IDH Limited

IDH Highbridge

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 June 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?

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

The practice is part of the IDH (Integrated Dental Holding Ltd) Dental Group which is the largest dental corporation in Europe employing over 2,500 dental professionals. IDH Highbridge provdes general dental treatments for people who live in Highbridge and the surrounding areas. Two dentists and a hygienist provide services and there are four treatment rooms. The practice predominantly provides treatment for patients who have NHS subsidy (95%) and approximately 5% pay for treatment privately.

The practice is open on weekdays between the hours of 8.30 am and 17.00 pm. Details of the arrangements in emergencies, Out of Hours were in a recorded message played on the telephone answering serrvice when the practice was closed.

The practice is located in a Victorian building over two floors above a shop. It is accessed by stairs and so is not suitable for patients who use a wheelchair or have restricted mobility. Patients with mobility restrictions are referred to the IDH Bridgwater branch.

There was no 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. The practice manager had left and the service was being temporarily managed by the practice manager of the IDH Bridgwater branch until a replacement could be recruited.

We received 16 completed Care Quality Commission comments cards from patients who provided feedback about the service. They described their care and treatment as "excellent" and "perfect". Patients described

Summary of findings

the dentists and other staff as “caring”, “kind” and professional. Some patients told us about their nervousness about having treatment and how this was respected and they became more relaxed as the treatment was gentle. We spoke with one patient during our visit.

Our key findings were:

- There was a clear understanding and reporting of incidents in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Staff understood their responsibilities to raise concerns, record safety incidents and concerns.
- The provider exercised the duty of candour by telling patients when they were affected by something that had gone wrong, given an apology and informed of actions taken as a result.
- There were sufficient suitably qualified staff.
- Equipment was checked to ensure it was functioning properly and safe to use.
- There was evidence of comprehensive assessment to establish individual treatment options.
- Learning needs of staff were identified.
- Patients told us they were involved in decisions about their care.
- There was evidence the provider gathered the views of patients.

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 provided safe care and treatment and there were arrangements in place to protect children and vulnerable adults. There were sufficient staff for the smooth running of the practice and the premises and the equipment was suitable.

The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found that the practice did not routinely check and record the temperature of the medicines refrigerator to ensure it was operating within safe limits.

Are services effective?

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

The practice provided person centered care and treatment. Patient's needs were assessed and they were involved in decisions about their care. Staff received appropriate training to enable them to fulfil their role and when treatment was required to be provided by another service, appropriate referrals were made.

Are services caring?

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

Patients were treated with care, dignity and respect. They were given relevant information to enable them to make informed decisions. Patients spoke about how consultations had helped them explore dental treatment options, being given good explanations and the dentist being informative.

Are services responsive to people's needs?

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

The practice was sensitive to the needs of patients, however it was not accessible to people with restricted mobility or wheelchair users. If a patient in these circumstances applied for treatment at the practice they were referred to the practice in Bridgwater. There were arrangements in place to deal with emergencies, out of normal surgery hours. The practice responded to complaints and changed practice where appropriate.

Are services well-led?

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

Staff took lead roles and there were arrangements for communicating with staff. There were good governance arrangements and the practice sought the views of patients.

IDH Highbridge

Detailed findings

Background to this inspection

We carried out a comprehensive inspection at IDH Highbridge on 9 June 2015 as part of our inspection programme. The inspection was carried out by a Care Quality Commission inspector and a dentist, specialist advisor. The inspection included the review of records, policies and procedures. In addition we spoke with eight staff and one patient and observed how patients were dealt with.

We informed the NHS England area team and Somerset Healthwatch that we were inspecting the practice; however 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 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 website stated the organisation promised its patients it would only use proven, safe and biocompatible materials and techniques.

There was information displayed relating to accidents that were recorded. When accidents occurred, such as when a child caught their finger in a door, a description of the incident was written and given to the practice manager. They notified the headquarters health and safety team at the corporate management service centre and filed the records. Any accidents were discussed at the monthly practice meeting.

Staff we spoke with were aware of their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

The practice received regular clinical updates and guidance from the organisation. We spoke with staff about patient safety and were told there were no concerns at the practice.

Reliable safety systems and processes (including safeguarding)

Staff undertook training in relation to child protection and safeguarding vulnerable adults and were able to describe their responsibilities in reporting concerns.

We looked at the safeguarding policies in place for child protection and protecting vulnerable adults. These included information for staff about what was abuse and what they needed to do if they were concerned. We were told by the practice manager that all staff had completed online training on safeguarding. The practice had taken steps to ensure relevant background checks were carried out on staff. This helped to reduce the risk of potential abuse of people who used the service.

Medical emergencies

Staff within the practice had training in dealing with medical emergencies. We were told the most recent training had occurred two weeks prior to the inspection and certificates had not yet been received. They also told us about the different scenarios they discussed during practice meetings such as what they would do if a patient with diabetes had a hypoglycaemic attack.

The equipment and medicines for use in an emergency were contained within a sealed bag. The seal was checked daily and a record of the visual check was maintained. When equipment such as a mask for the use of oxygen or medicines were used the practice notified the suppliers and they replaced the item and resealed the bag. When the bag was sealed it had a complete range of medicines and equipment as recommended by the Resuscitation Council UK.

There were emergency kits on each level of the practice.

Staff recruitment

We looked at three staff files to see how the recruitment policy was implemented for a dentist, dental nurse and reception staff. They showed the receptionist and nurse had supplied a curriculum vitae (CV) and references had been requested. We saw only one reference had been received for the receptionist. All of the staff had provided photographic identification and had a criminal records check with the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw checks to show the dentist had been checked against the NHS performers list and there was up to date information regarding their membership with the General Dental Council.

One of the nurses compiled a rota for the area practices and arranged cover for holidays and sickness. There is a nurse based at IDH Bridgwater who were available to cover at the Highbridge branch if required.

Monitoring health & safety and responding to risks

We saw the practice had completed risk assessments having obtained safety data sheets from the manufacturers for the cleaning and other products used in line with the Control of Substances Hazardous to Health Regulations (COSHH 2002). The risk assessments recorded the actions to be taken by staff to minimise any risks associated with using a product.

Staff had completed mandatory training in fire safety, dealing with medical emergencies and manual handling. The fire safety procedure was displayed and there was equipment to deal with fire emergencies. We saw the equipment was checked weekly and an identified fire

Are services safe?

marshal led a fire drill annually. The last of these was in February 2015. Staff had recent update training in health and safety that focussed on learning across all of IDH's practices.

The practice maintained a 'service centre' log book. Broken items reported to the service centre were recorded along with the date the report was made.

The practice had a designated first aider. It displayed a poster outlining the zero tolerance to abuse.

Infection control

We saw the practice completed infection control audits every six months in line with the guidance provided by the Infection Protection Society (IPS). The last of these was conducted in June 2015, prior to our inspection and we saw an action plan completed after the audit. The practice achieved a 96% score overall with 100% in some areas, 98% for the prevention of the spread of blood borne virus, 92 % for the management of clinical waste and 90% for decontamination of dental instruments. The action plan addressed the shortfalls in these areas.

We looked at the arrangements for decontamination of dental instruments. The practice placed used 'dirty' instruments into an ultrasonic bath to remove debris and there were two 'rapid' sterilisation machines that could be used after the instruments had been inspected under a lit magnifying glass. Dental instruments were placed in pouches at the end of the sterilisation process and date stamped to be used within one year.

Equipment used in the decontamination processes were checked daily and weekly and the ultrasonic bath test strips were kept. There were daily, weekly, quarterly and annual checks to ensure the decontamination process continued to be effective.

The practice had a mercury spillage kit to ensure safety from the use of amalgam. Clinical waste was kept in a designated, locked, cupboard on the ground floor for safe and secure storage between the weekly collections. Hand hygiene guidance was displayed above hand washing sinks in treatment rooms.

Staff used personal protective clothing and equipment during treatments and in the decontamination process including eye shield, gloves, mask and apron.

The practice used the bins recommended for the storage of used sharp instruments and these were handled through a contract with a waste management company in line with the Department of Health guidance Health Technical Memorandum HTM :0701 'Safe management of healthcare waste'. We saw the sharps boxes in treatment rooms were positioned safely and dated. The practice policy in relation to needlestick injury clearly outlined what staff should do if they sustained an injury. If it was a nurse who had to leave to attend occupational health the practice manager would step in to cover.

General cleaning of the practice was carried out by a cleaner employed by the provider. The cleaner recorded their duties in a log book. Cleaning products were stored in a designated cupboard. We saw there were coloured mops and buckets designated for cleaning defined areas of the practice.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The locum practice manager had received training in the control of legionella and a risk assessment was in place and in date.

Equipment and medicines

There was a refrigerator in the staff room designated for medicines requiring cold storage. There were only tooth whitening kits stored there. The practice did not routinely check and record the temperature of the refrigerator to ensure it was operating within safe limits.

We checked the local anaesthetic cartridges and found they were within their use by date.

Electrical appliances were checked in line with the Electricity at Work Regulations 1989 and had last been checked in May 2015.

Equipment used in the decontamination processes was serviced under contract with a specialist contractor.

Radiography (X-rays)

There were written protocols for the referral and justification of the taking of x-rays. The radiation protection file identified the radiation protection supervisor and external advisor. There was a certificate from the Health and Safety executive showing the radiography equipment was safe and there was evidence the equipment had been maintained and no recommendations made.

The local rules for the operation of radiography equipment were displayed in each of the treatment rooms.

Are services safe?

The practice carried out audits to check the quality of x-ray images. Each dentist audited the x-rays taken by the other dentist.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We looked at the care and treatment records for four patients. They identified the dentist who carried out examinations or treatment and the dental nurse who assisted. There were records of periodontal scores recorded (in relation to the condition of gums), along with updates of medical history and consent to treatment was noted.

Where patients had treatment there was a record that the treatment was discussed along with any warnings given about possible side effects from the treatment. If a patient had doubts about treatment they were reassured and any questions they had were answered.

If treatment required local anaesthetic the batch number and agent details were recorded in addition to the type of injection site of administration.

When x-rays were required the type of image taken was recorded along with the justification for taking radiographs. If x-rays were considered but deemed to be unnecessary this was also recorded. If patients required a panoramic image of their mouth (orthopantomograph) they were referred to IDH Bridgwater where there was an x-ray machine for this purpose.

Oral health such as, prevention of dental caries or periodontal deterioration risk, was given and we saw care and treatment records reflected this. In one of the records we saw the patient chose to smoke cigarettes however, there was no record to show smoking cessation advice was given.

Patient recalls for examination were based on guidelines produced by the National Institute for Health and Care Excellence. Most patients attended for six monthly checks.

Health promotion & prevention

We saw there were a range of dental health information leaflets in the waiting room to assist patients understanding of their care and treatment. These included leaflets relating to oral hygiene such as effective tooth brushing and interdental cleaning. In addition, there was information in relation to tooth extractions and root canal treatments.

Patients were given advice where needed during appointments. We saw there were a range of oral health products available for patients to purchase.

Staffing

There were two dentists and a part time hygienist who were supported by dental nurses and a trainee dental nurse. We spoke with them and they confirmed they had opportunities for on-going training that included dealing with medical emergencies and infection control. In addition staff completed child protection and safeguarding vulnerable adults training, radiation protection and manual handling.

In addition there were specific courses available for staff to attend. For example one of the dentists had completed a course entitled 'Denture of Excellence' and nurses were able to complete courses in subjects related to oral health such as fluoride use.

IDH provided an on-line academy. It claimed learning, development and innovation is at the heart of what the organisation does and that was why the academy was set up. The academy provides learning opportunities to develop clinicians and staff and the on-line resource gave opportunities for verifiable continuing professional development.

When new staff were appointed they completed induction related to the systems and policies and procedures for the running of the practice. Staff were given a copy of the staff handbook.

Working with other services

When patients required treatments that were not available within the practice they were referred to specialist providers. This can be for orthodontics (tooth alignment) or dental implants. The practice website states that often patients can be referred to another practice within the IDH group where these services were provided.

We saw a list of other preferred providers for referral displayed in each of the treatment rooms.

Consent to care and treatment

We saw patients consent to care and treatment recorded in patient records. One of the dental nurses we spoke with described how the dentist they worked alongside was very

Are services effective?

(for example, treatment is effective)

careful to explain treatment options to patients choosing words they could understand so they could make an informed choice. If the patient struggled to understand they said the dentist went further to help them understand.

We spoke with a receptionist about mental capacity. They were not aware of the name of the Mental Capacity Act 2005, but were clear when they described how they would speak with the dentist or practice manager if they had any concerns about a patient's ability to consent to treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at the results of the practice patient survey for the previous month which reflected 100% of patients were satisfied with their experience in the waiting room and 90.9 % with the overall experience.

A patient we spoke with described their dentist as “wonderful”. They told us they had not attended dental appointments for many years and found the experience to be “magical”. They also told us the dental nurse was "very good”.

We observed one of the reception staff making a courtesy call to a patient to remind their appointment was due the following day.

There was a radio playing in the reception and waiting area so conversations between patients and reception staff could not be heard. Receptionists told us if a patient requested a more private area for discussion they would take them into an empty treatment room.

When dentists or the hygienist were ready to examine or treat patients they collected them from the waiting area.

Involvement in decisions about care and treatment

The practice patient survey results for the previous month showed 100% of patients were satisfied that their treatment was communicated clearly to them. Fewer patients (84.6%) were satisfied with the choices they were given about their treatment.

The patient we spoke with told us the dentist was encouraging, caring and supportive and listened to them when they had concerns.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was set over two floors above a shop in Market Street, Highbridge, Somerset.

It provided treatment for patient who had NHS concessions and who paid privately. The range of treatments included the provision of dental crowns, bridges implants and dentures in addition to x-rays, fillings and extractions. There were specialist treatments for jaw alignment (temporo-mandibular joint dysfunction) and snoring

Tackling inequity and promoting equality

The practice was not suitable for patients with restricted mobility as there were stairs to the reception and waiting area and a further staircase to the upper floor treatment rooms. A patient we spoke to used a walking stick for assistance. They said they found the stairs a struggle but not such that it deterred them using the practice.

We saw the reception desk was at full height throughout which made it difficult for small children to see the receptionist.

Access to the service

There was information and an on-line enquiry form on the practice website for new patients. The on-line enquiry form asked easy questions such as who was making the enquiry and their contact details. In addition there was space for an individual message to be written.

The practice was open from 8.00 am until 5.00 pm and whilst the practice website showed the practice was closed between 1.00pm and 2.00 pm we were told this is not the case and there were now appointments available throughout the day.

In case of emergencies the Out of Hours telephone number was in the practice answerphone message.

The patient satisfaction survey results for the last month showed 100% satisfaction with the availability of appointments.

There was a sign in the waiting area stating that if a patient did not attend three times then they may be refused to be seen as their failure to attend may have denied another patient appointment time.

Concerns & complaints

The practice website explained how customer service was important to IDH and how it aimed to make patients experience to be as comfortable and professional as possible. It stated that if however, the practice did not meet the patients expectations it would like to know where things had gone wrong. This was so they could take steps to rectify the situation.

The website asked that all complaint be directed to the practice manager in the first instance so they could address the patient's needs promptly and provide details of who they could contact if not satisfied with the response.

There was information included advising patients about contacting the NHS England area team. There were also the contact details for the Independent Complaints Advocacy Service (ICAS), the Dental Complaints Service (private patients only) and the Parliamentary and Health Service Ombudsman.

IDH also pointed out the Care Quality Commission (CQC) was keen to hear about patients experiences (good or bad) and outlined our function. It drew attention to the CQC website.

We spoke with the dentists and receptionists about complaints. The receptionists told us the practice dealt with every compliant within 24 hours and aimed to resolve complaints face to face with the patient if they were in the practice. They said every complaint was logged and they made records to assist with their investigation. Sometimes the NHS England area team received complaints and requested information from the practice to help them.

We looked at the record of complaints for the last year. There were three complaints made directly to the practice and one was received from the NHS England area team. Two of the complaints referred to dental charges and the other two were in respect of treatment. When we spoke with a dentist about a complaint they were able to outline the rationale for treatment.

Individual complaints records showed evidence of how the complaint had been investigated and the feedback to the patient including, where appropriate, an apology. There was an exception to this for an old complaint dating back to December 2013 where there was no mention of the complaint in the patient's care and treatment record and no response to the patient.

Are services well-led?

Our findings

Governance arrangements

The practice website outlined the vision and values of IDH Highbridge. It stated the practice would treat patients with respect and understanding by listening sympathetically and constructively to all comments. It promised to exceed requirements to provide safe and sterile services and would only use safe materials and techniques. It aimed to keep to appointment times and invest in acquiring new knowledge and technology.

Staff we spoke with knew the vision and values and this was evident in their discussions with us and when they were speaking with patients.

The IDH academy had learning and development modules on the patient journey and in respect of valuing patients.

The practice had an audit plan for the year. The practice manager's role included managing and coordinating audits. We saw audits related to infection prevention, decontamination arrangements and waste management. There were also audits related to minimising the spread of blood borne virus, managing dental disease and clinical records.

The dentists attended occasional meetings with other dentists and practice managers in the area. We saw they attended a meeting in November 2014 and the minutes were available for us to see. There was discussion about periodontology (gum health) in general dental practice and discussion regarding clinical audit requirements and peer review.

Leadership, openness and transparency

The practice manager had left and this role was being fulfilled by the manager from IDH Bridgewater. They were working both practices dividing their time between them. We saw a culture of openness and honesty and evidence of when and how poor practice was addressed.

Practice staff said there was good support from IDH management, the central customer care team and the clinical support manager.

Staff told us they enjoyed working in the practice, that there was good leadership and support and spoke about the good team work. One member of staff referred to the dentists and said they received a lot of good feedback about them from patients.

Management lead through learning and improvement

Staff were positive about the IDH training academy. We looked at the website and in particular details of a module related to oral cancer. It described the content of the module and outlined what would be achieved by competing the course.

Practice meetings were held monthly and staff we spoke with told us about the content of the meetings. They told us they discussed any complaints received along with compliments. They also discussed how to respond to given scenarios such as when a patient asks why they have to complete a medical history form.

The practice had arrangements in place for the individual supervision of staff and annual appraisal.

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

After an appointment patients were sent an on-line patient questionnaire, if they had an email address. There were other various ways patients could give feedback. For example there were comments cards in the waiting area where patients could complete the Friends and Family Test (FFT). The FFT asked patients to indicate how likely they were to recommend the practice to friends and family. Patients could also post feedback on-line or by text message.

We looked at the result of the practice patient satisfaction survey for the last month. It showed 90.9% satisfaction with the overall experience of visiting the practice.