

Nationwide Healthcare Providers Limited

# The Market Place Family Dental Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 25 April 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

The provider is part of a corporate group Nationwide Healthcare Providers and has multiple practices.

This report is about The Market Place Family Dental Centre.

The Market Place Family Dental Centre is in Mansfield, Nottinghamshire and provides NHS and private dental care and treatment for adults and children.

There is a small step to access the practice, however a portable ramp is available for use for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available in car parks near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists, 1 foundation dentist, 4 qualified dental nurses, 2 trainee dental nurses, 1 practice manager who also works as a receptionist and 2 other receptionists. The practice has 13 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, 1 receptionist who is also the practice manager, the registered manager and the clinical quality and care manager from Nationwide Healthcare Providers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open: Monday to Friday from 9am to 6pm.

The practice had taken steps to improve environmental sustainability. For example, the practice were part of a 'go green' initiative, this involved trying to reduce the use of paperwork, LED lighting, text or email reminders to patients instead of letters, digital information and x-rays. The practice also had an environmental policy statement which detailed the actions staff should take, for example; try to purchase items made from recycled materials, turn off equipment when not in use, try to reduce waste and power down surgeries when not in use.

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

# Summary of findings

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular ensure all staff receive training regarding legionella and ensure hot and cold water temperatures reach the required temperatures.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had completed training to the required level. The registered manager had completed training to a higher level. Staff felt confident to report concerns.

The practice had infection control procedures which reflected published guidance. Infection prevention and control procedures were audited. Staff completed infection prevention and control training annually.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in December 2021. We discussed the actions identified during the risk assessment and were assured that these had been addressed. However, there was no documentary evidence to demonstrate this. Hot water temperatures were monitored and logged. Logs seen did not demonstrate that water was reaching the required temperature. Staff had not completed legionella training. We were assured that legionella training would be completed by staff as part of the next practice meeting. Following this inspection, we were sent evidence to demonstrate that some actions identified in the legionella risk assessment had been addressed and we were assured that outstanding actions would be completed.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We identified that sanitary waste bins were not available in each female toilet in line with the Workplace (Health, Safety and Welfare) Regulations 1992. Following this inspection, we were sent evidence to demonstrate that sanitary bins were now in place.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. 'Beautification logs' were kept for each area of the practice; these recorded the tasks to be completed at the start and end of each day. Toilet facility maintenance logs were also kept detailing the checks and cleaning of toilet facilities twice per day.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We reviewed a sample of staff recruitment records and found that all of the required checks were carried out including Disclosure and Barring Service checks, identity confirmation and evidence of conduct in previous employment for relevant staff.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had been carried out by the Clinical Quality and Care Manager. We were told that an additional risk assessment had been carried out by a competent individual in line with the legal requirements and a further risk assessment had been booked for 2 May 2023. Following this inspection, we saw evidence that the fire risk assessment had been booked. We discussed the management of fire safety and saw that fire safety equipment was monitored and logs were kept demonstrating this. There was no evidence of a 6 monthly fire alarm service. Records of annual servicing were available. Records for fire drills completed did not demonstrate that all staff had been involved in a fire drill within the last 12 months. There were no records to demonstrate that emergency lighting was suitably checked on a monthly basis. Following this inspection, we were sent evidence to demonstrate that all staff have been involved in a fire drill, emergency lighting had been tested monthly and we were sent a copy of the 6 monthly fire alarm servicing.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. There was no evidence to demonstrate that recommended annual electromechanical servicing had been completed. Following this inspection, we were sent evidence to demonstrate that annual electromechanical servicing had been completed in August 2022.

## **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. All staff undertook training in sepsis awareness, information posters were on display throughout the practice to help staff recognise signs of sepsis and take prompt action. We were assured that there was no lone working at the practice.

Emergency equipment and medicines were available and checked in accordance with national guidance. There was a set of equipment and medicines on the ground and first floor of the practice for ease of access in an emergency.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year with the latest training completed in July 2022. Immediate life support training was also completed by staff providing treatment to patients under sedation. The relevant nurses had completed their training on 17 April 2022. We were shown on-line update training completed in 2023 and were told these nurses were booked onto a 'face to face' training course in June 2023.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Material safety data sheets were also available for each product in use.

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

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. The last audit was completed in October 2022.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. We discussed safety alerts and were told that these were reviewed by the practice support team at head office. Any relevant alerts would be sent to the practice, logged and acted upon as required. There was no evidence of any alerts received at the practice within the last 18 months. We were assured that there was a robust system in place to ensure that safety alerts were reviewed and acted upon. Following this inspection, we were sent evidence detailing the systems in place demonstrating alerts were received, reviewed and acted upon as necessary.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

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

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included regular practice meetings, training and email updates.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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

The practice provided preventive care and supported patients to ensure better oral health. Patient records included details of advice given in relation to diet, oral hygiene instructions, guidance on the effects of tobacco and alcohol consumption.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005. Staff completed Mental Capacity Act training. Consent policies gave information regarding mental capacity and Gillick Competence.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance. The patient record audit for one dentist had identified that some improvements were required. We were assured that this had been discussed with the dentist and further audits would be completed to monitor improvements.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. Staff had completed training regarding 'Dental Care and Autism'.

The practice carried out radiography audits 6 monthly following current guidance. We saw evidence that one dentist did not always justify, grade, or report on the radiographs they took. Records for other dentists demonstrated that this had been completed. We were assured that this had been discussed with the individual dentist concerned and further audits were due to be completed to monitor improvements.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for minor oral surgery and procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.



# Are services caring?

## Our findings

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

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

Staff were aware of their responsibility to respect people's diversity and human rights. Staff were observed to be kind, friendly and helpful to patients over the telephone and in person at the practice. Staff had completed training regarding equality and diversity.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. Reception staff gave examples of how they maintained patient's privacy and confidentiality such as the use of private areas for confidential discussions and writing down confidential information for patients if the waiting room was busy. There were 2 waiting rooms at the practice.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, videos and X-ray images.

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff would notify the dentist if a patient was anxious, and they would chat to them to put them at ease.

The practice had made reasonable adjustments, including a hearing induction loop for use by patients who wore a hearing aid. Written information could be provided in a range of type fonts or large print to help the visually impaired. The practice also had access to interpretation services which included British Sign Language. There was a small step to gain access to the front of the building, a portable ramp was used for those patients who used a wheelchair. The practice was located over 3 floors. There was 1 reception area, a waiting area and dental treatment rooms which were wheelchair accessible on the ground floor. There was also a disabled access toilet on the ground floor. There was also a waiting area and dental treatment rooms on the first floor of the building and more treatment rooms on the second floor of the building. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Emergency appointment slots were kept free daily for patients referred to the practice by the 111 emergency service. Practice patients with a dental emergency were triaged by the dentist and offered a sit and wait appointment as required. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Patients who wished to make a formal complaint were given the contact details for the patient relations team at head office. A member of staff from the patient relations team would liaise with staff at the practice regarding concerns raised and would provide updates regarding the outcome of the complaint. This enabled staff to discuss outcomes, share learning and improve the service. The practice had not received any formal complaints within the last 12 months.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on peoples' safety and continually striving to improve. The practice manager oversaw the day to day running of the practice with support provided by the clinical lead, registered manager and clinical quality and care manager.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Over half of the staff had worked at the practice for more than 5 years.

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Staff training was paid for by the company, including any relevant external training courses attended. Staff were given a workbook for individual training topics, the practice logged on a spreadsheet when these books were issued and when completed as a way of monitoring training.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

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

Staff gathered feedback from patients, the public and external partners and we were told that 'you said, we did' posters were put in place demonstrating action taken as a result of feedback. Satisfaction surveys were given to patients which related to each individual dentist at the practice.

There was no evidence that patient on-line reviews were monitored as these had not been responded to by the practice.

# Are services well-led?

Feedback from staff was obtained through meetings, appraisal, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

The practice was also a member of a good practice certification scheme.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.