factors such as fire and health and safety and specific risks related to the provision of dental services such as use of hazardous substances.

Staff we spoke with were aware of their roles and responsibilities within the practice and told us they were happy working at the practice.

### Leadership, openness and transparency

Mydentist had produced a poster for staff explaining their role and responsibilities in relation to the 'Duty of Candour'. This included being open and honest should something go wrong that affected a patient. The clinical staff we spoke with told us if there was an incident that affected a patient they would apologise to the patient, take action to prevent reoccurrences and inform the patient of any actions taken as a result.

### Learning and improvement

Regular team meetings were held and these were used to discuss any complaints, significant incidents or events. Surgery spot checks were carried out and included for example cleanliness, equipment and supplies.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to academy training and this was monitored to ensure core training such as; cardiopulmonary resuscitation (CPR) and medical emergencies and basic life support was completed each year.

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

The practice carried out on-going surveys of patients' views about the practice. We saw the results of survey completed by patients during the year 2014-2015 which showed a high level of satisfaction with the quality of service provided. Patient's commented on the friendliness and efficiency of staff.

We also saw that the practice was using the NHS Friends and Family test (FFT national programme that enables patients to provide feedback on the services provided.). We reviewed 16 completed FFT cards and found 15 patients said they would be extremely likely and one patient would be likely to recommend the practice.

We looked at the NHS Choices website and found the practice manager generally checked the site and replied online to the reviews.