

IDH Limited

# Mydentist - Purfleet Street - Kings Lynn

## Inspection Report

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## Overall summary

We carried out this announced inspection on 20 November 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.

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?

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

### Background

Mydentist- Purfleet- Kings Lynn provides mainly NHS dental treatment to children and adults. The practice is part of the Mydentist group, who operate a large number of dental practices across the UK.

The practice employs three dentists, four dental nurses and one dental hygienist. They are supported by a practice manager and three receptionists. The practice is in the centre of Kings Lynn and has four treatment rooms.

# Summary of findings

The practice opens Monday to Friday from 8.30am to 5.30pm.

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. 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.

On the day of inspection, we collected 46 CQC comment cards filled in by patients and spoke with two other patients. We spoke with the practice manager, two dentists, two dental nurses and reception staff. We also spoke with the provider's regulatory officer who was on site to support the inspection.

We looked at practice policies and procedures and other records about how the service is managed.

## **Our key findings were:**

- The practice appeared clean and well maintained.
- Infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures.
- Patients' care and treatment was provided in line with current guidelines.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Patients' complaints were taken seriously, managed effectively and used as a tool to improve the service.
- The practice was experiencing significant recruitment problems which had adversely affected the availability of appointments and waiting times for treatment.

# Summary of findings

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

We always ask the following five questions of services.

We asked the following question(s).

### Are services safe?

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

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

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

There were sufficient numbers of suitably qualified staff working at the practice. Staff were qualified for their roles and the practice completed essential recruitment checks.

No action



### Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice.

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.

No action



### Are services caring?

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

We received feedback about the practice from 46 patients. Patients spoke highly of the staff and of their caring, helpful and understanding support they received. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



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

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

Most patients told us they were happy with the practice's appointment system. However, recent staff recruitment difficulties had led to lack of appointments available and to short notice cancellations for some patients.

No action



# Summary of findings

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to 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.

## 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. However, some staff felt that the management and leadership in relation to recent challenges the practice faced had been poor.

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

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))**

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 and knew about the signs and symptoms of abuse and neglect, and how to report concerns. The practice manager was the appointed lead for safeguarding concerns. Information about protection agencies was available in staff areas making it easily available. All staff had Disclosure and barring checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The practice manager told us that rubber dams had been the topic of a recent clinical review meeting with dentists and a topic in the provider's quarterly newsletter to ensure all clinicians were aware of the importance of their use.

The provider had a formal written protocol in place to prevent wrong site surgery. This was implemented in the practice during our visit.

The practice had a staff recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. We looked at staff recruitment information which showed the practice followed their procedure to ensure only suitable people were employed. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and

firefighting equipment was regularly tested. Staff undertook regular timed fire evacuations, although not with patients. Two staff had received specific fire marshal training to ensure they had the skills to deal with a fire incident.

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. All X-ray units were fitted with rectangular collimators to reduce patient exposure to radiation.

The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

### **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and clinicians were using the safest types of sharps. Sharps bins were wall mounted and labelled correctly.

Staff were aware of changes in regulations in the use of dental amalgam.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Medical emergency simulations were discussed at practice meetings, although actual simulations were not undertaken so that staff could practice their skills.

# Are services safe?

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. Two staff had received specific training in first aid.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations folder in place containing chemical safety data sheets for all materials used within the practice.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits every six months. The latest audit showed the practice was meeting the required standards.

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

A legionella risk assessment had been completed and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system. However, staff did not keep a log of when taps and other items were cleaned and descaled as recommended in the risk assessment.

We noted that all areas of the practice were visibly clean, including the waiting areas corridors toilets and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the premises. Exterior clinical waste bins were stored securely.

## **Safe and appropriate use of medicines**

The dentists were aware of current guidance about prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The fridge temperature in which medicines were stored was monitored each day to ensure they were kept at the required temperature.

There were suitable systems for prescribing and managing medicines and the practice stored and kept records of NHS prescriptions as described in current guidance.

## **Information to deliver safe care and treatment**

We looked at a sample of dental care records to confirm our findings and noted that records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete and legible.

Staff were aware of new guidelines in relation to the management of patient information and had received appropriate training

## **Lessons learned and improvements**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. We viewed detailed records in relation to a range of untoward events that had taken place in the practice in the previous month of our inspection.

The practice responded to national safety alerts and medicines alerts that affected the dental profession. These were sent regularly from the provider's head office to the practice manager for dissemination to staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Effective needs assessment, care and treatment**

We received 46 comments cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment.

We found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

### **Helping patients to live healthier lives**

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, disclosing tablets toothbrushes and floss. Information on smoking cessation services was available in the patient waiting area. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

### **Consent to care and treatment**

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

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. Staff were aware of the need to consider this when treating young people under 16 years of age.

### **Effective staffing**

At the time of our inspection, the practice was struggling to recruit staff, and although they had four treatment rooms available, they only employed three dentists. A number of clinicians had ceased working at the practice in the previous few months and the practice had been relying on agency dental nurses to fill vacant shifts. The practice was not meeting its NHS targets. However, the practice manager told us that one new dentist was due to start work in December 2018.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

### **Co-ordinating care and treatment**

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for 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.

Patients' referrals were monitored, and all non-NHS referrals were sent by recorded delivery to guarantee their arrival.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as caring, friendly and responsive to their needs.

Staff gave us specific examples of where they had supported patients. For example, ringing them after complex treatment to check on their welfare and assisting one confused patient to the correct dental practice. Staff told us some of the practical ways they supported nervous patients undertake their treatment.

### **Privacy and dignity**

The main reception area itself was not particularly private, and conversations between reception staff and patients could be easily overheard by those waiting. However, reception staff we spoke with had a good understanding of the importance of patient confidentiality and radio music was played to distract those waiting. Practice computer screens were not overlooked which ensured patients' information could not be viewed at reception.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Blinds were on downstairs treatment room windows to prevent passers-by looking in.

### **Involving people 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. One patient told us that the dentist always took time to explain every detail of the procedure.

Dental records we reviewed showed that treatment options had been discussed with patients.

We noted information leaflets available to patients on a range of dental health matters. The provider's 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 people's needs

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. The practice's website also contained useful information to patients about treatments and charges.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, an accessible toilet, downstairs treatment rooms, a hearing loop, lowered reception desk and access to translation services. During our inspection reception staff put on display information about translation services in Lithuanian and Russian, as these were common languages spoken by some of the patients.

### Timely access to services

Recent recruitment difficulties and a number staff leaving the practice had adversely affected appointment availability for patients. As a result, at the time of our inspection the practice was not registering any new patients to ensure that it could meet the needs of its current patients and reduce waiting times for treatment.

Appointments could be made by telephone, on-line or in person and the practice operated an email, text and telephone appointment reminder service. Specific emergency slots were available each day for those experiencing pain. Most patients told us that getting an appointment at a time that suited them was easy. However, we received comments from some patients who told us their appointment had been cancelled at very short notice, and that trying to get additional appointments between scheduled routine check-ups was difficult.

### Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients and in the practice's information leaflet. Reception staff spoke knowledgeably about how to deal with patients' concerns.

All complaints were logged centrally and monitored by the provider's patient support team.

We viewed the practice's complaints log which indicated that patients' concerns were managed effectively and responded to professionally.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by an area manager, and regulation staff who visited to assist her in the running of the service. Staff described the manager as supportive and helpful. The practice manager told us she met monthly with other practice managers regionally to share best practice and for support. However, the practice had recently undergone a period of instability, where its future was uncertain. This had clearly affected staff morale and had led to some leaving. Some staff felt that this period had not been managed well by the provider's senior officers, and that communication from them had been very poor.

### Vision and strategy

The practice manager told us her priorities in the coming months were to establish a stable staff team, and perhaps expand the types of services the practice offered. Plans were also in place to create another surgery within the building to better meet patient demand for services.

### Culture

Despite recent difficulties in the practice and a period of instability, staff told us their morale was good and they felt supported and valued. They were hopeful about the future and the recent recruitment of additional staff.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

### Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive 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.

Communication across the practice was structured around regular meetings, although their frequency had declined in the previous months to our inspection. Staff told us the meetings provided a good forum to discuss practice issues

and they felt able and willing to raise their concerns in them. Minutes we viewed were comprehensive and we noted standing agenda items for performance, health and safety issues, patient feedback, and infection control.

### Appropriate and accurate information

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate. Staff received information governance training.

### Engagement with patients, the public, staff and external partners

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. Results for October 2018 showed that 89% of patients would recommend the practice. The practice manager told us this was lower than usual due to recent difficulties in the practice.

The provider's patient support team monitored feedback left on NHS Choices and responded to both positive and negative comments

The practice gathered feedback from staff through meetings, surveys, and informal discussions.

### Continuous improvement and innovation

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Free on-line training was provided for dental staff to support their professional development. A clinical support manager visited every three months to offer advice and guidance to the dentists and there were regular peer review forums.

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

Not all staff had received an annual appraisal but plans were in place to complete them, and all had been issued with the initial form to complete.