IDH Limited

Mydentist - Welsh Row - Nantwich

Inspection Report

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Overall summary

We carried out an unannounced responsive inspection on 9 March 2017 to ensure the practice was providing effective care in respect of the regulations; we did not inspect other aspects of the service.

Our findings were:

Are services effective?

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

Background

Mydentist - Welsh Row is located in Nantwich and provides NHS and private treatment to adults and children.

Wheelchair users or pushchairs can access the practice through a portable ramp at the front door. Car parking spaces are available near the practice.

The dental team is comprised of three dentists, six dental nurses, one dental hygienist and a practice manager.

The practice has three surgeries one on the ground floor and two on the first floor, a reception and waiting area, a decontamination room, a staff room/kitchen and a general office.

The practice is open:

Monday, Tuesday, Wednesday and Friday 9am – 5:30pm

Thursday 9am – 7pm

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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The key findings were:

- The practice appeared clean and well maintained.
- The practice had systems in place manage risks.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients. Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.

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

Summary of findings

- Review its responsibilities in accordance with the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understood how to minimise risks associated with the use of and handling of these substances. Review the storage of products identified under (COSHH) Regulations to ensure they are stored securely.

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 effective?

No action

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialist treatment or investigations where indicated.

The practice followed best practice guidelines when delivering dental care. These included Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP).

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Informed consent was obtained and recorded.

We found the storage of products under (COSHH) Regulations were not stored securely.

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Detailed findings

Background to this inspection

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

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed NHS England area team that we were inspecting the practice; we received no information of concern from them.

During the inspection we spoke with two dentists, a dental hygienist, three dental nurses, a receptionist, the area manager and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

To get to the heart of patients' experiences of care and treatment, we asked the following question:

- Is it effective?

This question therefore formed the framework for the areas we looked at during the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date, detailed dental care records. They contained information about the patient's current dental needs and past treatment. The clinical staff carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

We were told patients were recalled on an individual risk based assessment in line with current guidance. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records. In addition, the dentists told us they discussed patients' lifestyle and behaviour, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the FGDP. The audits had action plans and learning outcomes in place and had been used as part of a learning process to improve performance. We saw that the recording of X-rays had not always been accurate and that there were significant anomalies between what was recorded and what had happened. Generic templates had been used and changes to each patient had not been adapted. Evidence of reporting, training and support to address the issue was shown to the inspector. All of these concerns had been found and addressed in house and detailed evidence was available to support this process.

Support and training sessions had been put in place for clinicians, if required, from the regional clinical director who would visit the practice and peer review clinical cases with staff.

The practice had a whistleblowing policy which staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations. This process was effectively used within the practice to enure learning and improvement could be made and also help raise awareness of any concerns to the practice and areas managers.

We spoke with the hygienist who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition. Patients were made aware that successful treatment hinged upon their own compliance and were provided with patient specific prevention advice regimes. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and reinforced home care preventative advice.

The practice had a folder for Control of Substances Hazardous to Health (COSHH) COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. On the day of the inspection we found several hazardous substances could be easily accessible to the public. The door was inadequate to safely store the materials and could easily be accessed by patients. We discussed this with the practice manager who had reported this to the estates team and was awaiting this to be rectified.

Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the hygienist for a more detailed treatment plan and advice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that diet, smoking cessation and alcohol consumption advice was given to patients.

Staffing

Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the General Dental Council.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were effective.

Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

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.

The dentists demonstrated an understanding of Gillick competency. (Gillick competency is a term used in medical law to decide whether a child of 16 years or under is able to consent to their own treatment).