

Whitecross Dental Care Limited

Mydentist - Peel Street - Barnsley

Inspection Report

Ground and First Floor Units
23 - 27 Peel Street
The Peel Street Shopping Centre
Barnsley
S70 2RS
Tel: 01226 200025
Website: www.mydentist.co.uk/dentists/practices/england/yorkshire-and-the-humber/barnsley/ground-first-floor

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Overall summary

We carried out this announced inspection on 25 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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

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

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

Summary of findings

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

Background

Mydentist - Peel Street - Barnsley provides NHS and private treatment to adults and children. The practice accepts referrals for minor oral surgery on the NHS.

There is level access for people who use wheelchairs and pushchairs. Car parking is available near the practice.

The dental team includes 13 dentists, 19 dental nurses (including three trainees), one dental hygienist, one dental hygienist therapist, four receptionists, a treatment co-ordinator, a practice administrator and a practice manager. The practice has eight 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 - Peel Street - Barnsley was the practice manager.

On the day of inspection we received feedback from 21 patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, four dental nurses, the head receptionist, the practice administrator 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 to Thursday from 8:00am to 8:00pm

Friday from 8:00am to 6:00pm

Saturday from 9:00am to 5:00pm

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 thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- The practice was pro-active in providing oral health advice to its patients, local schools and the local community.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified areas of notable practice.

- The practice was proactive in providing oral health advice and treatment to its patients. There were dedicated areas of the waiting room which they used to discuss oral hygiene and dietary advice with children. They organised kids clubs regularly during school holidays.
- They frequently visited local schools to provide oral hygiene advice to the local children. They frequently used the Mydentist bus to take to schools where they could demonstrate to children how a surgery worked which allowed children to "play dentist".
- The practice organised peer review groups for other local practices. This gave local practices an opportunity to discuss cases with the dentists and offer support and training.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice 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 that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good, professional and a positive experience. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice was proactive in providing oral health advice and treatment to its patients. There were dedicated areas of the waiting room which they used to discuss oral hygiene and dietary advice with children. They organised kids clubs regularly during school holidays. At these clubs the oral health educators discuss oral hygiene and diet in the waiting room with children. They frequently visited local schools to provide oral hygiene advice to the local children and also visited local GP surgeries and supermarkets to promote good oral hygiene. They frequently used the Mydentist bus to take to schools where they could demonstrate to children how a surgery worked which allowed children to "play dentist".

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.

The practice organised peer review and training events for local practices. This enabled the practice to demonstrate what services they offered and assist other dentists from outside the organisation to attend and offer support.

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

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 very pleasant, helpful and friendly. They said that they were given helpful and honest explanations about dental treatment, and said their dentist explained treatments very well. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

Are services responsive to people's needs?

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. 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 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.

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

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

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 three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. 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, dental hygienists and dental therapists when they treated patients.

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 carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Are services safe?

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, dispensing 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 that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

Health promotion & prevention

The practice provided preventative care and support to patients 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.

The practice was proactive in providing oral health advice to its patients and to the local community. For example, they arranged kids clubs regularly during school holidays. At these clubs the oral health educators discuss oral hygiene and diet in the waiting room with children. There were numerous props in the waiting room for staff to use which made the education more fun. These included tooth brushing models, good food and bad food boxes and colouring pictures. Many of the dentists would also see children who attended the kids clubs for check-ups. After the kids clubs the children were given packs containing tooth brushing timers, a toothbrush and puzzles. Children and parents were asked to provide feedback on the kids club. We saw numerous examples of positive feedback from children and parents about the clubs.

In addition to the kids clubs the practice also visited local schools to educate young children on the importance of their oral health. They would often use the Mydentist interactive surgery bus. This bus contained a mock up

surgery where children could experience what it was like to visit the dentist. They also encouraged children to put on gloves and masks and "play dentist". As part of the school visits children were given oral hygiene advice and dietary advice. After the visit each child was given a pack containing disclosing tablets, toothbrushes, age specific toothpaste and a tooth brushing chart. Four weeks after the visit the staff would return to the school and give the children certificates for completed tooth brushing charts.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at mid-year reviews and annual appraisals. We saw evidence of completed appraisals.

The practice had an effective skill mix. There were many dental nurses who had extended duties including radiography, dental implant nursing and oral health education. One of the dentists had a special interest in endodontics (root canal treatments) and another was a specialist oral surgeon who accepted referrals on the NHS.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

The practice administrator was responsible for dealing with referrals received in for minor oral surgery. We saw an efficient system was in place to receive and monitor referrals.

The practice organised in house training and peer review sessions for other local practices. This gave other local dentists an opportunity to meet up to discuss cases. The most recent meeting was to discuss endodontic treatments.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. One dentist showed us consent forms which they gave patients which outlined the risks associated with treatment which had been chosen.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their

responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very pleasant, helpful and friendly. We saw that staff treated patients with dignity and respect 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 and televisions in the waiting rooms. The practice provided drinking water in the waiting area.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. There were also numerous information leaflets about the range of treatments available at the practice in the waiting area. The practice also had a treatment co-ordinator who discussed different treatments with patients including orthodontics and dental implants. The treatment co-ordinator had a dedicated room.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options. Staff also used pictures to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Tackling inequity and promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, automatic doors, a hearing loop and an accessible toilet with hand rails and a call bell. The practice had also installed a bariatric chair in one of the surgeries. All surgeries were on the ground floor and would be accessible for wheelchair users or those with limited mobility.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

Access to the service

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

Some patients commented they had recently had several appointments cancelled at short notice. We discussed this with the practice manager. They had identified the reason for the short notice cancellations and had put in place a system to reduce the likelihood of the occurring again.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. 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 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 a selection of comments, compliments and complaints the practice 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. We were told as a result of some complaints they were looking into a new system for informing patients if an appointment had to be cancelled at short notice.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. The company also employs a clinical support manager who visits the practice regularly to provide clinical support to the dentists. Staff knew the management arrangements and their roles and responsibilities.

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

The practice had information governance arrangements 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 monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Due to the size of the work force the meetings were held on three separate days each week. This ensured as many staff as possible were able to attend.

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 showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and reception staff had annual appraisals and mid-year performance reviews. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The dentists had quarterly peer review meetings with the clinical support manager where any issues could be discussed.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used comment cards to obtain patients' views about the service. For example, we saw several examples of positive feedback from children, parents and teachers about the kids clubs and school visits.

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

The practice regularly sought feedback after conducting school visits and kids clubs. The feedback we saw was all positive.

The practice had been awarded the Mydentist practice of the year in 2016. This was achieved because the practice was able to demonstrate full compliance to the company's way of working, excellent patient and colleague testimonials and for taking on new patients.