

IDH Limited

# Mydentist - High Street - Winsford

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 18 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

Located close to Winsford town centre, facilities at the practice are located on the ground floor and include two surgeries, a reception and waiting area and a patient toilet. The practice offers a full range of NHS dental services and also provides a selection of cosmetic treatments, including tooth whitening and dentures. The premises have been adapted to support access for people with a disability. Free parking is available close by.

The practice is open Monday to Friday from 09:00 to 17:30 and closes for lunch each day from 13:00 to 14:00. The dental team comprises one full time dentist supported by two locum dentists, three dental nurses, a dental hygienist, a registered manager and a receptionist.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We reviewed 25 CQC comment cards on the day of our visit; patients were extremely positive about the staff and

# Summary of findings

standard of care provided by the practice. Patients commented that they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

## **Our key findings were:**

- The practice was well organised, visibly clean and free from clutter.
- An infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and sensitive manner.
- The practice was actively involved in promoting oral health.

# 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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Relevant risk assessments were in place for the practice.

No action



### Are services effective?

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action



### Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 25 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

No action



# Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

## **Are services responsive to people's needs?**

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

The practice had a dedicated slot each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services if required and the practice provided a range of aids for different disabilities including a hearing loop, hand rails and a toilet which could accommodate wheelchairs.

**No action**



## **Are services well-led?**

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

There was a clearly defined management structure in place and all staff felt supported and in their roles. The registered manager was responsible for the day to day running of the practice. Staff said there was an open culture at the practice and they felt confident raising any concerns.

There were dedicated leads in infection prevention and control and safeguarding, as well as various policies for staff to refer to.

The practice held monthly staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, X-rays and dental care record audits.

The practice conducted patient satisfaction surveys through-out the year and this was collated and fed back to staff and patients.

**No action**



# Mydentist - High Street - Winsford

## 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 took place on 18 November 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered manager, the regulatory officer, a dentist and a dental nurse. We reviewed policies, protocols, certificates and other documents as part of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had systems in place for managing accidents and incidents, including significant events. The staff we spoke with were clear about what needed to be reported in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR).

One accident had been reported within the last 12 months and this involved a staff member falling in the premises. We looked at completed records with a description of what occurred, when and how it was managed. Furthermore, the registered manager told us how there had been a delay with the return of laboratory work and this had been treated as a significant event because it meant appointments for patients had to be cancelled. The registered manager described the learning from this event and the measures that had been put in place to avoid appointments being cancelled in the future. Learning from incidents was discussed with the staff team at the monthly practice meetings.

The registered manager received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). If the alert was relevant to the operation of the practice then it was shared with the staff team. The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

The staff we spoke with were aware of the need to be open, honest and apologetic to patients if anything should go wrong; this is in accordance with the principles Duty of Candour principle which states the same.

### **Reliable safety systems and processes (including safeguarding).**

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a detailed sharps risk assessment which all staff had signed to indicate they had read and understood it. The staff team had received training in November 2016 on using the safe sharp system employed at the practice. Instructions were displayed in relevant areas of the practice describing how a sharps injury should be managed.

The dentist told us they routinely used a rubber dam when providing root canal treatment to patients in accordance with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. The registered manager was the safeguarding lead and training records showed staff had undergone safeguarding training in the last 12 months. The safeguarding protocol was displayed in the staff room and staff said they were confident they would know what to do should the need arise. The registered manager provided a relevant example of a referral made to local child safeguarding team.

The practice had a whistleblowing policy which staff were aware of as they had signed to indicate they had read and understood it. Staff could raise concerns within the practice or had the option of using the organisation's whistleblowing hotline. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Employer's liability insurance was in place for the practice. Having this insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969 and we saw the practice certificate was up to date.

### **Medical emergencies**

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. Procedures were in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator. An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.

# Are services safe?

The practice kept medicines and equipment for use in a medical emergency. These were in line with the Resuscitation Council UK and British National Formulary guidelines. All staff knew where these items were located.

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were routinely checked. This supported with ensuring the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Mercury and bodily fluid spillage kits were in place in the event that staff should need to use them. The registered manager confirmed that the practice had not needed to use these.

## Staff recruitment

We reviewed the recruitment file for the most recently recruited member of staff to check that the member of staff had been recruited appropriately. The file contained all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment, GDC registration and a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions and can prevent unsuitable people from working with vulnerable groups, including children. The registered manager provided evidence to demonstrate that all staff were appropriately immunised and that a DBS check had been sought when they were first recruited.

The registered manager advised us that if the practice was short of staff then they sought support from dental practices within the provider group.

## Monitoring health & safety and responding to risks

We reviewed various risk assessments relevant to the practice. A risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm.

We looked at the Control of Substances Hazardous to Health (COSHH) file. COSHH files are kept to ensure providers contain information on the risks from hazardous substances in the dental practice. We found the practice had in place safety data sheets; information sheets about each hazardous product, including handling, storage and

emergency measures in case of an accident. The registered manager confirmed they reviewed the COSHH file yearly or more frequently if a new product was introduced to the practice.

We reviewed the fire risk assessment for the premises that was carried out by an external company in August 2016. A number of actions had been identified and we could see from the action plan and by looking around the building that the practice was working through the action plan.

A health and safety risk assessment was in place and the registered manager confirmed that the health and safety team within the organisation monitored the status of the action plan. The registered manager told us they conducted and recorded a weekly check of the premises and equipment. Health and safety checklists confirmed these checks took place.

## Infection control

We spoke with one of the dental nurses who had the lead for infection prevention and control (IPC). The registered manager confirmed the dental nurse had received advanced IPC training for the role. The dental nurse outlined the practice's process for cleaning, sterilising and storing dental instruments and reviewing relevant policies and procedures. This was in accordance with the Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. Produced by the Department of Health, this guidance details the recommended procedures for sterilising and packaging instruments.

We looked at the decontamination and treatment rooms. The rooms were clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets. A white unit in one of the treatment rooms was heavily stained which was unsightly. The registered manager explained that this was due to a product spillage that could not be removed. The regulatory officer provided evidence to confirm that a replacement unit had been ordered.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Staff described the method used and this was in line with current HTM 01-05 guidelines. A

# Are services safe?

Legionella risk assessment had been carried out in August 2015. Processes were in place, such as monthly temperature checks of all water outlets to ensure water temperatures were within safe temperature parameters.

The practice stored clinical waste securely and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and the registered manager confirmed that all types of waste, including sharps, gypsum and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out routine cleaning of the premises. We observed the cleaner used different coloured cleaning equipment, which followed the National Patient Safety Agency guidance. Cleaning equipment was correctly and safely stored.

The registered manager carried out the bi-annual Infection Prevention Society (IPS) audits. We saw that an action plan was produced after each audit and the registered manager addressed the actions identified.

## **Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

We saw evidence of up-to-date examinations and servicing of sterilisation equipment, X-ray machines, autoclaves and the compressor. Portable electrical appliances were tested in 2016 to ensure they were safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

## **Radiography (X-rays)**

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. The practice kept a detailed radiation protection file, including the names of the Radiation Protection Advisor, the Radiation Protection Supervisor and Health and Safety Executive notification. The local rules and maintenance certificates were contained in the file.

We saw all the staff were up-to-date with their continuing professional development training in respect of dental radiography. The practice was undertaking regular analysis of their X-rays through an annual audit cycle. We saw audit results from 17 August 2016 and these were in accordance with the National Radiological Protection Board (NRPB) guidance.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and procedures for delivering dental care. A comprehensive medical history form was completed by patients and this was checked at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patient's gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. The dental records we looked at informed us that patients were advised of the findings, treatment options and costs.

The dentist was familiar with the current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon individual risk of dental diseases.

The dentist used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when X-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. There was evidence in the dental records we looked at that the dental team applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients. Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

### Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the

practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of a completed induction for a member of staff who joined the practice in 2016.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff had an annual appraisal and the registered manager provided evidence to show these had taken place. CPD and training needs were discussed at appraisal.

### Working with other services

The dentist we spoke with 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. Referral letters were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant. The dentist kept a referral tracker to monitor the progress of referrals.

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.

### Consent to care and treatment

We spoke with the dentist about how they implemented the principles of 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. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then if appropriate documented in a written treatment plan. The patient would be provided with a copy of the plan and a copy would be retained in the patient's dental care record.

Staff were clear on the principles of the 2005 Mental Capacity Act (MCA) and the concept of Gillick competence. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

# Are services effective?

(for example, treatment is effective)

The registered manager provided an example of how treatment was provided to a patient who lacked mental capacity and how they involved the patient's relative when to ensure the treatment was clearly explained. Gillick competence is a term used to decide whether a child (16

years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We provided the practice with CQC comment cards for patients to fill out two weeks prior to the inspection. There were 25 responses all of which were very positive with compliments about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patient's confidential information could not be viewed by others. If further privacy was requested, patients were taken to the registered manager's office to talk with a staff member. We

saw that doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and computers were password protected to ensure secure access. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act. All staff had received information governance training in November 2016. Staff were confident in data protection and confidentiality principles.

### **Involvement in decisions about care and treatment**

Feedback from a patient we spoke with, review of the CQC comment cards and our observation of dental records demonstrated that patients were involved in decisions about their care. Posters showing NHS and private treatment costs were displayed in the waiting area. The practice website provided patients with information about the range of treatments which were available at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice opening hours, emergency 'out of hours' contact details, complaints and safeguarding procedures and treatment costs. Leaflets on oral health conditions and preventative advice were also available.

The practice had a dedicated slot each day for emergency dental care. If the slot was taken then patients were invited to come in and wait to be seen. The registered manager said every effort was made to see all emergency patients on the day they contacted the practice.

### Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group. The practice completed a disability access audit in November 2016. This audit is an assessment of the practice to ensure it meets the needs of people with a disability. A ramp was in place to support patients who used wheelchairs or scooters to access the

building. There was a lowered area at the reception desk, a hearing loop for patients with auditory needs and an accessible toilet. In addition, staff had access to a translation service where required.

### Access to the service

Opening hours were displayed in the premises, in the practice information leaflet and on the practice website. Patient feedback indicated there was good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

The registered manager had the lead for managing complaints. A complaints policy was in place which provided guidance on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. Information for patients about how to make a complaint was displayed in the waiting areas.

The practice received three complaint in the last 18 months. We saw records that showed the complaint had been effectively and sensitively managed with a positive outcome.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager, who was also the practice manager, was responsible for the day-to-day running of the practice. They were supported by senior managerial and regulatory input provided from head office. Staff confirmed there was an effective management structure in place. They told us that they felt supported and were clear about their role, responsibilities and accountability.

Clinical governance processes were in place to continuously improving the quality of their services and ensure high standards of care delivery. These included a range of regularly reviewed operational policies and procedures, risk management systems and a programme of audit.

Policies were reviewed annually as a minimum and staff had signed to indicate they had read and understood each policy. Risk management processes were in place to ensure the safety of patients and staff members. For example, we saw risk assessments relating to the environment, sharps injuries and the use of the autoclave.

Dedicated staff were identified who had a lead in areas, such as complaints, safeguarding and infection prevention and control.

A business continuity plan was in place, which sets out how the service would be provided if an incident occurred that impacted on its operation.

### Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of practice meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional manner.

All staff were aware of who to raise issues and told us the registered manager was approachable, would listen to their

concerns and act appropriately. We were told there was a no blame culture at the practice. The practice held monthly meetings involving all staff members. If information needed to be shared with staff between meetings then this was done informally or by email.

### Learning and improvement

Clinical and non-clinical audits were routinely carried out as part of an audit programme. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations. Audit topics included: patient feedback; referrals; prescriptions; dental records; radiography and infection prevention and control. The audits we saw audits were detailed with results and action plans clearly indicated.

We asked the registered manager for an example of how the service had improved based on audit findings. The registered manager highlighted how raising awareness of what should be included in patient records had led to marked improvements in dental record keeping.

The registered manager told us of various opportunities for staff to keep up to date with current practice. These included a monthly teleconference for clinicians within the provider group, a clinical newsletter sent by post to each member of staff and a two weekly organisational bulletin.

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

Patients were encouraged to provide feedback using a variety of methods such as, verbal, online, text and recorded feedback. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The practice carried out an annual survey that collated feedback from all sources. The most recent survey was completed in November 2016 and the feedback about the practice was positive.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the registered manager.