High Street Dental Practice Partnership

Mydentist - High Street - Cheadle

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 1 March 2016 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 High Street - Cheadle is part of the Integrated Dental Holding Ltd (IDH) Dental Group the largest dental care provider in Europe. The practice is situated on the high street centre of Cheadle village and provides a range of NHS and private dental services for patients in and around the Stockport area.

There is a reception desk, a waiting room, a treatment room and an adapted toilet located on the ground floor. There are two further treatment rooms and a dedicated decontamination room on the first floor.

The practice had one full time and two part time dentists. They were supported by six dental nurses, a receptionist and a practice manager.

The practice is open Monday 9am to 6.30pm, Tuesday to Friday 9am to 5pm. The practice is closed at the weekend.

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 21 patients who all gave positive comments about the care and treatment they received at the practice.

Our key findings were:

- The practice had a dedicated safeguarding lead with effective safeguarding processes in place for child protection and safeguarding adults who may be vulnerable.
- Infection control procedures were in accordance with the published guidelines. However the 'dirty' sink in the decontamination room was damaged
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. This included an automated external defibrillator. Staff had been trained to manage medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and clearly showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor and continually improve the quality of the service; including through a programme of clinical and non-clinical audits.

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

- Review the safety of the damaged sink in the decontamination room .
- Review and where necessary update risk assessments.

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 appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. This included an automated external defibrillator. An automated external defibrillator (AED) is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient, and is able to treat them through defibrillation.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, autoclaves, fire extinguishers, the air compressor, oxygen cylinder and X-ray equipment.

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example in relation to recall intervals. The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals.

Patients' dental care records were detailed and contained information about current dental needs and previous treatment. Patient's oral health was monitored and where necessary referrals for specialist treatment or investigations were made in a timely manner.

Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

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

We received feedback from 21 patients about the care and treatment they received at the practice. The feedback gave an overwhelmingly positive view of the practice with patients commenting on the professionalism, caring nature and sensitivity of the staff team.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Are services responsive to people's needs?

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

Patients told us that they were able to get appointments when they needed to and that they could get appointments in an emergency. Appointment times varied in length according to the proposed treatment and to ensure patients and staff were not rushed. The practice offered dedicated emergency slots each day so that patients with dental emergencies received treatment on the same day or within 24 hours.

Summary of findings

There was level access into the building for patients with limited mobility and prams and pushchairs. There was a treatment room on the ground floor and the area was spacious enough to manoeuvre a wheelchair.

The team had access to telephone translation services if they needed and staff spoke a range of other languages.

There were arrangements for dealing with any complaints and concerns raised by patients or their carers.

Are services well-led?

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

There were regular team meetings where staff were given the opportunity to give their views of the service. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was a good place to work.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice had effective clinical governance and risk management structures in place and systems to monitor the quality of the service. The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

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Detailed findings

Background to this inspection

The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The practice sent us their statement of purpose, a summary of complaints they had received in the last 12 months and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the practice manager and a dentist. We toured the practice and reviewed emergency medicines and equipment. We observed interactions between staff and patients in the waiting area.

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 nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers. The dentist we spoke with told us if there was an accident or incident that affected a patient they would be given an apology and informed of any actions taken to prevent a reoccurrence.

The practice had policies and procedures in place for the reporting, documentation and learning from safety incidents and accidents that occurred. Learning from such incidents was shared at the regular practice meetings.

Staff understood the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). No RIDDOR reports had been made in the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the

contact details for the relevant safeguarding professionals in Stockport. All of the staff we spoke with were aware of their responsibility to safeguard people from abuse.

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

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. There were manufacturers data sheets on file to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

Medical emergencies

The practice had arrangements to deal with medical emergencies. They had 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]. All staff had attended training in cardiopulmonary resuscitation (CPR) the training was updated annually. Staff we spoke with were able to describe how they would deal with medical emergencies.

There were emergency medicines available in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that they were of the required type. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff behind the reception area. We saw records to show that the emergency medicines were checked monthly.

Staff recruitment

There was a recruitment policy and procedure in place. We reviewed the recruitment files for three members of staff and found checks of professional registration with the General Dental Council (GDC) where required had been carried out. (The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians).It is the dental practice's policy to request a Disclosure and Barring Services (DBS) check for all newly appointed staff.

New staff underwent a period of induction to familiarise themselves with the policies and working procedures.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, sharps, emergency medicines and equipment.

The practice carried out a number of risk assessments and kept a well maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included fire safety, health and safety and water quality risk assessments.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. This included water

ingress, loss of computer systems, electricity or water supplies or the closure of the premises due to fire. The plan was held of site and contained a list of contact numbers for various contractors.

Infection control

There was an infection control policy and procedures to keep patients and staff safe; this policy was thorough regularly reviewed and personalised to this practice.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

We walked around the building and found the treatment rooms, decontamination room, waiting area, reception and toilets were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection was available for staff and patient use.

The practice had a dedicated decontamination room. The lead for infection control explained the instrument sterilisation process and the infection prevention and control policies and procedures. There was a safe system for transporting used instruments from the treatment rooms to the decontamination room. They used rigid plastic lock boxes to minimise the risks of cross contamination. Staff wore appropriate personal protective equipment (PPE) during the process and these included heavy duty gloves that were dated and disposed of on a weekly basis, aprons and protective eye wear.

Used instruments were washed and scrubbed in the dirty sink, rinsed in the clean sink, checked for debris under an illuminated magnifying glass (re-washed if required), placed in an ultrasonic bath before being placed into one of the autoclaves. Once the cycle was completed sterilised instruments were packaged and stamped with the use by date.

We saw records to demonstrate that staff had been immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff. Health professionals who are likely to come into contact with blood products, or are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice March 2015.

We saw records of an Infection Prevention Society (IPS) infection control audit that had been completed 29 February 2016. This was in accordance with recommendations in the Department of health document HTM01-05.

There was a clinical waste contract in place with a registered carrier for the removal of dental waste from the practice. Dental waste was safely prior to collection by the waste contractor. Waste consignment notices were available for inspection.

Equipment and medicines

We saw that the practice had an arrangement with an external company to check the portable electrical appliances the most recent test was carried out 25 February 2016. The electrical installation such as wiring was checked every five years to make sure they were safe.

There were maintenance contracts in place for the equipment such as autoclaves, X-ray equipment and the air compressor. We saw evidence to show the fire system was serviced and the alarms sounded on a regular basis and staff carried out mock fire drills.

Prescriptions were stamped at the point of issue and stored securely in a safe. Each dentist had a batch of prescriptions allocated and the practice manager kept a record of the blank prescriptions in stock. The serial numbers were recorded as the prescriptions were issued to maintain a clear audit trail.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and the practice manager was aware of recent alerts.

Radiography (X-rays)

Are services safe?

The practice had in place a Radiation Protection Adviser (RPA) and Radiation Protection Supervisors (RPS) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The practice kept a well maintained radiation protection file in line with these regulations. This file included an inventory of all X-ray equipment, dates of critical examination and acceptance certificates, initial risk assessments, local rules and appropriate notification to the Health and Safety Executive (HSE).

There was documentary evidence to demonstrate that X-ray equipment was serviced at regular intervals in accordance with the manufacturer's guidelines. We saw evidence that clinical staff responsible for taking X-rays had completed radiation training as required by the General Dental Council (GDC). Dental care records demonstrated that the dentists recorded the justification for taking the X-ray and the quality grade of the image for each radiograph taken.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice was following guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in dental care and treatment. The dentist was aware of NICE guidelines, in respect of frequency of recalls and anti-biotic prescribing.

Patients were asked to complete a medical history questionnaire disclosing any health conditions, prescribed medicines and any allergies. We saw evidence that the medical history was updated at subsequent visits. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP).

We saw that Basic Periodontal Examinations (BPE) were recorded and that appropriate action was taken in more advanced cases. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to patient's gums). Dental care records were detailed and included details of the condition of the teeth, gum health, soft tissue lining the mouth and signs of mouth cancer.

Health promotion & prevention

Dentists were working in accordance with guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The waiting room and reception area at the practice contained various leaflets that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. A range of dental care products were available for patients to buy.

Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

New staff to the practice had a period of induction to familiarise themselves with the way the practice worked. Staff training was monitored by the practice manager who kept a detailed record of training. This enabled the practice manager to identify gaps in CPD and when essential training updates were due.

The practice had one full time and two part time dentists. There were six dental nurses, a receptionist and a practice manager.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example complex oral surgery, orthodontic treatment, complex periodontal treatment and treatment under sedation. Referrals were comprehensive to ensure the specialist service had all the relevant information required.

Following treatment patients were referred back to their dentist for follow up and on-going treatment.

Consent to care and treatment

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff understood the Gillick competence test this is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us they were very happy with the care and treatment they received at this practice. We received feedback from 21 patients who commented on the compassionate and friendly way in which they were treated at the practice. Without exception patients were positive about the practice and their experience of being a patient.

Patients told us through comment cards they were treated with kindness and respect by caring and sensitive staff. During the inspection we found that staff showed a polite and helpful attitude towards patients.

We saw that patient electronic dental care records were held securely and password protected on the computer. Staff said that if a patient wished to speak in private, they would use an empty treatment room or the practice manager's office to discuss things in private.

Involvement in decisions about care and treatment

The practice offered mainly NHS treatments, with some private treatment available. Both sets of costs were clearly displayed in the practice. The practice provided patients with information to enable them to make informed choices about their dental care and treatment.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Feedback from patients confirmed they were able to access care and treatment in a timely way

and the appointment system met their needs. There were dedicated emergency appointment slots every morning and afternoon. Staff told us that patients who requested an urgent appointment would be seen on the same day where possible or within 24 hours. Patient feedback confirmed that sufficient time was allocated for them to receive their treatment.

There was a treatment room on the ground floor and the dentists/hygienist could swap rooms so that patients could have dental treatment on the ground floor if required.

During the day of the inspection we saw one of the dentists move into the ground floor treatment room on two occasions to treat patients who were unable to climb the stairs.

Tackling inequity and promoting equality

There was level access to the building and the ground floor was spacious enough for wheelchair access. There was a patient's toilet on the ground floor which was fully equipped for people with physical disabilities.

For patients to whom English was a second language the practice manager told us they had access to telephone translation services if required.

Access to the service

The practice is open Monday 9am to 6.30pm, Tuesday to Friday 9am to 5pm. The practice is closed at the weekend. The answerphone, practice leaflet and website provided patients with details of how to access NHS emergency out of hour's dental care when the practice was closed.

Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. This included NHS England and the Dental Complaints Service (for private patients).

There had been five complaints received in the past 12 months. Complaints were resolved efficiently and appropriate action was taken to ensure the patients were satisfied. We saw they had been dealt with in line with the practice policy and procedure.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. There was a range of policies and procedures in use at the practice. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. For example, we saw risk assessments relating to fire safety, the use of equipment and infection control.

Quality assurance processes were used at the practice. This included clinical and non-clinical audits such as dental care records and the quality of X-ray images. Staff had been allocated lead roles or areas of responsibility for example, safeguarding, the premises and infection control.

The dental care records we reviewed were maintained electronically with some paper records kept. These records were detailed and stored securely with access to computer records password protected. Paper records were stored in locked cabinets.

Leadership, openness and transparency

The dentists, dental nurses and practice manager were aware of their responsibilities to comply with the duty of candour regulation. They told us that if there was an incident or accident that affected a patient the practice would offer an apology and take steps to put things right.

There were clearly defined leadership roles within the practice with the practice ethos of providing high quality dental care to their patients. Staff members said they felt part of a team, were well supported and knew what their role and responsibilities were.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). The practice maintained records which showed that all staff were up to date with essential training. Staff confirmed they were given sufficient training to undertake their roles and given the opportunity for additional development. We saw that training was accessed through a variety of sources including formal courses, e-learning and informal in house training.

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

The practice held regular staff meetings and annual staff appraisals had been undertaken. The meetings covered a range of issues including training updates and audit results. Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a national programme that enables patients to provide feedback on the services provided. We reviewed the completed FFT cards and found patient said they were either likely or extremely likely to recommend the practice to friends and family.