

The Peterborough Dental Practice Partnership Mydentist - Fulbridge Road - Peterborough

Inspection Report

107 Fulbridge Rd
Peterborough
PE1 3LE
Tel: 01733564999
Website: www.mydentist.co.uk

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Overall summary

We carried out this announced inspection 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. A CQC inspector, who was supported by a specialist dental adviser, led 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

Mydentist Fulbridge Road is a well-established practice that provides mostly NHS treatment to adults and children. The team consists of a practice manager, three dentists, a hygienist, five nurses and reception staff. The practice has four treatment rooms and is open on Mondays to Thursdays from 8.30am to 6pm, and on Fridays from 8.30am to 5pm. The practice is part of the Mydentist group who have a large number of dental practices across the UK.

The practice has four dental treatment rooms, one decontamination room, a waiting area and a large staff room.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the front of the practice

There is a full time practice manager 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 spoke with two dentists, the practice manager, two dental nurses, and reception staff. Two of the provider's compliance staff were also in attendance. We looked at practice policies and procedures, and other records about how the service is managed. We collected 27 CQC comment cards filled in by patients and spoke with two other patients during our visit.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.
- The practice was clean and well maintained.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.

- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- The practice dealt with complaints positively and efficiently.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.

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

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure they are all aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had arrangements for essential areas such as infection control, the management of medical emergencies and dental radiography (X-rays). Equipment used in the dental practice was well maintained.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice to meet patients' needs.

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Some staff did not have a full understanding of patient consent issues.

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

No action



Are services caring?

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

We collected 27 completed patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the service the practice provided, with patients commenting on the caring and respectful nature of staff. Staff gave us specific examples where they had gone beyond the call of duty to support patients.

Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

No action



Are services responsive to people's needs?

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

Good information about the service was available for patients both at the practice itself and on its website. Appointments were easy to book and patients were able to sign up for text reminders for them. Patients could access treatment and urgent and emergency care when required.

No action



Summary of findings

The practice had made some adjustments to accommodate patients with a disability and there were ground floor surgeries, a hearing loop and translation services available.

There was a clear complaints' system and the practice responded appropriately to issues raised by patients.

Are services well-led?

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

The practice had accessible and visible leadership with structured arrangements for sharing information across the team. There were clearly defined leadership roles within the practice and staff felt involved and supported and worked well as a team.

The practice had a number of policies and procedures to govern its activity and systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve its services.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We noted the practice's accident reporting procedure on display in the waiting area making it easily accessible to patients.

We viewed the practice's significant event folder and saw that a range of incidents had been recorded in detail, as well as the action taken to prevent their reoccurrence. It was clear that the practice learned from incidents and changed their procedures if necessary. For example, following an incident where patients' referral letters had been delivered to the wrong address by postal services, the practice now hand delivered referrals where possible or sent them individually by recorded post.

The provider also produced a quarterly health and safety bulletin, which gave details of incidents that had occurred across all of its services, so that learning from them could be shared widely with staff.

National patient safety alerts were sent to the practice and then disseminated by the practice manager to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Records showed that all staff had received safeguarding training for both vulnerable adults and children, and information about local protection agencies was on display in staff areas. The practice had a comprehensive safeguarding policy in place and information about how to report concerns was available around the practice. The practice had a lead member of staff responsible for safeguarding concerns and two staff had completed a level three qualification in child protection.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns if needed.

The practice had undertaken disclosure and barring checks for staff to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. We found evidence that all but one dentist regularly used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We raised this with the manager who assured us action would be taken to address this.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The practice had trained some staff in first aid to deal with minor injuries, although they did not regularly rehearse emergency medical simulations so that they had a chance to practise what to do.

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

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity and DBS checks.

All staff received an induction to their new role, via the provider's academy and dentists undertook an additional three day induction at the provider's national headquarters.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

Monitoring health & safety and responding to risks

Are services safe?

The practice had a range of policies and risk assessments that described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

Health and safety issues were a standing agenda item practice meetings and the provider sent a quarterly bulletin to all practices, updating staff on the latest health and safety concerns within the company.

The practice had a fire risk assessment and we noted that its recommendations to box in electrics and repair a fire door closure had been implemented. Fire safety equipment such as extinguishers, emergency lighting and signage were regularly checked. Evacuation of the premises was rehearsed to ensure that all staff knew what to do in the event of an emergency. The practice had appointed specific staff who had been trained as Fire Marshals to help manage any incidents should they occur.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We noted that a number of recommendations made in the practice's 2011 Legionella assessment, such as the removal of a dead leg in the pipework, had not been actioned. The provider assured us this would be addressed immediately.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

We noted that there was good signage throughout the premises clearly indicating fire exits, hot radiator surfaces, and X-ray warning signs to ensure that patients and staff were protected.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, waste disposal, blood borne viruses and the use of personal protective equipment. Cleaning equipment was

colour coded and stored according to guidance. The practice undertook regular infection control audits and results of the most recent one showed that it met essential quality requirements.

We noted that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that dental staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored externally in large lockable bins, in a secure area.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose.

Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use. There was an annual stock check of all equipment and medical consumables in the practice.

The practice had suitable systems for prescribing, dispensing and storing medicines. Prescription pads were

Are services safe?

stored safely, and a logging system was in place to account for prescriptions issued to patients. Antimicrobial prescribing audits were carried out to check that the dentists were following current guidelines.

Radiography (X-rays)

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

We saw evidence that most dentists justified, graded and reported on the X-rays they took, although this was less evident for one clinician. The practice carried out X-ray audits every year following current guidance and legislation. Rectangular collimation was used to reduce dosage to patients

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with two patients during our inspection and received 27 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment, although two commented that they sometimes had to wait a long time for a treatment. The practice was aware of these delays and was trying to recruit another dentist to minimise these.

Dentists we spoke with understood national guidelines that applied to dentistry and most kept dental care records containing information about the patients' current dental needs, treatment provided and medical histories, although this need to improve for one clinician. Where relevant, preventative dental information was given in order to improve the outcome for the patient. Each dentist had a specific 'app' that alerted them if they had failed to complete patients' dental records.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, antimicrobial prescribing and hand hygiene.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A dental hygienist worked alongside the dentists three Fridays a month to deliver preventive dental care and the practice's web site provided information and advice to patients about how to maintain healthy teeth and gums.

The practice also sold dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and toothpaste. There was a range of leaflets about oral health care available to patients in the practice's waiting rooms, including those for smoking cessation.

The practice took part in national campaigns such as Oral Cancer Week and ran a specific 'kids club' in school holidays.

Staffing

Staff told us it was a busy practice but that there were enough of them for its smooth running and that patient care had never been compromised. Both staff and patients told us they did not feel rushed during appointments. A dental nurse always worked with the dentists, and with the hygienist.

The practice had access to staff working in other Mydentist services nearby if they needed to cover unexpected staff shortages and the practice manager was also a dental nurse and could provide additional support if needed.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we reviewed showed they had undertaken appropriate training for their role. Monthly checks of the GDC register were undertaken to ensure that staff were fit to practice.

Working with other services

Referrals were made to other dental professionals when the practice was unable to provide the necessary treatment themselves and there were clear referral pathways in place. A log of the referrals was kept so they could be tracked and followed up if necessary, although patients were not offered a copy for their information. An audit was completed regularly to check that each referral had been sent correctly and any action required had been implemented.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients.

Not all of the staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA) when treating adults who might not be able to make informed decisions, or had a good awareness of patient consent issues in relation to younger people.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 27 completed cards and obtained the views of a further two patients on the day of our visit. These provided a very positive view of the practice. Patients told us that staff were caring and respectful of their wishes. One patient told us she was pleased at the extra time staff took to ensure their 90-year-old mother understood what was happening to her. Another patient told us staff were good with their children.

During our inspection we observed that reception staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients, such as giving them lifts home, delivering their

dentures and supporting those with terminal illness. Reception staff were aware of the importance of patient privacy and confidentiality and told us they could take patients to a private area if needed. Computers were password protected and screens displaying patient information were not visible to patients.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. Information leaflets about various treatments were available to help patients better understand it. There was further information on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible with its own car park and on street parking nearby. The waiting area provided good facilities for patients, including interesting magazines to read and a range of information about dental practice. Patients had access to a helpful website that provided information on the range services offered, the dental team, the practice's opening hours and treatment costs. We found detailed information about NHS and private charges displayed in the waiting areas to ensure patients knew how much their treatment would cost.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. Patients were able to book appointments on-line and sign up for text reminders. Specific emergency slots were reserved each day for patients requiring urgent treatment. The practice was only contracted to provide NHS dental services between 10am and 3pm, but had chosen voluntarily to extend these hours to better meet patients' needs.

Information about emergency out of hours' service was available on the practice's answer phone message, and on the front door should a patient come to the practice when it was closed.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included level access, downstairs treatment rooms, a fully accessible toilet and an induction hearing loop. The reception desk had been lowered at one side so that staff could communicate more easily with wheelchair users.

Staff told us information about the practice could be provided in large print and other languages if needed. Translation services were available and staff spoke a number of languages between them.

Concerns & complaints

The practice had an appropriate complaints procedure in place that included the timescales within which they would be dealt and other agencies that patients could contact. The practice manager was the named lead for handling complaints. Information about how to raise a complaint was available for patients in the waiting area and reception staff spoke knowledgeably about how they would deal with complaints.

All complaints received by the practice were logged on-line where they were monitored centrally by the provider's patient support team. Patients were able to leave feedback about their experience on the provider's website and details of the provider's patient support team were also available for them to contact.

We viewed information in relation to recent patient complaints that demonstrated they had been dealt in a professional and timely way.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice, supported by an area development manager, clinical support manager and compliance officers who visited regularly to assist her in the running of the practice.

There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. There were lead roles for key areas such as safeguarding, infection control, nursing and reception.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The provider used an on-line governance tool that allowed senior staff to monitor aspects of the practice's performance remotely. The practice used a range of daily checklists outlining staff responsibilities, and making them accountable for completing the tasks.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. Staff received training in information governance so that they knew how to manage patient information in line with legislation.

Leadership, openness and transparency

It was clear that the management approach created an open, positive and inclusive atmosphere for both staff and patients. Staff described the practice manager as supportive and effective. Communication across the practice was structured around regular scheduled meetings, which all staff attended. There were standing agenda items such as health and safety, infection control, patient feedback and practice performance. Staff told us the meetings were useful and that they felt able to raise their concerns during them.

The practice had a duty of candour policy in place that was displayed in the staff room. We found staff were aware of their obligations under the policy.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on X-rays, record keeping, and infection prevention and control. Additional audits were completed in relation to hand hygiene, referrals and antimicrobial prescribing rates.

The practice had a training programme for all staff via its academy. This covered mandatory topics as safeguarding, infection prevention and control, and fire safety but also additional training such as managing patient conflict, radiography, oral cancer and hand piece maintenance. We looked at the training files for two clinicians and found they had undertaken a wide range of recent training. Some of the nurses had undertaken additional training in impression taking, dental radiography and oral health education.

Staff received an annual appraisal of their performance, in which they were set specific objectives which were then reviewed after six months. These appraisals were comprehensive and covered their performance and personal objectives.

The provider's clinical support manager regularly met with the dentists to discuss their performance and regional support meetings were held to discuss clinical issues and share best practice.

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

The practice encouraged and valued feedback from patients. Patients were asked to complete a feedback form that asked them for their views on a range of issues including the quality of their welcome, the time they waited and the quality of information given about their treatment. They could also complete feedback forms on-line and were texted following their treatment with details of how to do this. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared at staff meetings.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. An annual staff survey was conducted across the whole company. We found evidence that the practice listened to

Are services well-led?

its staff and implemented their suggestions and ideas. For example, one staff member told us their suggestion for a poster to remind parents about their children's dental appointments had been implemented.