

Westhoughton (No 1) Limited

Mydentist - Park Road - Westhoughton

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 February 2017 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

Background

Mydentist - Park Road – Westhoughton is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted three storey mid-terrace property in Westhoughton, Bolton. The premises has access for patients with impaired mobility and limited access for wheelchair users, on street parking is available.

There are four dental treatment rooms (one on the ground floor and three on the first floor), a decontamination room, a reception and waiting area and staff room.

The practice employs five dentists, one hygienist, five dental nurses, a decontamination assistant, two receptionists and a practice manager.

The opening hours are 8am - 5pm Monday to Thursday, 8am - 4pm Friday and 9am - 3pm Saturday.

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'.

Summary of findings

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.

During the inspection we received feedback from 20 patients. The patients were positive about the care and treatment they received at the practice. Patients commented about the friendliness and caring nature of staff, easy access to appointments and quality of care provided.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.

- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- 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 protocol to ensure accurate, complete and detailed records relating to employment of staff. This includes ensuring immunisation status are suitably obtained and recorded.

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.

There was a system in place to learn from and make improvements following any accidents, incidents or significant events. Not all incidents had been reported, we were told the process would be discussed with staff and improved.

Infection prevention and control procedures followed nationally recognised guidance from the Department of Health.

A risk assessment and management process was in place.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Records of Hepatitis B immunisation were available but records of immunity status were not available for all clinical staff members.

No action



Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. We spoke with two patients and there were 18 comment cards, of which 17 were very positive, with patients stating they felt listened to and received the best treatment at that practice. There was one negative comment about the manner of a member of staff.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

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 had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint.

No action



Are services well-led?

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

We found there were strong support systems in place to ensure the smooth running of the practice.

There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

A regular audit cycle was apparent within the practice. Results and action plans were not always clearly detailed and shared with staff.

Patient feedback was encouraged verbally and on feedback forms. The results of any feedback were discussed in meetings for staff learning and improvement.

No action



Mydentist - Park Road - Westhoughton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 21 February 2017 and was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with dentists, dental nurses, the practice manager and the provider's regulatory officer. To assess the quality of care provided we looked at practice policies, protocols and other records relating to the management of the service. We also reviewed feedback from patients about the service.

We informed NHS England area team 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

There was a system in place to learn from and make improvements following any accidents, incidents or significant events.

The last recorded incident was in 2013 but we discussed minor incidents on the day of the inspection that had been acted upon but not recorded as significant events. We discussed this with the practice manager who assured us they would discuss this with staff to encourage reporting and investigation where necessary to prevent recurrence.

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

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE) that affected the dental profession. Relevant alerts were discussed with staff, actioned and retained for future reference.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. Staff demonstrated to us their knowledge of

how to recognise the signs of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included and identified the practice's safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

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 areas.

The practice also had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2017).

Medical emergencies

Staff had received up to date training in medical emergencies.

All equipment and emergency medicines were present in line with the Resuscitation Council UK guidelines. This included an automated external defibrillator (AED) [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]. We saw records that showed the emergency medicines and equipment were checked regularly and all stock was within the expiry date. Staff knew the location of the emergency equipment which was easily accessible.

Staff recruitment

The practice recruitment policy was in line with requirements. We reviewed the staff recruitment files for staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. This was all in accordance to the practice's own recruitment policy.



Are services safe?

Evidence of immunisation status was not available for two members of 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.

Members of staff new to healthcare should receive the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff. (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK). We brought this to the attention of the practice manager who assured us they would implement a risk assessment for each individual until supporting evidence could be sought.

Monitoring health & safety and responding to risks

A health and safety policy was available and up to date. There was a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. A health and safety risk assessment was in place and the practice manager carried out and recorded daily checks of the premises. All clinical staff were supported by another member of the team when providing treatment to patients.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found that risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had two fire exits; clear signs were visible to show where evacuation points are. We saw annual maintenance certificates of firefighting equipment including the current certificate from 2016. The practice also had weekly visual checks of the extinguishers, lights and signs. Several members of staff had received fire marshal training and six-monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission which included Hepatitis B. The policy also described processes for the possibility of sharps' injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We looked at the facilities for cleaning and decontaminating dental instruments. The practice had a designated decontamination room in accordance with HTM 01-05 guidance. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and inspected with an illuminated magnifier prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused.

There was evidence of daily and weekly tests being performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had a contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. On the day of the inspection we found the external clinical waste storage facility which was located in the yard had been left open. This was immediately locked and the practice manager told us they would monitor this.

Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.



Are services safe?

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment were visibly clean and uncluttered. Separate hand wash sinks were available with good supplies of liquid soap and alcohol gel. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella had been carried out in February 2016. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. Staff carried out monthly water temperature testing in line with the recommendations of the risk assessment. The practice manager had noticed that staff had not been checking the correct taps, we saw that they had recorded this as an incident and ensured that staff were trained correctly. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spreading.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen and the X-ray equipment. We were shown the servicing certificates.

An effective system was in place for the prescribing, administration and stock control of the medicines used in clinical practice such as local anaesthetics and antibiotics. These medicines were stored safely for the protection of patients.

Radiography (X-rays)

We checked the practice's radiation protection records as X-rays were taken and developed at the practice. We found there were arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

In order to keep up to date with radiography and radiation protection and to ensure the practice is in compliance with its legal obligations under Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000, the General Dental Council recommends that dentists undertake a minimum of five hours continuing professional development (CPD) training during each five year CPD cycle. We saw evidence that the dentists were up to date with this training.

Dental care records we reviewed showed the practice was justifying, reporting on and grading X-rays taken. 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.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Dental Care Records showed a comprehensive examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and the dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). In addition they recorded the justification, findings and quality assurance of X-ray images taken.

The dentists carried out an oral health assessment for each patient which included their risk of tooth decay, gum disease, tooth wear and mouth cancer. The results were then discussed with the patient (and documented in the patient record) along with any treatment options, including risks, benefits and costs.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice placed an emphasis on oral disease prevention and the maintenance of good oral health as part of their overall philosophy. A range of leaflets and posters in the waiting room contained information for patients such as smoking cessation advice and maintaining children's oral health.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. This was also recorded in the dental care records we reviewed.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. 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 reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

The practice organised in house and online training and staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs.

Working with other services

Referrals for patients when required were made to other services. The practice had a system in place for referring patients for dental treatment and specialist procedures such as orthodontics and minor oral surgery. Staff told us where a referral was necessary, the care and treatment required was fully explained to the patient. There was a system in place to record and monitor referrals made to ensure patients received the care and treatment they required in a timely manner.

Consent to care and treatment

The practice ensured informed consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and estimate of costs. We asked the dentists to show us some dental care records which reflected this. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in the comments we received from patients.

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 demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Staff members we spoke with were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. They were familiar with the



Are services effective?

(for example, treatment is effective)

concept of Gillick competence regarding the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. We spoke with two patients and there were 18 comment cards, 17 of which were very positive with compliments about access to appointments, the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. One patient had made a negative comment about the manner of a receptionist. We discussed this with the practice manager, who explained this was during a period where the reception was short staffed.

We were told staff would take into account the needs of people's diversity, values and human rights. Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection.

The layout of the waiting areas was conducive to maintaining confidentiality. We were told if patients wanted to talk in private a room for this would be sought. Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way.

Dental care records were not visible to the public when in use. Patients' electronic care records were regularly backed up to secure storage. Any paper records were securely stored. There were facilities for the secure shredding and disposal of confidential waste.

Involvement in decisions about care and treatment

The practice provided patients with clear information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the website.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day and information about how to access urgent appointments was clearly displayed in the waiting area and on the website. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished. Patients' comments confirmed that the practice were responsive to requests for urgent appointments.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment. Patients commented they had sufficient time during their appointment and they were not rushed. The practice was very busy on the day of the inspection, we observed the clinics ran smoothly on the day and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. A disability access audit had been carried out as required by the Equality Act 2010 and the practice had made reasonable adjustments to prevent inequity to any patient group. The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients.

Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties including a hearing loop and step free access but the patient toilet on the first floor was not accessible to

wheelchair users. Staff ensured patients were informed of this and offered care at alternative practices where appropriate. Staff had access to interpretation services including sign language if necessary.

Access to the service

The practice displayed its opening hours on the premises, in the practice information leaflet and on the website. The opening hours were 8am - 5pm Monday to Thursday, 8am - 4pm Friday and 9am - 3pm Saturday. These were displayed in their premises, in the practice information leaflet and on the website. The patients we spoke with felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. There were details of how patients could make a complaint displayed in the waiting room and there was a facility online for patients to complain directly to the company.

The practice manager was responsible for dealing with complaints when they arose. They had access to support as required from the responsible complaints officer at the head office. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

Staff had received complaints handling training and we saw evidence that complaints were discussed at staff meetings (if appropriate) in order to disseminate learning and prevent recurrence. We saw complaints were used to improve the quality of service being provided. 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 manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice which were regularly reviewed by responsible officers at the provider's head office. We viewed policies, procedures, certificates and other documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance. We noted policies and procedures were kept under review on an annual basis and updates were shared with staff to support the safe running of the service.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

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

The overall leadership was provided by the registered manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour requirements.

The practice manager had recently been appointed, they were in regular contact with other local practice managers and accessed support from head office as required.

Learning and improvement

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Clinical and non-clinical audits were carried out by various members of staff. Topics included radiography, infection prevention and control and record keeping audits. Results and action plans were not always clearly detailed and shared with staff. Improvement in staff performance was monitored by personal development plans and informal discussions which were documented by the practice owner. The records we reviewed were completed with sufficient details and action plans. Staff were encouraged to keep up to date with training and development.

The organisation provided online and in-house training including CPD events which covered much of the core CPD.

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.