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MK Dental Practice

Inspection Report

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Overall summary

We carried out this short notice inspection on 2 October 2017 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

MK Dental Practice is in Milton Keynes and provides private treatment to patients of all ages. The practice has been open for approximately 18 months.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including five for patients with disabled badges, are available near the practice.

The dental team includes two dentists and two dental nurses who also act as receptionists. The practice has 3 treatment rooms. At the time of the inspection one treatment room was in use.

Summary of findings

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 MK Dental Practice was one of the principal dentists.

Due to the inspection being carried out at short notice we did not collect any comment cards from patients. In addition no patients were available on the day of the inspection for us to talk to. Patient comments on social media and recorded through internet search engines spoke very positively about the practice.

During the inspection we spoke with two dentists and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 9 am to 6 pm

Tuesday from 10 am to 2pm

Wednesday from 9 am to 6 pm

Thursday from 10 am to 8pm

Friday from 10 am to 2 pm

Saturday by prior appointment only.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available with the exception of an AED which was purchased following the inspection.

- The practice had some systems to help them manage risk. Certain risk assessments had not been completed at the time of the inspection.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team. The practice did not complete formal staff appraisals at the time of the inspection.
- The practice asked staff and patients for feedback about the services they provided.
- The practice had a system in place to deal with complaints positively and efficiently.

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

- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

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 systems and processes to provide safe care and treatment. They had systems in place to learn from incidents and complaints to help them improve. There was scope to improve the use of this system to the greater benefit of the practice.

Staff received training in safeguarding 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.

Premises were clean and equipment was mostly maintained in line with manufacturer's guidance. The practice had a dental compressor which was on loan whilst the practice awaited a new compressor to be fitted. The practice could not provide evidence that the loan compressor was appropriately maintained. This compressor was replaced by the practice's new machine shortly following the inspection. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies with the exception of the availability of an AED.

The practice had some systems in place to help them manage and mitigate risk. Certain risk assessments for example: Legionella and Health and Safety had not been completed at the time of the inspection. These were arranged shortly following the inspection.

No action



Are services effective?

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. Patients described the treatment they received via public forums as professional and commented that their appointments were not rushed. 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 practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We reviewed comments made by patients on social media and internet search engines. Patients were positive about all aspects of the service the practice provided. They told us staff were

No action



Summary of findings

excellent, professional and friendly. They said that they were given detailed explanations of the treatment and options available to them and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients 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 reviews left on public forums such as internet search engine boards. They had a process in place to respond to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had some 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 current staff felt supported and appreciated.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate and respond to accidents, incidents and significant events. There was scope to use the systems in place to greater benefit for the practice. They had not recorded a significant event in the year preceding the inspection. Staff we spoke with said that learning and dissemination of information would happen informally across this small team. The practice had recently introduced standard agenda items for discussion at staff meetings of which “complaints, comments and incidents” was one.

Following the inspection the practice introduced a template to assist and encourage the recording of significant events.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were received by one of the principal dentists through their other dental practice, but they were not aware of a particular, relevant alert that was highlighted to them. Following the inspection we were sent evidence that the practice had signed up to receive the alerts going forward, and had asked to be sent backdated alerts to ensure that all relevant alerts were acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice’s arrangements for safe dental care and treatment. The practice took some steps to mitigate the risks arising from the use of medical sharps.

They had not completed a sharps risk assessment. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy of this document was kept off site in the event that the practice could not be accessed.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of an Automated External Defibrillator (AED) and one size of oro-pharyngeal airway (the other four sizes were available). We were sent information indicating that these pieces of equipment were purchased shortly following this inspection. 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. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice’s health and safety policy was up to date. They had a template for guidance in a health and safety risk assessment, but this had not been completed. Staff we spoke with were aware of the need for a health and safety risk assessment. Following the inspection arrangements were made for this to be completed by an external company.

The practice had current employer’s liability insurance and checked each year that the clinicians’ professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists when they treated patients.

Infection control

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

The practice did not have a legionella risk assessment carried out by an external contractor. The premises did not store water as they used instantaneous water heaters which reduced the risk of Legionella developing. Following the inspection a Legionella risk assessment was carried out which identified areas for attention, the registered manager assured us these would be addressed immediately.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. We noted some areas of exposed brickwork in treatment areas in the window surrounds. These areas were not impervious and easily cleanable.

Equipment and medicines

We saw servicing documentation for most of the equipment used. Staff carried out checks in line with the manufacturers' recommendations. The practice was in the process of replacing their air compressor, and at the time of the inspection was using a piece of equipment on loan. They could not provide evidence that the loan machine had been serviced and testing in line with manufacturer's inspections. Shortly following the inspection this machine was replaced and the new machine was installed.

The practice had suitable systems for prescribing and storing medicines.

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 the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

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

The practice kept detailed 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 that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

In the year preceding the inspection the practice had arranged for a specialist external practitioner to carry out conscious sedation on the premises on one occasion. We were not shown evidence that this was carried out in line with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

At the time of the inspection the practice were not offering conscious sedation to nervous patients and were reviewing the guidance before deciding on whether this may be offered in the future.

Health promotion & prevention

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

The dentists told us they 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 for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale.

Staffing

The most recent member of staff to join the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff did not have formal appraisals at the time of the inspection. We saw evidence that one member of staff had completed a personal development plan. We were told that training needs were discussed informally across this small team and that formal appraisals were to be introduced.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included 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 urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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. There was scope to improve the recording of consent on the dental care records by recording in greater detail.

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 and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were professional and warm. We saw that staff treated patients kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Music could be played in the treatment rooms and there were magazines and a television in the waiting room.

Information folders were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. 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.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as short term orthodontics and dental implants.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, disabled car parking spaces and an accessible toilet with a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments.

Out of hours patients were directed to contact the NHS 111 service. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

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

The practice had not received a complaint in the year preceding our inspection.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. We were told that a recently appointed trained dental nurse would assume practice manager responsibilities going forward. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies and procedures to support the management of the service and to protect patients and staff. They did not have all expected risk assessments (e.g. health and safety and Legionella) although these were completed shortly following the inspection.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. Current staff knew who to raise any issues with and told us the principal dentists were approachable, would listen to their concerns and act appropriately.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent

information. We were shown a recently implemented template for use at staff meetings which identified complaints, comments and incidents as standard agenda items. Previously we were told that concerns were discussed informally across this small team.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. They discussed learning needs, general wellbeing and aims for future professional development informally across this small team, but intended to introduce formal appraisals following the inspection. We saw an example of a completed personal development plan in one staff folder.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice encouraged patients to review their service on social media and public internet search engine forum.