

IDH Limited

Mydentist - Lowestoft Road - Gorleston-on-Sea

Inspection Report

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Overall summary

We carried out this announced inspection of Mydentist Gorleston on 14 June 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

Mydentist-Gorleston is a well-established practice that provides mostly NHS treatment to patients of all ages. It also provides a small domiciliary service of about 20 visits a year. The practice is part of IDH Limited who have a large number of dental practices across the UK.

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

Summary of findings

The dental team includes five dentists, five dental nurses, a dental hygienist and two receptionists.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Mydentist Gorleston was the practice manager.

On the day of inspection we collected 19 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, both receptionists and the practice manager. We looked at practice policies, procedures, and other records about how the service is managed.

The practice is open on Mondays, Wednesdays, Thursdays and Fridays from 8.30am to 5.30pm. On Tuesdays it is open until 7pm

Our key findings were:

- 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.
- Risk assessment was robust and action was taken to protect staff and patients.
- The practice was well equipped to treat patients and meet their needs.
- Patients received their care and treatment from well-supported staff, who enjoyed their work.
- 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 and valued by the practice manager. The practice proactively sought feedback from staff and patients, which it acted upon.

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 used learning from incidents and complaints well to help them improve.

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

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

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 as effective and pain-free. 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 received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



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.

No action



Summary of findings

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 concerns and complaints quickly and constructively.

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice undertook regular audits of its record keeping, infection control procedures, antimicrobial prescribing levels and quality of its radiographs to ensure good standards were maintained and to identify any shortfalls.

The practice manager and staff were well supported in their work, and it was clear the provider valued its staff. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were 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 services to its patients.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider produced a quarterly bulletin, which gave details of incidents that had occurred across all of its services, so that learning from them could be shared widely across the organisation. We viewed a recent bulletin, which outlined learning from incidents in relation to data protection, safeguarding and filing cabinets.

We found the practice manager had a robust understanding of what constituted an untoward event. For example, following an audit they had undertaken of the practice's team meeting minutes, they noted a discrepancy in what was recorded to what was actually what discussed. They treated this as a significant event, completing the relevant paperwork and sharing it with other staff. We also noted completed forms for events such as the telephone lines not working and a hot tap that had been left running in one of the surgeries.

In addition to this the practice held an accident book and we noted that recent incidents had been recorded in detail in it.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were downloaded by the practice manager and actioned if needed.

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. The practice manager was the named lead for safeguarding concerns and safeguarding

scenarios were discussed at staff team meetings so that all present knew how to respond. All staff were DBS checked to ensure they were suitable to work with children and vulnerable patients.

The practice had a whistleblowing policy.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, although they were not aware that sharps' bins were required to be disposed of after a period of three months. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. A dental nurse commented that one of the practice's dentist was, 'really hot on rubber dams'.

The practice had a business continuity plan describing how the practice would deal 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. Emergency medical simulations were rehearsed at meetings by staff so that they were clear about what to do in the event of an incident at the practice. We noted at the most recent meeting in June 2017 staff practised giving patients oxygen and putting them in the recovery position.

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. In addition to this, the practice had an eyewash station and first aid, bodily fluid and mercury spillage kits available.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This 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. An assessment was completed if no references were obtained

Are services safe?

for the employee to identify any potential hazards. We were shown a 'Recruiting Manager's Checklist' prompt sheet which was used to ensure that all relevant checks and paperwork had been obtained for each new employee.

All staff received a full induction to their role that was delivered by the provider's on-line training academy. Newly employed dentists undertook a three day induction at the provider's national academy in Manchester. All new staff were issued with the company's employee handbook that provided them with comprehensive information of a range of personnel matters.

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 had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and this included detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for practice specific issues such as gardening maintenance and for the hygienist who worked without chairside support.

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

The practice had a fire risk assessment in place and carried out regular fire drills. Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this. Full evacuations of the premises were rehearsed every six months 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.

Infection control

The practice had a range of relevant written policies in place for the management of infection control including those for cleaning, sterilisation, hand hygiene, clinical waste disposal and the use of personal protective equipment. Training files we viewed showed that staff had

received appropriate training in infection prevention and control. The practice conducted infection prevention and control audits and results from the latest audit in May 2017, showed it met essential quality requirements

We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, treatment rooms and corridors. There were comprehensive cleaning schedules and checklists for all areas of the premises. We checked two of the treatment rooms and found that they were clean and free from clutter. All surfaces including walls, floors, skirting boards and cupboard doors were free from visible dirt. However we noted that the tops of cupboards in the decontamination room were dusty.

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 had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

Equipment and medicines

Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. 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, although we noted that the air input fan in the decontamination room was not functioning.

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

Are services safe?

The practice had suitable systems for prescribing and dispensing medicines and a logging system was in place to account for any issued to patients. Dentists we spoke with were aware of the British National Formulary's website for reporting adverse drug reactions.

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 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 regularly audited patients' dental care records to check that the dentists recorded the necessary information.

The practice also carried out domiciliary visits to people who could not attend the practice itself. We saw that robust procedures were in place to ensure the safety and welfare of patients receiving their treatment at home.

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. A part-time dental hygienist was employed to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

A number of oral health care products were available for sale to patients in reception including dental floss, toothpaste, mouthwash and toothbrushes. We noted a poster in the waiting area informing patients of the sugar content in popular fizzy drinks. We also noted helpful information on the provider's website about oral health, including short video explaining what was involved in a child's check-up appointment. Leaflets on smoking cessation were also available in the waiting area, making them easily accessible to patients.

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 all 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.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other

administrative staff to provide care for patients. A spare nurse was available two to three times a week to undertake decontamination duties. The practice had access to staff working in other Mydentist services nearby if 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.

All staff received an annual appraisal of their performance and had personal development plans in place. These appraisals were carried out by the practice manager who assessed staff's performance in a range of areas. The dentists were appraised by the provider's clinical support manager.

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 a specialist saw patients quickly. Staff told us that they hand delivered urgent referrals to the local hospital to ensure their safe arrival.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. They received training in this from the provider's on-line academy and discussed possible scenarios at the regular practice meetings. For example, in a recent meeting they discussed how to manage an underage patient in pain, who had no parents in attendance.

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.

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 might not be able to make informed decisions.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw that staff were friendly and welcoming towards patients at the reception desk and over the telephone. Both receptionists had worked at the practice for over 30 years and told us they knew many patients well. From our observations it was clear they had a very good rapport with patients who came for their appointments. We observed them help a nervous patient relax before their appointment. Staff also gave us specific examples of where they had supported patients such as helping older patients cross the busy road outside the practice and telephoning to check on patients' welfare after complex treatment. One dentist had stayed on late to provide treatment for a younger child who only wanted to see a female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas

provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments available at the practice and information leaflets were available to help patients understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible and had free parking directly outside the premises.

The waiting area provided good facilities for patients including children's books, interesting magazines and leaflets about various oral health conditions and treatments.

The practice had an efficient appointment system to respond to patients' needs. Patients could book appointments on-line and sign up for a text reminder service. Staff told us that patients who requested an urgent appointment were always seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Promoting equality

There was a specific disabled parking spot, level entry access, downstairs treatments room and a toilet for patients with limited mobility. Staff were aware of translation services and told us that information in different languages and in large print could be ordered if needed.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint and reception staff spoke knowledgeably about how they would handle a patient's concerns.

All complaints received by the practice were logged on-line where they were monitored centrally by the provider's patient support team to ensure they were managed within timescales. 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. The practice had received four complaints in the previous year to our inspection and paperwork we reviewed demonstrated they had been responded to appropriately and empathetically.

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 and clinical support manager who visited regularly to assist them in the running of the service. In addition to this, the practice manager attended regional meetings with other practice managers in the area to discuss a range of issues including compliance. We received many positive comments about the practice manager, with staff describing her as efficient, easily available and good at delegation. There was a clear staffing structure in place within the practice, with staff in lead roles with additional responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Policies were regularly discussed at practice meetings, evidence of which we reviewed. The practice manager received a fortnightly bulletin from the provider's central operations team outlining any actions they had to take in response to policy updates, operational changes, and health and safety requirements.

Communication across the practice was structured around key scheduled meetings which staff told us they found beneficial. There were standing agenda items such as health and safety, infection control, patient feedback and practice performance. In addition to this was a weekly huddle which staff also told us they found helpful.

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

Staff reported that they felt valued and enjoyed their work. One member of staff told us they had had received good support on return from their maternity leave. Another that, even after 30 years, they had never dreaded coming into work. One member of staff told us that the provider had agreed to buy all staff a cold drink and ice cream on a very hot day: a small gesture but one that had been appreciated by all the staff.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. We noted a poster in the staff room reminding them of these responsibilities. Staff told us there was an open culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics including dental care records, X-rays, prescription use, infection prevention and control, referrals and complaints. The quality of these audits was good and there were clear records of their results and action plans.

The practice had a training programme for staff via its academy which they described as 'brilliant'. This covered mandatory topics as safeguarding, infection control and fire safety but also additional training such as radiography, oral cancer, and health and safety.

Appraisals for the dental nurses and reception staff were carried out by the practice manager who assessed their performance in a range of areas. Appraisal documentation we reviewed demonstrated a meaningful appraisal process was in place. A clinical support manager was responsible for supervising and appraising the dentists and visited every few months to discuss relevant issues and feedback to them about the results of their audits. In addition to this, each dentist met with the practice manager for a one to one meeting to discuss any relevant matters.

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

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. Feedback left by patients on the NHS Choices web site was monitored by the provider's patient support services, who responded to any comments left. Patient feedback was a standing agenda item on the monthly staff meetings so that it could be shared across the team.

Are services well-led?

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 and were put on display for patients to see.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. We found good evidence that the practice listened to its staff and implemented their suggestions and ideas. For

example, one staff member told us they were keen to become a practice manager and the provider had been supporting them to gather the experience necessary for this.

The practice manager was the staff representative for the provider's initiative called 'your Voice' and acted as a conduit for staff's views.