

IDH 476 Limited

Mydentist - Archer Road - Redditch

Inspection Report

107 Archer Road
Redditch
Worcestershire
B98 8DJ
Tel: 01527 64727
Website: www.mydentist.co.uk

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Overall summary

We carried out this announced inspection on 27 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 – Archer Road is in Redditch and provides NHS and private treatment to patients of all ages.

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

Summary of findings

The dental team includes eight dentists, seven dental nurses, three trainee dental nurses, two dental hygienists, a practice manager who is a qualified dental nurse and four receptionists. The practice has five treatment rooms.

The practice is owned by a corporate 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 – Archer Road was the practice manager.

On the day of inspection we collected 10 CQC comment cards filled in by patients and looked at recent survey responses. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, three dental nurses, the regulatory officer, the area development manager, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday: 8am to 7pm

Tuesday: 8am to 8pm

Wednesday: 8am to 6pm

Thursday: 8am to 7pm

Friday: 8am to 5pm

Saturday: 9am to 4pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance although the practice were unable to locate the infection control audit. A new audit was undertaken on the day of our inspection and an action plan was developed.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice carried out staff recruitment procedures, although two contracts of employment were not on personnel files, these were held centrally and sent to us following the inspection.
- 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 asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints although due to a changeover in management complaints were being dealt with centrally by a patient liaison officer whilst process training was given to the covering practice manager.
- Clinical audit was not effective as a tool to highlight areas of improvement as prescribing, record keeping and radiography audits had been completed in June 2017 and had not been re-audited to provide analysis for improvement and subsequent action plans had not been completed. Previous audits to these could not be located on the day of our inspection.

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

- Review the practice's waste handling protocols to ensure waste is stored securely in accordance with relevant regulations taking into account guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).
- Review the practice's process for undertaking audits and ensure all identified objectives and recommendations are reviewed during the next audit cycle.

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 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 mostly completed essential recruitment checks. On the day of our inspection we found two personnel files did not have contracts of employment for staff; these were held at Mydenists head office and sent to us following the inspection.

Premises and equipment were clean and properly maintained. We found that the clinical waste bins were all left unlocked following a subcontractor removing waste, a clinical waste bag had then been placed in one of the bins and they had failed to be locked.

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 perfect, excellent and professional. 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 10 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, polite and attentive. They said that dental treatment options were always discussed and explained with them and 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.

No action



Summary of findings

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 telephone interpreter services and had arrangements to help patients with sight or hearing loss. Large print and braille patient information leaflets could be made available if requested.

The practice took patients views seriously. They valued compliments from patients and responded 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 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 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 although this was ineffective as several areas of clinical audit had not been analysed and no action plans had been completed.

The practice asked for and listened 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, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

We found that two accidents had been reported in the past 12 months and these had been dealt with appropriately, investigated and learnings shared with the team.

The practice advised they would record, respond to and discuss all incidents to reduce risk and support future learning. Underpinning this approach, the company had developed a system whereby incidents would be referred to the head office for analysis. Shared learning throughout the group would be facilitated through the company newsletter known as the 'buzz' which was accessed by staff through the company intranet. There had been no incidents recorded in the past 12 months by the practice. Accidents, incidents and significant events were a standing agenda item for staff meeting discussion.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored centrally 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. There was a dedicated safeguarding lead in the practice and safeguarding flow charts with contact details were displayed in the practice manager's office and the staff room. 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. These included risk assessments

which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. 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 with events which could disrupt the normal running of the practice. At the time of our inspection this was being updated to incorporate staff changes.

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. 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 four staff recruitment files. These showed the practice mostly followed their recruitment procedure although two contracts of employment were not on personnel files; these were held at Mydentists head office and sent to us following the inspection.

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 policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. These were held on a tracker to ensure that they were reviewed annually and any actions were followed up and completed. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

Are services safe?

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. We found that the clinical waste bins were all left unlocked following a subcontractor removing waste, a clinical waste bag had then been placed in one of the bins and they had failed to be locked.

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.

We were advised in line with company policy that the practice carried out an infection prevention and control audits twice a year. However on the day of our inspection the practice were unable to locate the infection control audit. A new audit was undertaken during our inspection and an action plan was developed. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in May 2016.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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. However due to the audit being undertaken in June 2017 there was no analysis, action plan or shared learnings from the audit.

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. Dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. This included details of the condition of the gums using the basic periodontal examination scores and soft tissues lining the mouth.

We saw that the practice audited patients' dental care records in June 2017 to check that the dentists recorded the necessary information. However at the time of our inspection the results had not been analysed and an action plan was yet to be completed.

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 and provided comprehensive health promotion leaflets to help patients with their oral health. The practice provided samples of free toothpaste for patients.

Staffing

Staff new to 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 told us they discussed training needs at annual appraisals or one to one meetings with the practice manager. One of the receptionists was due to commence dental nurse training following a recent one to one discussion with the practice manager. We saw evidence of completed appraisals.

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 all referrals via a newly implemented referral tracker to ensure 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.

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, dental hygienists and dental nurses 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 caring, polite and attentive. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or 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. 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 in fire proof, lockable filing cabinets.

There were magazines and a television displaying oral health education advice in the waiting room. The practice had a comprehensive selection of health promotion leaflets and posters on display in the waiting room.

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. We saw that written treatment plans were used to confirm the treatments proposed and that these were signed by patients.

We saw several examples of comprehensive dental care records which showed the detail the dentist had provided to a patient to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

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.

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 and we saw that diaries were zoned to include emergency appointment slots. Patient comment cards told us patients 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. For example, weekly sessions were held by one dentist in the ground floor treatment room for patients on their list with restricted mobility.

Staff told us that in addition to sending out text message appointment reminders they also telephoned patients the day before their appointment to decrease the failure to attend rate and ensure patients could be offered timely appointments.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the reception, waiting room and one treatment room, a hearing loop, hand rails alongside the front door and an assistance bell at the front door.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter services which included British Sign Language and braille. Large print and braille patient information leaflets were available on request.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet, on the front door 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 several appointments free for same day appointments. 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 practice manager was responsible for dealing with these, although due to a changeover in management, complaints were being dealt with at Mydentists head office by a patient liaison officer whilst process training was given to the covering practice manager. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership and day to day running of the practice. The practice manager was supported by an area development manager and a team of staff based in a head office. Staff knew the management arrangements and their roles and responsibilities.

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

The company used a system known as 'My Reports' which detailed the performance of the dentist against the NHS commissioner's criteria for quality performance for dentistry in the NHS known as the vital signs report. These were freely available on the company intranet to each dentist at the practice. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from the clinical support manager where there were particular difficulties.

The practice had information governance arrangements, policies and training. 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. There was a duty of candour poster displayed in the practice manager's office and staff room.

Staff told us there was an open, no blame 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. The practice manager advised that they would discuss concerns at staff meetings as they had only been in post for five weeks and the first meeting was scheduled for early July. We saw a copy of the agenda that was being developed for the first meeting. It was clear the practice worked as a team and dealt with issues professionally.

The practice held regular staff meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Weekly bulletins were used to disseminate clinical updates and a celebrating success document was shared nationwide within the company.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement; there was a standing agenda item for these to be discussed at staff meetings. These included audits of dental care records, X-rays and infection prevention and control, although on the day of our inspection the practice were unable to locate the previously completed infection control audit. A new audit was undertaken on the day of our inspection and an action plan was developed. We found that although clinical audits for dental care records and X-rays had been completed in June 2017, action plans had not developed and therefore there was no improvements made or shared learning as a result of the audits.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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 online surveys, comment cards, verbal comments, staff surveys and appraisals to obtain staff and patients' views about the service. We looked at results from the online survey completed by patients in May 2017. One hundred and twenty-eight responses were received and an average satisfaction score, with ten being the highest possible result was calculated. The practice achieved an average score of nine out of ten for patient satisfaction.

Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.