

IDH Limited

Mydentist - Castle Road - Bedford

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 2 August 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

Mydentist - Castle Road – Bedford is a general dental practice near the town centre in Bedford. It is part of a large group of dental practices. It is situated in a converted house, and the premises consist of two first floor treatment rooms, a reception area and waiting room and a separate decontamination room (Decontamination is the process by which dirty and contaminated instruments are brought from the treatment room, washed, inspected, sterilised and sealed in pouches ready for use again).

The practice offers general dental treatment to adults and children on the NHS or privately funded.

The opening hours of the practice are 9 am to 5 pm Monday to Friday.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice had three dentists, a dental hygienist, a qualified dental nurse and a trainee dental nurse; supported by a practice manager and two receptionists.

We received positive feedback from 19 patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection.

Our key findings were

- The practice was visibly clean and clutter free.
- Patients reported that staff were friendly and helpful.
- The practice could normally arrange a routine appointment within a week and emergency appointments were mostly arranged on the same day.
- Infection control standards met national guidance.
- The practice kept medicines and equipment for use in medical emergencies. These were in line with national guidance.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Governance arrangements were in place for the smooth running of the service.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the availability of support for patients who do not speak English as their first language, and those with hearing aids.
- Review the availability of contact numbers for external agencies that patients could contact to raise or escalate complaints.

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 medicines and equipment in place to manage medical emergencies and staff had been trained in their use.

Infection control procedures were in line with national guidance. Appropriate checks of equipment and procedures were carried out, as well as regular clinical audit to confirm standards were maintained.

Appropriate pre-employment checks had been carried out on staff to ensure the practice employed fit and proper persons.

No action



Are services effective?

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

Dentists used nationally recognised guidance in the care and treatment of patients.

The practice kept a log of all referrals made to other services so that they could be chased up at an appropriate interval and patients could be assured of a timely response.

The clinicians performed a detailed assessment of the oral and facial tissues for all patients at examination appointments.

No action



Are services caring?

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

Patients reported that staff were caring and professional, that they felt listened to, and that options for treatment were explained to them.

Staff described how patients' confidential information was kept private. This included paper records being locked away and password protected computers.

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 made every effort to see emergency patients on the day they contacted the practice.

The practice did not afford access to wheelchairs; however patients could be referred to a nearby sister practice with ground floor access to treatment.

The practice displayed details on how a complaint could be made, however this did not give details of external agencies to whom a complaint could be raised. This information was available through the website.

No action



Summary of findings

Are services well-led?

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

The practice had a series of policies to aid in the smooth running of the practice. These were available in hard copy form, or via the computer system for staff to access.

Staff felt supported and encouraged to approach the management team with ideas or concerns.

Clinical audit was used as a tool to highlight areas where improvements could be made.

No action



Mydentist - Castle Road - Bedford

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 2 August 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members and their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with six members of staff, as well as the area manager. We reviewed policies, procedures and other documents. We received feedback from 20 patients about the dental service.

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 to report, investigate and learn from incidents and near misses. We saw records of the practice's significant incidents. An incident book gave the opportunity for trends in incidents to be easily identified. The practice used a template to record events this prompted staff to detail the investigation, outcomes and identify and learning that could prevent a reoccurrence.

The practice recognised the need for candour in all investigations. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). These were sent to the practice manager by e-mail and relevant alerts disseminated through the staff via the practice meetings. In addition the head office of the group of practices would also send relevant alerts to the practice to ensure that information was received.

The practice manager was aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). We were told that the practice manager would report to head office, and they would make the notification. This was in line with the practice's health and safety policy, which detailed this protocol.

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding safeguarding vulnerable adults and child protection; these were available in the policies folder for staff to reference, and had been signed by all staff to confirm that they had read and understood them. The policies detailed the types of abuse, and how to raise a concern. The practice manager was the designated safeguarding lead, and relevant contact numbers were on display in the practice.

Staff we spoke with were able to identify the safeguarding lead, and detail what actions they would take if they were concerned. All staff had received training in safeguarding appropriate to their role.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 31 March 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We asked the clinician about measures taken to reduce the risks involved in performing root canal treatment. The practice uses rubber dam where practically possible (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The British Endodontic Society recommends the use of rubber dam for root canal treatment.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were available in line with the recommendations of the British National Formulary.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

All medicines and equipment were checked regularly to ensure they were ready for use should an emergency arise.

Staff had all undertaken medical emergencies training, and the practice carried out regular scenario training where they could practice their response to a medical emergency.

Staff recruitment

We looked at the staff recruitment files for four staff members of different grades to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff

Are services safe?

recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

All staff had a DBS check in place as per the practice policy and all other recruitment checks were in line with regulation.

Monitoring health & safety and responding to risks

The practice had systems in place to identify and mitigate risks to staff, patients and visitors to the practice.

The practice had a health and safety policy which was dated January 2015 and had been signed by all staff. This discussed areas of risk including manual handling, asbestos, substances hazardous to health and the use of person protective equipment (for example: masks, aprons, gloves and eye protection).

The practice had health and safety risk assessments on the computer which highlighted actions to be carried out, ad logged when these had been completed.

A fire risk assessment was carried out by an external contractor in August 2012. In addition internal fire risk assessment had been carried out and were computer based. These highlighted actions, and logged when they had been completed. An emergency evacuation plan was in place and staff we spoke with were clear about their responsibilities in an evacuation, and the external muster point. Regular checks were carried out and recorded on the fire extinguishers, fire signage, fire alarms and emergency lighting, and evacuation drills were completed every three months.

There were comprehensive arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors, this had been signed by all staff to confirm they understood the whereabouts of the file. In addition the information was replicated on the practice

computers and could be accessed from any terminal in the building by any member of staff. A review and update for staff on COSHH was the subject of a practice meeting in May 2015.

A sharps risk assessment had been carried out and signed by all staff. Dentists took sole responsibility for disposal of sharps, and the practice used a system of safer sharps syringes. These allow a plastic tube to be drawn up over the needle and locks into place reducing the risk of accidental injury. In addition the practice used disposable matrix bands. A matrix band is a thin metal strip in a holder than be very sharp; it is used around a tooth when placing certain fillings. Removing the band from the holder carries a risk of injury and so use of fully disposable bands mitigated the risk to staff.

The practice had a business continuity plan in place which ensured patients could get advice and emergency treatment in the event that unforeseen circumstances forced the practice to close for a period of time. As part of a large group of dental practices the plan involved emergency patients being diverted to one of two practices nearby.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy in place which had been reviewed in December 2015 and had been signed by all staff. This included topics such as hand hygiene, blood borne viruses and personal protective equipment.

The decontamination process was performed in a dedicated decontamination room, and the practice employed a decontamination technician to carry out this process. We observed the process. The instruments were cleaned in an ultrasonic bath (a piece of equipment that cleans dental instruments by passing ultrasonic waves through a liquid) following this they were rinsed and inspected under an illuminated magnifier. The instruments

Are services safe?

were occasionally rinsed under running water which risks splashing any residual contaminated material. We raised this with the practice who altered their protocol to ensure that instruments were immersed to rinse them.

The instruments were sterilised in an autoclave before being packaged and dated. These steps were carried out in accordance with the published guidance (HTM 01-05).

Checks were performed on the ultrasonic bath and autoclave to ensure that they worked effectively; these checks were in line with the recommendations of HTM 01-05.

If there was a delay between the instruments being used in the treatment room and them being transported to the decontamination room for processing they should be kept moist to avoid contaminants drying on. This was not happening routinely; we raised this with the practice manager who assured us a system would be put in place to affect this.

The practice demonstrated appropriate storage and disposal of clinical waste. Waste consignment notices were seen. Clinical waste was stored appropriately prior to removal from the premises.

All clinical staff had been vaccinated against Hepatitis B (a virus that is carried in the blood and may be passed from person to person by blood on blood contact). Evidence of this was retained in the staff recruitment files.

The practice employed a cleaner who cleaned daily. The practice conformed to national guidance for colour coding cleaning equipment, and comprehensive schedules and logs were kept and signed by the cleaner.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment was carried out by an external contractor in January 2015, this highlighted several actions to undertake to reduce the risk. We saw evidence that these were carried out in line with the recommendations.

Equipment and medicines

We saw that the practice had equipment to enable them to carry out a range of dental procedures.

The autoclave and air compressor had both been serviced and tested within the last year, as had the X-ray machines. Portable appliance testing had been completed on all electrical equipment in May 2016.

Prescription pads were kept locked away, and all prescriptions used were tracked so that they could be traced back if necessary.

We found a medicine used to treat diabetics was being kept at room temperature. At room temperature the medicine was valid for 18 months from when it was issued to the practice. In order for it to be valid to the expiry date it would need to have been refrigerated. The practice had not amended the expiry date to account for the fact that it was not refrigerated. We raised this with the practice manager who assured us this would be amended immediately.

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 had an intra-oral X-ray machine in each treatment room, these can take an image of one or a few teeth at a time. All treatment rooms displayed the 'local rules' of the X-ray machine on the wall. These detailed the specifics of each machine as well as the responsible persons to contact.

The X-ray machines had been serviced and tested in line with current guidance. A six monthly log of routine examination was seen.

Clinical staff were up to date with radiation training as specified by the General Dental Council. The justification for taking an X-ray as well as the quality grade, and a report on the findings of that X-ray were documented in the dental care record.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentist and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was filled out by patients, this was physically checked and re-signed by patients at each check-up appointment, and verbally checked by the dentist at any and all appointments in between. These verbal checks were noted on the dental care record.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Oral and facial soft tissues were also regularly screened to assess to changes that may indicate oral cancer or other oral conditions.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive. A justification, grade of quality and report of the X-ray taken was documented in the dental care record.

Health promotion & prevention

The practice demonstrated a commitment to oral health promotion. Smoking and alcohol use were recorded on the medical history forms, and clinicians used this information to introduce a discussion about oral health.

The waiting room had leaflets for patients to take away on the benefits of quitting smoking as well as local stop smoking services leaflets and cards.

Dental care records documented oral hygiene and risk factors, as well as indicating when oral hygiene advice, dietary advice and smoking cessation advice was given to patients.

The practice had a range of leaflets available for patients, including one advising how to care for your child's teeth.

Staffing

The practice was staffed by three dentists, a dental hygienist, a qualified dental nurse and a trainee dental nurse, supported by a practice manager and two receptionists. Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC).

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding. The practice manager kept a detailed log of the training that had been undertaken by all staff, and kept oversight of any necessary training.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Referral were made for complex treatment and the practice could refer within the group of practices to specialists in the group, or externally as was the case for any suspicious pathology. Referrals to hospital were made by registered post and then followed up with a telephone call to ensure that the referral had been received.

The practice kept a tracker of all referrals made, so that they could be sure that treatment was received in a timely manner.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff we spoke with described a thorough process for obtaining full, valid and informed consent. This included discussing the options for treatment, as well as any alternatives, and the advantages and disadvantages of any particular option. Clinicians verified understanding of the options before commencing treatment. We saw records of discussions having taken place in the dental care records.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity

to make particular decisions for themselves. Staff demonstrated a good understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment.

Clinicians were not always clear on the situations in which a child (under the age of 16) may be able to legally consent for themselves. This is termed Gillick competence and relies on assessing the young person as having an adequate understanding of the risk and benefits of the procedure in question. Some clinicians were not confident of the application of this in practise.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff we spoke with explained how they ensured information about patients using the service was kept confidential. The dental care records and appointments system were held electronically and password protected. Paper records were stored in locked cabinets. This was underpinned by the practice's data protection policy dated January 2016, which had been signed by all staff.

The reception area was separate from the waiting room and music was playing to mask conversations taking place at the reception desk. The computer at the reception desk was positioned below the level of the counter meaning it could not be overlooked by anyone stood at the desk.

We observed patients attending the practice being spoken to in a polite and professional manner, and comments we received from patients indicated that staff were friendly and helpful.

Involvement in decisions about care and treatment

Following examination and discussion with the clinician patients were all given a copy of a treatment plan to consider.

Comments received from patients indicated that they felt listened to and dentist took the time to respond to their concerns. Options were explained to patients and advice given.

The NHS price list was displayed next to the reception desk, and the price list for private treatment was displayed in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

At the time of our inspection a new patient to the practice could expect to receive an appointment within a couple of days.

The practice were aware through patient feedback that appointments could run late. The practice made every effort to ensure that patients were kept apprised of the situation in these circumstances, and an approximate waiting time updated regularly. This gave the patients the opportunity to leave and return if there was late running.

There was colouring available for children to do in the waiting room. This carried a positive dental message.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which indicated the practice's intention to welcome patients of all cultures and backgrounds. This was dated December 2015, and had been signed by all staff.

We spoke to staff about ways in which they assisted those with individual needs attending the practice.

The practice could arrange an interpreter in British sign language to assist deaf patients, but they did not have access to language interpreters for patients who did not speak English as a first language.

The practice did not afford wheelchair access as both treatment rooms were on the first floor. New patients contacting the practice that needed accessibility of a wheelchair were directed to the sister practice which afforded this access.

Patients with limited mobility were assisted with the stairs, and could be transferred to the sister practice whenever they became incapable of managing.

Access to the service

The practice was open from: 9 am to 5 pm Monday to Friday.

The practice endeavoured to offer an appointment to any emergency patient on the day they contacted the practice.

Out of hours arrangements were available for patients to hear on the answerphone and also displayed on the front door. The arrangements in place were to contact the NHS 111 out of hours service.

Concerns & complaints

The practice had a complaints handling policy dated January 2016. Details that were displayed for patients adjacent to the reception desk detailed how a patient could raise a complaint with the practice, and the timeframe in which they could expect to have received a response.

This poster did not give the contact details for agencies to whom a patient could raise a complaint external to the practice, or to escalate a complaint should they remain dissatisfied following a response from the practice. Instead it offered a resolution meeting where details would be provided to the complainant.

The contact details for external agencies where complaints could be escalated were available on the website, however we felt that it was information that should be obvious to all patients who visit the practice so that they are able to raise a complaint without going through the practice should they so wish.

Are services well-led?

Our findings

Governance arrangements

The practice manager (who was the registered manager) took responsibility for the day to day running of the practice. In addition other staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the practice team.

The staff had a weekly small meeting where they discussed any particular challenges for the week and the day to day running of the practice. In addition they had monthly staff meetings with a formalised agenda.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding children and vulnerable adults, information governance and whistleblowing. Not all policies were dated, although they were reviewed centrally at head office.

The practice was linked to a central computer hub meaning that staff could access all policies and training through any computer terminal on the premises.

Leadership, openness and transparency

The practice manager (who was also the registered manager) was also responsible for a second practice and divided their time between the two. Staff we spoke with confirmed that the practice manager spent some time every day at the practice, and was readily available at all times to give advice or return to the practice. In addition the area manager was also available.

Staff with spoke with felt strongly supported by the management team, and felt they could approach them with any concerns. Staff also reported that they were praised for good performance and this fostered a positive team atmosphere.

The practice had in place a whistleblowing policy that directed staff on how to take action against a co-worker whose actions or behaviours were of concern, including the contact details of outside agencies where a staff member could obtain independent advice. The policy indicated the practice's expectation of candour in such matters.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out at six monthly intervals.

Clinicians had a comprehensive series of audits carried out every six months, this included an audit on cancer risk, identifying whether risk factors had been noted and acted upon, a record keeping audit, a referral audit and an audit of quality of X-rays. All of these audits had a results sheet summarising the findings and an action plan for improvement.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

Certain training was set up by head office and available through the central computer hub, and so could be accessed by any staff member from any terminal. Staff commented that they found this approach extremely helpful as it meant they could undertake training at times that suited them.

The practice manager kept CPD logs for staff so that they could be assured that staff were up to date with mandatory training.

Staff attended appraisals every six months, these identified individual training needs for staff which were recorded in a personal development plan.

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

The practice sought feedback for patients and staff through various sources. They invited comment through the NHS friends and family test, and from their own customer feedback forms. The results of these would be fed back through staff meetings to staff for discussion.

In addition comments left on the NHS choices website were checked and responses left where appropriate.

Staff feedback was welcomed formally or informally, and staff were happy that they could approach the management team at any time with ideas or concerns.