

Whitecross Dental Care Limited

Mydentist - Main Street - Keighley

Inspection Report

Main Street
Crosshills
Keighley
West Yorkshire
Tel: 01535 634115
Website: www.mydentist.co.uk

Date of inspection visit: 21 February 2017
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Overall summary

We carried out an announced comprehensive inspection on 21 February 2017 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

My Dentist - Crosshills offers a full range of dental treatments including preventative and corrective treatments for NHS adult patients and children, with, private options available. The practice is based in Crosshills in West Yorkshire. The staff consists of two dentists, four dental nurses, dental therapist, a practice manager, two receptionists and a cleaner.

The practice is in a converted building. There are two treatment rooms and a waiting/ reception room. Parking is available next to the practice. The opening hours are Monday and Wednesday 8am-5pm, Tuesday 8am-7:30pm, Thursday 8am-6pm and Friday 8am-4pm.

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.

Our key findings were:

- The premises were visibly clean and tidy.

Summary of findings

- The practice had procedures in place to record and analyse significant events and incidents.
- Staff had received safeguarding training, and knew the process to follow to raise concerns.
- There were sufficient numbers of suitably qualified, skilled staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment available.
- Patients' needs were assessed, and care and treatment were delivered, in accordance with current legislation, standards, and guidance.
- Patients received information about their care, proposed treatment, costs, benefits, and risks and were involved in making decisions about it.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- The appointment system met the needs of patients, and emergency appointments were available.
- Services were planned and delivered to meet the needs of patients, and reasonable adjustments were made to enable patients to receive their care and treatment.
- The practice gathered the views of patients and staff and took their views into account.
- Staff were supervised, felt involved, and worked as a team.
- Patients were treated with kindness and respect but we noted that patient dignity was not always upheld as there wasn't a patient toilet on the premises, which meant that patients had to seek alternative facilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place to assess and manage risks to patients.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

X-ray equipment was regularly maintained.

The decontamination procedures were effective and the equipment involved in the decontamination processes was regularly serviced, validated and checked to ensure it was safe to use.

Staff completed annual training in how to deal with medical emergencies. We confirmed the emergency equipment was in place and regularly checked.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; fire extinguishers, and the air compressor.

Staff were appropriately skilled and suitably trained. Staff induction and appraisal processes were in place and had been completed.

There was evidence to demonstrate staff had attended training in safeguarding patients and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

The practice followed current guidelines when delivering dental care and treatment to patients. Patients' medical history was recorded at their initial visit and updated at subsequent visits. Patients received an assessment of their dental health. The dentist obtained consent from patients before treatment was provided; and treatment focused on the patients' individual needs.

Staff provided oral health advice to patients and monitored changes in their oral health. Patients were referred to other services, where necessary, in a timely manner.

Staff were encouraged to complete training relevant to their roles. The clinical staff were up to date with their continuing professional development (CPD).

Qualified staff were registered with their professional body, the General Dental Council (GDC), and were supported in meeting the requirements of their professional regulator. Staff received on going training in a variety of subjects to assist them in carrying out their roles.

No action



Are services caring?

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

No action



Summary of findings

Staff explained that enough time was allocated in order to ensure treatment was fully explained to patients in a way patients understood. Time was given to patients with complex treatment needs to decide which treatment they preferred.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment. Patient feedback on CQC comment cards confirmed staff were understanding and made them feel at ease.

We observed privacy and confidentiality were maintained for patients in reception and over the telephone. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Patients were treated with kindness and respect but we noted that patient dignity was not always upheld as there wasn't a patient toilet on the premises, which meant that patients had to seek alternative facilities.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. Patients could request appointments by telephone or in person.

The practice opening hours were displayed at the practice.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns.

No action



Are services well-led?

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

There were a range of policies and procedures in use at the practice which were easily accessible to staff.

Environmental risks were assessed and well managed.

Staff were encouraged to share ideas and feedback during practice meetings. All staff were supported and encouraged to improve their skills through learning and development.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

No action



Mydentist - Main Street - Keighley

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 the 21 February 2017 and was led by a CQC inspector with remote support from a dental specialist adviser.

Prior to the inspection we asked the practice to provide us with information which we reviewed. This included their latest statement of purpose, and staff details, including their qualifications and professional body registration number where appropriate. We also reviewed information we held about the practice.

During the inspection we spoke with one dentist, one dental therapist, one dental nurse, the regulation manager, the practice manager and reception staff. We toured the practice and reviewed emergency medicines and equipment.

We reviewed policies, protocols and other documents and observed procedures. We sent comment cards to the practice before the visit. There were eight comment cards completed by patients. Comments from patients were positive about the treatment they received.

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

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy.

The staff told us they received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). These were shared with the team via discussion, email and meetings where appropriate.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the contact details for the relevant safeguarding professionals. Staff were aware of their responsibility and had completed training to safeguard patients from abuse.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system had been implemented within the practice and we saw a sharps policy in place.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice maintained emergency resuscitation equipment, medical emergency oxygen and emergency medicines to support patients. We confirmed the emergency equipment and medicines were regularly checked.

We saw staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff had completed first aid

training and the first aid boxes were easily accessible in the practice. Staff told us during team meetings they discussed medical emergency scenarios to keep their knowledge up to date.

The practice had an automated external defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device which analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff recruitment

We looked at the recruitment records of one new member of staff and confirmed checks were in place. These included seeking references, immunisation status and qualifications. The practice carried out a Disclosure and Barring service (DBS) check for all newly appointed staff. These 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.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment and infection prevention and control.

There was a control of substances hazardous to health (COSHH) risk assessment and associated procedures in place. Staff maintained records of products used at the practice and retained manufacturer's product safety details to inform staff what action to take in the event of, for example, spillage, accidental swallowing, or contact with the skin. Measures were identified to reduce risks associated with these products, for example, the use of personal protective equipment for staff and patients, the secure storage of chemicals, and the display of safety signs.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive the Hepatitis B vaccination to minimise the risks of acquiring blood borne infections.

Infection control

Are services safe?

The practice had a newly installed decontamination room on the first floor. This area was well organised, clean and hygienic. We saw good systems in place for cleaning, sterilising and storing dental instruments. The decontamination equipment was regularly serviced, validated and checked to ensure it was safe to use.

An infection control policy and set of procedures were in place. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance.

We noted that infection prevention and control audits were completed bi-annually, these had risk assessed the practice and highlighted action to be taken where required.

We looked around the premises during the inspection and found the treatment rooms were visibly clean and hygienic. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

A Legionella review and risk assessment and regular monitoring and recording of water temperatures were in place. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. The practice had arrangements for all types of dental waste to be removed from the premises by a contractor. Waste consignment notices were in place.

Equipment and medicines

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

We saw evidence of servicing certificates for equipment such as the autoclave (a device for sterilising dental and medical instruments), compressor and X-ray equipment. We saw evidence of regular testing of electrical systems, portable appliances and gas safety.

We saw evidence a fire risk assessment was completed and the fire safety equipment was checked annually. Fire alarms and emergency lighting were tested regularly and staff fire drills had taken place.

Radiography (X-rays)

We saw that the provider was acting in compliance with the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000, current guidelines from the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines.

The practice maintained a radiation protection file which contained the required information.

The provider had appointed a Radiation Protection Advisor and a Radiation Protection Supervisor.

We saw a critical examination pack for the X-ray machines. Routine testing and servicing of the X-ray machines had been carried out in accordance with the current recommended maximum interval of three years.

We observed that local rules were displayed in areas where X-rays were taken. These included specific working instructions for staff using the X-ray equipment.

Records confirmed X-rays were justified, graded and reported on. We saw evidence of regular auditing of the quality of the X-ray images.

We saw evidence of recent radiology training for relevant staff in accordance with GDC recommendations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records and paper records. They contained information about the patient's current dental needs and past dental history. 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 patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are. We saw patient dental care record audits were undertaken by the practice and any necessary actions dealt with.

Health promotion & prevention

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 patient reception and waiting area contained a range of information that explained the services offered at the practice.

The practice had a varied selection of oral health leaflets available and a selection of dental products were on sale in the reception area to assist patients with their oral health.

Staffing

Staff confirmed they had completed a period of induction and training which covered areas such as cardiopulmonary resuscitation (CPR) and infection prevention and control.

We saw staff were encouraged to maintain the continuous professional development (CPD) which was a requirement of their registration with the GDC. The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice. We confirmed that staff had completed appraisals.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process. Information was shared appropriately when patients were referred to other health care providers. Urgent referrals were made in line with current guidelines.

Consent to care and treatment

Staff confirmed they ensured patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions.

The practice had a consent policy in place and staff were aware of their responsibilities under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The CQC comment cards and patient feedback we received on the day were all very positive. Patients stated the staff were friendly, welcoming and helpful. Positive comments included the politeness and friendliness of staff and how emergency appointments were easily accommodated. Comments also included that they would happily recommend the practice to others.

Staff understood the importance of emotional support when delivering care to patients who were nervous of dental treatment.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff told us they were aware of the importance of providing patients with privacy and how to maintain confidentiality.

Patients were clearly treated with kindness and respect by the staff but we noted that patient dignity was compromised by the lack of a patient toilet on the premises, which meant that patients had to seek alternative facilities, which were some distance away.

Staff were confident in data protection and confidentiality principles and had completed information governance training. We saw patient's dental care records were stored securely in lockable cabinets.

The treatment rooms were situated away from the main waiting area and we saw doors were closed when patients were in consultation.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. The practice's website provided patients with information about the range of treatments which were available at the practice.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

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 we found the facilities were appropriate for the services that were planned and delivered.

We saw urgent or emergency appointments were accommodated if needed and longer appointments were scheduled where required if a patient needed more support.

We observed the clinic ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. They were also aware of the availability of an interpretation service if required.

The staff made provision for patients to arrange appointments by telephone or in person, and patients received appointment reminders by text, letter or telephone call.

Access to the service

The practice was not accessible to people with disabilities and impaired mobility. The practice could offer an alternative dental practice nearby to patients with mobility needs.

We noted that an audit had been completed to provide reasonable adjustments to the practice to meet patients' needs for example an audio loop had been fitted and information could be provided in large print or braille.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff 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.

We saw a sign in the waiting area that informed patients how to raise concerns or a complaint. Information was also available in the patient's information brochure and the web site. This included how to make a complaint and how complaints would be dealt with.

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice had not received any patient complaints in the last twelve months. We saw that any compliments or concerns were discussed at the team meetings to improve the service and enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. Staff were aware of their roles and responsibilities within the practice. The practice manager was in charge of the day to day running of the service.

There was an effective management structure in place to ensure responsibilities of staff were clear. Staff told us they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

The overall leadership was provided by the practice manager. The ethos of the practice was clearly apparent in all staff as being able to provide the best service possible. Staff said they could speak freely if they had any concerns.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff confirmed they were supported with further development and training to ensure CPD as required by the GDC.

Staff confirmed that learning from incidents, audits, and feedback was discussed at staff meetings to share learning to inform and improve future practice.

The practice had an extensive range of clinical and non-clinical audits. These included; clinical records, medical history, prescriptions, X-ray quality and infection prevention and control. Feedback was given to staff identifying where improvement actions may be needed.

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

Staff told us information was shared and they could raise any concerns about the practice if they needed to.

Patients' surveys were conducted by the practice. The survey's comments had been reviewed and responded to. For example following comments made the practice had introduced a new telephone system. We also noted that where positive and negative comments were made on the NHS choices web site an appropriate response was provided by the practice.

The practice also completed family and friends NHS survey. The results for January 2017 were 95% of patients likely to recommend the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.