The Narborough Road South Dental Practice Partnership

Mydentist - Narborough Road South - Leicester

Inspection Report

66 Narborough Road South
Braunstone
Leicester
LE3 2FP
Tel:0116 289 9120
Website:www.mydentist.co.uk

Date of inspection visit: 4 March 2019
Date of publication: 09/04/2019

Overall summary

We carried out this announced inspection on 4 March 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Summary of findings

Mydentist – Narborough Road South - Leicester is in Braunstone Town, and provides mostly NHS and some private treatment to adults and children. At the time of our inspection, the practice was accepting new NHS patients.

There is level access with a ramp for people who use wheelchairs and those with pushchairs. Car parking spaces are available on the road near to the practice. Blue badge holders can park directly in front of the premises.

The dental team includes three dentists, four dental nurses (three of whom also cover receptionist duties), two dental hygienists, a cleaner and a practice manager. The practice has two treatment rooms; one on ground floor level.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at mydentist – Narborough Road South – Leicester is the practice manager.

The practice was part of a corporate group which had a head office based in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

On the day of inspection, we collected six CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, two dental nurses / receptionists, the practice manager, a regulatory officer and the area development manager who attended from the provider's head office. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Monday and Thursday from 9am to 6pm, Tuesday from 9am to 7pm, Wednesday from 9am to 5.30pm and Friday from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had thorough staff recruitment procedures. The practice had access to support from a dedicated human resources and recruitment team based within the company's head office.
- The clinical staff provided patients' care and treatment in line with current guidelines. We noted however, that one of the dentists did not use rubber dam or record young patients' basic periodontal examinations (BPE) until they were 13 years old. This was not in line with guidance.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review guidance regarding basic periodontal examination (BPE) from the British Society of Periodontology.
- Review the practice's protocols to ensure audits of radiography are undertaken at regular intervals to

Summary of findings

improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. The practice had a policy for the reporting of untoward and significant events. Though none had been formally recorded, discussions took place in practice meetings and appropriate action was taken to prevent recurrence, when issues were identified.

Staff received training in safeguarding people and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Not all dentists used rubber dam when undertaking endodontic treatment; they told us they used alternative measures.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. One of the dentists we spoke with told us that they undertook basic periodontal examinations (BPE) for young people from the age of 13 and not the age of seven, as recommended in guidance.

Patients described the treatment they received as professional and efficient. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The provider supported staff to complete training relevant to their roles. They funded online training for all employed staff and had a learning management system in place to facilitate core training. External training such as basic life support was provided in house for all staff.

Are services caring?

No action

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

We received feedback about the practice from six people. Patients were positive about all aspects of the service the practice provided. They told us staff were very good, friendly and informative.

Summary of findings

They said that they were given useful and informative explanations about dental treatment and said their dentist listened to them.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

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

The practice's appointment system took account of patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action ✓

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The provider monitored clinical and non-clinical areas of their work to help them improve and learn. We identified that radiograph audits had not been completed for all dental practitioners.

The provider asked for and listened to the views of patients and staff.

Are services safe?

Our findings

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The lead for safeguarding concerns was the practice manager. We saw evidence that staff received safeguarding training. This included training in modern-day slavery and female genital mutilation. Safeguarding was also discussed in practice meetings to refresh staff knowledge. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The practice had a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy, last reviewed in January 2019. This included both internal and external contacts for reporting. Staff we spoke with felt confident they could raise concerns without fear of recrimination.

One of the dentists we spoke with did not use rubber dams when providing root canal treatment. They told us they used alternative measures. Guidance from the British Endodontic Society recommends the use of rubber dams. We discussed this with the practice manager and they told us they would ensure that specific training was undertaken in relation to this.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was an agreement between two other dental practices for their premises to be used, in the unlikely event of the site becoming unusable.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that fire detection equipment, such as smoke detectors and emergency lighting, were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. There was some documentation to show that the practice carried out radiography audits; we noted that radiographs undertaken by one of the dentists had not been audited and another dentist's were due.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the

Are services safe?

vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked in relation to most staff. One of the dental nurse did not have their immunity levels recorded on file. A risk assessment had not been completed. The practice manager told us they would take action to address this.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training was last updated in January 2019.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept daily records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. This included cleaning products used in the practice.

The practice occasionally used agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The latest risk assessment was completed in September 2017. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

The practice employed a cleaner to maintain the general areas of the practice. We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit in January 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. We noted that to date sepsis management had not been discussed during any clinical meetings.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Antimicrobial prescribing audits were carried out. Improvements could be made to ensure the latest audit results were analysed and if applicable had action points documented and shared with relevant staff.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

Are services safe?

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

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We noted that there were no accidents reported within the previous 12 months.

The practice had a policy for reporting untoward incidents and significant events and staff showed awareness of the type of incident they would report to managers. Whilst there had not been any incidents formally recorded as such in the previous two years, we identified some issues that should have been. We noted that discussions had taken place in practice meetings and action taken to prevent recurrence. For example, an issue had previously occurred regarding dentists not always viewing patient discharge letters. The system had been improved as a result.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received positive comments from patients about the effectiveness of treatment. One patient told us that they had been attending the practice for many years.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists and hygienists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. The range of literature included information about fluoride varnish, extractions and healthy smiles.

The practice was aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. One of the dentists we spoke with told us that they undertook basic periodontal examinations for young people from the age of 13 and not the age of seven, as recommended in guidance. Patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. Two dental hygienists were employed by the practice; if needed, referrals were made to them.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept satisfactory dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The company funded online training for all employed staff and had a learning management system in place to facilitate core training. External training such as basic life support was provided in house for all staff.

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very good, friendly and informative. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk.

We looked at feedback left on the NHS Choices website. We noted that the practice had received four and a half out of five stars overall based on patient experience on three occasions. One review left included reference to the kindness of staff when the patient felt nervous and another reviewer stated that staff talked them through the procedure and they were happy with the outcome.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and the downstairs waiting area did not provide privacy when reception staff were dealing with patients.

If a patient asked for more privacy, staff could take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the

requirements under the Equality Act and Accessible Information Standards. (A requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not speak or understand English. Staff also spoke various languages including Hindi and Polish.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials could be obtained, if required.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, X-ray viewing, verbal, pictorial and written information. Oral health instruction and post-operative instructions were provided to patients when applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff understood the importance of emotional support needed by patients when delivering care. The practice had systems in place to alert staff to the needs of patients attending the practice with long term conditions such as dementia or mental health.

Patients described their levels of satisfaction with the responsive service provided by the practice. Appointment reminders were issued by telephone, text message and email prior to patient attendance.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The surgery on the ground floor was larger in size to accommodate wheelchair users and those with pushchairs. There was also a lowered area of the reception desk.

The practice had made reasonable adjustments for patients with disabilities. These included a door bell for patients to use to request assistance, step free access with use of a ramp, a hearing loop, reading glasses and accessible toilet.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. We were told that the next routine appointment was available on the same day as our inspection.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Time was kept free for this purpose in the dentists' working day.

Patients had enough time during their appointment and said they did not feel rushed. Appointments appeared to run smoothly on the day of the inspection and patients were not kept unduly waiting.

The practice's answerphone provided a telephone number for patients needing emergency dental treatment when the practice was closed. Patients were advised to contact NHS 111. Patients confirmed they could make routine appointments easily.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The practice had information displayed on their noticeboard that explained how to make a complaint.

The practice manager was responsible for dealing with complaints. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients could receive a quick response.

The practice manager aimed to settle complaints in-house and told us they would invite patients to speak with them in person to discuss these, if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months.

Complaints documentation showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice was part of a corporate group which had a head office based in Manchester where support teams including human resources, IT, finance, health and safety, learning and development, clinical support and patient support services were based. These teams supported and offered expert advice and updates to the practice when required.

The leaders had the capacity and skills to deliver high-quality, sustainable care. The leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

Leaders at all levels were visible and approachable.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a vision and set of values. Their statement of purpose included the provision of high quality dental care with clear and helpful advice to their patients. The statement also included their commitment to the professional and personal development of their staff.

The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They spoke highly of their practice manager.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, dentists were advised about ensuring that treatment options were discussed in basic terms following a patient complaint. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager was also the practice manager and they were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of feedback from patients the practice had acted on. For example, as a result of reported issues with online appointment booking, patients were informed to either visit or telephone the practice to prevent any further difficulties.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were

Are services well-led?

encouraged to offer suggestions for improvements to the service. We were informed that as a result of staff feedback, nurse and receptionist conference calls were held to ensure consistency in how work was being carried out.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement. We identified that some audits required strengthening. For example, an antimicrobial audit undertaken did not include analysis and radiograph audits were not completed for all dental practitioners.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.