

IDH Limited

# Mydentist - New Canal - Salisbury

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 January 2018 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

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

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

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

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

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

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

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

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

#### **Background**

# Summary of findings

Mydentist – New Canal - Salisbury is situated in the centre of the city above shops in one of the main streets. There are good bus routes to the practice from around the city. It provides NHS and private treatment to patients of all ages.

There is no level access into the building which is located on the first and second floors with no internal lift access to the second floor. The practice has made arrangements with another nearby dental practice in the company to take patients requiring level access. There is parking in nearby public car parks.

The dental team includes six dentists one of whom is an implantologist, two hygienists, three dental nurses and three trainee dental nurses, a practice manager and three receptionists. The practice has five treatment rooms.

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

On the day of inspection we collected 18 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses and one trainee dental nurse, two receptionists 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 - Friday 08.30am - 5.00pm.

·Out of hours information displayed on website and via telephone answering service.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 had mostly thorough staff recruitment procedures. They did not ensure the relevant pre-employment checks had been completed for agency staff used.
- 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, 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 positively and efficiently.

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

- Review the practice recruitment procedures relating to the use of agency staff to ensure that appropriate background checks are completed prior to them working in the practice.
- Review the systems and processes in place to ensure referrals to other professionals are followed up in a timely way.
- Review the record keeping systems and processes in place to ensure all actions taken in relation to the regulated activities are appropriately recorded, signed and dated in accordance with good record keeping guidance.

# 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 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 had received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

No action



### **Are services effective?**

We found 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 excellent, very informative and able to put them at their ease. 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 this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, professional, caring and considerate. They said staff gave honest explanations and their dentist listened to them. Patients commented staff made them feel at ease, especially when they were anxious about visiting the dentist.

We saw staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



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

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

No action



# Summary of findings

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

Staff considered patients' different needs. While they could not provide facilities for patients with mobility difficulties they had a good arrangement with another practice. The practice had access to telephone interpreter services; a hearing loop system at the reception desk and arrangements to help patients with sight loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

We found 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. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had been four incidents in the last 12 months. These had been documented but not all appropriate actions which had been taken to manage the incidents described were fully recorded. Staff were aware of the incidents and in discussion with them it was clear learning had taken place, but there was limited documentary evidence to support this.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the Central Alerting System. Relevant alerts were discussed with staff, acted upon and stored for future reference.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures which provided staff with information about identifying, reporting and dealing with suspected abuse. The safeguarding policy seen had not been reviewed and updated since 2015.

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

We looked at the practice 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.

### 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 followed their recruitment procedure. The practice used agency staff at times and were not aware of the need to request relevant background checks from them when they arrived in the practice. The registered manager told us they would implement this practice immediately.

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 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. 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 but not the dental hygienist when they treated patients.

We saw the practice had fire alarms and emergency lighting which was tested regularly in accordance with national guidance. We saw there was only one member of staff who was trained as a Fire Marshall and not all staff had completed fire safety awareness training in the last 12 months. The practice manager told us they had two members of staff booked to attend Fire Marshall training and should us documentary evidence to corroborate this.

# Are services safe?

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice had carried out an infection prevention and control audit just prior to the inspection and we saw documentary evidence it was being completed every six months as required. 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.

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 had suitable systems for prescribing and storing medicines.

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

Clinical staff completed continuing professional development in dental radiography as required by the General Dental Council.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check dentists recorded the necessary information.

### 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 health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We were shown documentary evidence to corroborate this.

We were told the trainee dental nurses had signed up to a training course and saw documentary evidence to corroborate this statement. We were told the trainee nurse had undergone an induction and as part of this was shadowed by the lead nurse. There was no documentary evidence to demonstrate the trainee nurse had demonstrated understanding and application of knowledge in practice to a satisfactory level to work on their own. The practice and area managers told us they would review their systems to evidence competence.

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at their annual appraisal. We were told by staff we spoke with and the practice manager appraisals had recently been completed but there was no documentary evidence of completed appraisal available. The practice manager told us they had the documents electronically and would ensure they were stored in staff files.

### 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 systems and processes in place for following up a referral should be reviewed to ensure a robust system is operated for the well-being of patients.

The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice 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 practice consent policy included information about the Mental Capacity Act 2005. Staff 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. The dentists were aware of the need to consider this when treating young people under 16 years of age. 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 friendly, helpful and understanding. We saw staff treated patients respectfully, in a calm manner 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.

There were magazines in the waiting room. The practice provided drinking water.

Information folders, patient survey results and thank you cards were available for patients to read.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed staff listened to them, did not rush them and discussed options for treatment with them.

A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Patients told us the dentists were very patient and clear about treatment options and enabling informed choice.

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

The practice website provided patients with information about the range of treatments available at the practice.



# 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 patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

Appointments ran smoothly on the day of the inspection and patients were not kept waiting. However patients told us delayed appointments were an issue sometimes. The practice manager told us they were aware of this and were working with all staff to minimise delayed appointments.

### Promoting equality

The practice was unable to make reasonable adjustments for patients with disabilities. This was because the practice is situated on the first and second floors of the building and there is no lift access. The practice had made arrangements with another practice locally to accommodate patients needing level access.

The practice did not have a hearing loop system for patients with hearing loss.

Staff said they could provide information in different formats and languages to meet individual patients' needs. The practice had a multilingual staff team and they had access to interpreter/translation services when required.

### Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and had appointments available for this. The website, information leaflet and answerphone provided contact details for patients requiring emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaint policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. 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 where possible and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice had received in the last 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 practice manager had overall responsibility for the management and clinical leadership of the practice. They were responsible for the day to day running of the service at this location and at a second location some miles away.

Staff told us they knew the management arrangements and their roles and responsibilities when the practice manager was present. On days when the practice manager was at the second practice staff were not sure of the leadership arrangements in this practice.

The practice had policies, procedures and risk assessments in place to support the management of the service and to guide staff. We saw policies, procedures and risk assessments were reviewed to ensure they were up to date with regulations and guidance. We noted the company had not reviewed and update the safeguarding policy since 2015.

We saw the practice had arrangements in place to monitor the quality of the service and make improvements where required. We observed audits had been appropriately analysed and action plans implemented with review dates.

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

### Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the 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 discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

Immediate discussions were arranged to share urgent information. Systems to communicate information to staff who were not present at meetings required review to ensure all staff received key information.

### Learning and improvement

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

The company and registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We were told the whole staff team had an annual appraisal but there was limited documentary evidence to corroborate this.

Staff said they discussed learning needs, general wellbeing and aims for future professional development. The practice manager told us they would work to ensure documentary evidence for all staff appraisals was present in the practice.

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 continuing 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 had a system in place to seek the views of patients about all areas of service delivery through the use of regular patient surveys and a suggestion box. Patient survey results were available for patients to read. The company patient survey results showed the practice had scored 4.8 out of a total of five. We saw the practice acted upon patient feedback.

The practice gathered feedback from staff through meetings, appraisal and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted upon.

## 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 about NHS services they have used. The results indicated 98% of patients would recommend the service.