

IDH Limited

# Mydentist-Pelton Lane Ends - County Durham

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 19 July 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, Pelton Lane Ends is part of the Integrated Dental Holdings (IDH) limited group of practices. Situated in a residential area, the practice provides predominantly NHS treatment to patients of all ages. There are two treatment rooms located over two floors, a dedicated decontamination room for sterilising dental instruments and a staff kitchen. Car parking is available on the side-streets near the practice. Access for wheelchair users is possible via the back entrance; a portable ramp is being installed at the back in the next few weeks.

The practice is open Monday to Friday 0830-1730 and Saturday 0830-1300.

The dental team is comprised of two dentists, one being the clinical support lead for the region, a receptionist, three dental nurses and a dental hygiene and therapist.

The practice currently is looking to recruit a new practice manager.

The registered manager is the previous practice manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We reviewed 19 CQC comment cards on the day of our visit; patients were very positive about the staff and standard of care provided by the practice. Patients commented they felt involved in all aspects of their care and found the staff to be helpful, respectful, friendly and were treated in a clean and tidy environment.

## **Our key findings were:**

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

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

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

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

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

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

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

No action



### Are services effective?

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

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

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

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

No action



### Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 19 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely in locked cabinets behind reception and computers were password protected.

No action



# Summary of findings

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

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

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

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

Patients had access to telephone interpreter services when required and the practice provided a range of aids for different disabilities such as a hand rail outside to aid with the front step, access for wheelchair users through widened passageways, a toilet with hand rails and safety alarm cord and ground floor surgeries. Other measures were planned to be installed such as a portable ramp outside the rear entrance and a hearing loop.

**No action**



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

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

On the day of our inspection there was no practice manager appointed however there were strong support systems in place to ensure the smooth running of the practice.

The registered manager visited the premises every week and was available on the phone for staff at any time. There were dedicated leads in infection prevention and control and safeguarding as well as various policies for staff to refer to.

The registered manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis through staff meetings and informal discussions.

Patient feedback is also encouraged verbally and online. The results of any online feedback are transferred to their intranet system for staff learning and improvement.

**No action**



# Mydentist-Pelton Lane Ends - County Durham

## 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 19 July 2016. It was led by a CQC inspector and supported by a dental specialist advisor.

During the inspection, we spoke with the registered manager, two dentists, two dental nurses and one receptionist.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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 which states the same.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). We saw two incidents recorded from December 2015 and July 2016. These were filled out with sufficient detail of what happened, why, what actions were taken as well as improvements that could be made to prevent future recurrence. All records were sent to the head office in IDH Limited. There were no accidents recorded by the practice within the last twelve months.

Staff meetings take place every month where any accidents or incidents are discussed so as to enable staff learning.

The registered manager showed us they had 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.

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

We spoke to staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a thorough sharps risk assessment in 2014 for each dentist. In-safe needles and sharps containers were implemented for use in each surgery. This risk assessment is updated on an annual basis to ensure any new updates or equipment was added.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber

dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of the local authority child protection and adult safeguarding. Staff told us their practice protocol and were confident to respond to issues should they arise. The clinical support manager was the safeguarding lead and training records showed staff had undergone level one or two training as appropriate.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the registered manager or clinical support manager.

The practice also had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date (April 2016).

### Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies.

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

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

We saw the practice kept logs which indicated the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly.

# Are services safe?

This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

## Staff recruitment

We reviewed the staff recruitment files for six members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. This was all in accordance to the practice's own recruitment policy which is currently being updated.

## Monitoring health & safety and responding to risks

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

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, the practice risk assessment, health and safety risk assessment and fire risk assessment. These were carried out in 2011 in accordance with the relevant legislation and guidance. We saw annual reviews were in place and the practice has arranged for all these risk assessments to be repeated in 2016 in line with their risk assessment policy.

The practice had two fire exits; clear signs were visible to show where evacuation points are.

We saw annual maintenance certificates of firefighting equipment including the current certificate from October 2015. The practice also had weekly visual checks of the extinguishers, lights and signs. Six monthly fire drills were carried out to ensure staff were rehearsed in evacuation procedures.

We saw the business continuity plan from January 2016 had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

## Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the The 'Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with three dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure the ultrasonic cleaner and sterilisers were in working order.

We inspected the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings).

Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in June 2015. We saw measures such as monthly temperature recording were implemented and documented.

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

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used different coloured cleaning equipment to follow the National Patient Safety Agency guidance.

## Equipment and medicines

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

# Are services safe?

We saw evidence of servicing certificates for sterilisation equipment in June 2016, X-ray machines February 2016 and Portable Appliance Testing (PAT) July 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use).

We saw the fire extinguishers had been checked in October 2015 to ensure they were suitable for use if required.

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

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

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice used manual X-rays and demonstrated good practice by using rectangular collimation.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection

Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification, the local rules and maintenance certificates. The most recent service certificates were stored at another site; these were sent to us the following day and we saw evidence that all of the X-ray machines had undergone testing and servicing appropriately in February 2016.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The registered provider showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from March 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The registered provider worked closely with all staff members to ensure the audit process evolved each cycle to ensure ease of use and full disclosure of results.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was filled in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists told us they were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

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

### Health promotion & prevention

We found the practice was proactive about promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

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

The organisation is actively involved in promoting children's oral health. Kid's clubs are run particularly during

school holidays where the practice environment is specifically tailored for children. Activities include role-play with child-sized dentists' uniforms, plaque search to improve brushing technique, the good and bad foods game and reception staff wearing costumes to reduce anxiety.

### Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

### Working with other services

Dentists we spoke to confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

### Consent to care and treatment

We spoke to staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. The MCA

# Are services effective?

(for example, treatment is effective)

is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to

decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge. The child would have to show sufficient mental maturity to be deemed competent.

# Are services caring?

## Our findings

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

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

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

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

Dental care records were stored electronically and in paper form. Paper record cards were kept securely in locked

cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

We saw certificates for all staff in information governance training from June 2016. Staff were confident in data protection and confidentiality principles.

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

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. We spoke with staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

The practice's website provided patients with information about the range of treatments which were available at the practice. This also provided a platform to share feedback from patients and examples of change as a result.

We looked at dental care records which confirmed the dentist recorded all information provided to patients about their treatment and the options open to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice patient information folder. This had several practice leaflets explaining the practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

### Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually and staff also had undergone recent training.

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups. The practice has access to a translation service where required and had carried out a thorough disability access audit. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted

mobility or with pushchairs. There was a toilet on the ground floor with an alarm cord and hand rails for support and a downstairs treatment room. The practice was awaiting installation of a portable ramp and hearing loop.

### Access to the service

The practice's opening hours were Monday to Friday 0830-1730 and Saturday 0830-1300. These were displayed in their premises, in the practice information leaflet and on the practice website.

The patients we spoke to felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

### Concerns & complaints.

The 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.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses.

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 received one complaint in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager demonstrated their intranet system of policies and procedures as well as paper records of certificates or statements. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance.

We noted policies and procedures were kept under review by the registered manager on an annual basis and updates shared with staff to support the safe running of the service.

The registered manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical processes and administration. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. 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.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, their practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance. The practice had dedicated leads and various policies to assist in the smooth running of the practice.

### Leadership, openness and transparency

The overall leadership was provided by the registered manager. A lead dentist and lead dental nurse were supporting them in this role.

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 regulation.

The Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

### Learning and improvement

A regular audit cycle was apparent within the practice. An audit is an objective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included patient feedback, radiography, infection prevention and control and record keeping audits. We saw audits were carried out very thoroughly with results available. It was apparent that action plans were not clearly detailed; we mentioned this to staff who will ensure this is implemented in future.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out either on an annual or bi-annual basis.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff and patients were encouraged to provide feedback on a regular basis either verbally, online, text and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The most recent FFT in July 2016 showed 100% of patients who took the survey were likely to recommend others to the practice.

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