

Apex Dental Care Limited

Bupa - Wick Street, Littlehampton

Inspection Report

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Overall summary

We carried out this announced inspection on 19 April 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

Bupa Dental Care is in Wick and provides NHS and private treatment to adults and children.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces for blue badge holders are available on site. There is also free on-street parking near the practice.

The dental team includes four dentists, four locum dentists, six dental nurses, four trainee dental nurses, two dental hygienists, four receptionists-three of whom perform a dual role as decontamination assistants, and a practice manager. The practice has six 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 Bupa Dental Care Wick was the practice manager.

On the day of inspection we collected nine CQC comment cards filled in by patients and spoke with five other patients.

During the inspection we spoke with three dentists, two dental nurses, one dental hygienist, three receptionists and the practice manager. On the day of the inspection two clinical support managers from the company were also present.

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

The practice is open:

- Monday to Thursday 8am to 8pm
- Friday 8am to 5pm
- Saturday 8.30am to 1.30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance although improvements were underway to address air flow within the decontamination room.
- 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 staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- Improvements were required to ensure that all clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health but improvements were required to ensure that staff were providing care in line with recognised guidelines.
- The appointment system met patients' needs.
- The practice had effective leadership and a culture of continuous improvement.
- 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 staff dealt with complaints positively and efficiently.
- The practice staff had suitable information governance arrangements.

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

- Review the practice's ventilation system, in particular having consideration for the quality and control of airflow within the decontamination room; taking into account the guidelines issued by the Department of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Review staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities in relation to this.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health taking into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review the practice's protocols for patient assessments and ensure they are in compliance with current legislation and take into account relevant nationally recognised evidence-based guidance.

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 appropriately but improvements were required to ensure that clinicians were working in line with recognised guidance. Patients described the treatment they received as professional and good. 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.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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 14 people. Patients were positive about the service the practice provided. They told us staff were polite, friendly and caring.

They said that they were given information about their oral health, and said their dentist listened to them. 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.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice had undergone a significant period of re-organisation in the six months prior to the inspection. Following patient feedback the practice had worked to improve the appointment system. Changes were still being implemented but patients commented that they could now get an appointment more easily especially if presenting with dental pain.

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

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 patient dental care records which were clearly typed and stored securely although improvements were underway to ensure that these were complete.

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))

The practice had clear systems to keep patients safe.

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, including notification to the CQC. The practice shared with us an example of a safeguarding concern which had been dealt with appropriately.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also signposted vulnerable patients to other services in the local community and developed an information leaflet for patients who find themselves isolated.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in

place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records. These showed that the practice followed their recruitment procedure.

We noted that clinical staff were qualified and 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 and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

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 radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) 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.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team and the dental hygienists were adequately supported.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice used locum dentists. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. We noted that the airflow in the dedicated decontamination room required review in order to improve working conditions in this room. We brought this to the attention of the practice and clinical support managers who told us that this would be investigated.

The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water

testing and dental unit water line management were in place. Improvements were underway to ensure that all staff were using the required disinfectant to manage the dental unit water lines.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients commented that they had seen significant improvements in the cleanliness of the practice and waiting areas.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were typed and managed in a way that kept patients safe. We found that dental care records were not always consistent in the information and detail recorded. However, this shortfall had been identified by the provider and actions were underway to improve the completeness of record keeping.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

Are services safe?

Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues, these were updated regularly. The practice had significantly improved its systems for monitoring safety incidents and reviewing when things went wrong. Improvements were still underway to ensure the documentation of incidents; but the practice had taken

substantial action to improve safety at the practice. Such incidents were discussed with the dental practice team and lessons were shared in order to prevent such occurrences happening again.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Improvements were required to the systems the practice had to keep dental practitioners up to date with current evidence-based practice. We found that dentists assessed needs and delivered care and treatment appropriately; but that not all dentists had an appropriate level of awareness of current clinical standards and guidance, for example, those produced by NICE, the Faculty of General Dental Practice, the Department of Health and Public Health England. We brought this to the attention of the clinical support managers and practice manager who told us that this would be addressed.

The practice had used radiograph images and models of the teeth and mouth to enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health. However, improvements were required to ensure that all dentists were providing care 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.

The dentists told us that where applicable 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 dentists and dental hygienist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores. We noted that detailed charts of the patient's gum condition were carried out by the dentists.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

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 told us they 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. Improvements were required to ensure that all staff members understood their responsibilities under the Mental Capacity Act 2005; and had an awareness of the Gillick competence when treating young people under 16 years of age.

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

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs appropriately.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The practice had identified the aforementioned shortfalls and was actively working with the dentists to improve this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles and were working to develop the services the practice offered. For example, a dental nurse was completing training in order to provide free oral health education and promotion sessions to patients; and the practice was soon to be providing dental implants.

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

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at six monthly appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes 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.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights. Patients commented positively that staff were helpful and caring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. They told us that staff were kind and helpful when they were in pain, distress or discomfort.

Information leaflets, patient survey results and magazines were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited 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. Staff did not leave patients' 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.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards and the requirements under the Equality Act.

Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them. Additionally, staff helped patients and their carers find further information and access community services.

The practice gave patients clear information to help them make informed choices although we noted that this was not always consistent for all clinicians.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included, for example, photographs, models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Following patient feedback improvements were underway to enhance how the practice organised and delivered services to meet patients' needs.

Staff told us that the practice worked flexibly and made adjustments to enable patients to have their needs accommodated. For example, wheelchair users were able to remain in their chairs for examinations, patients could be seen in a downstairs treatment room if required and patients with complex needs were given additional time in appointments.

The practice had made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and information provided in Braille.

A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

Staff were clear on the importance of emotional support needed by patients when delivering care. Staff at the practice recognised when patients needed additional emotional support. The practice had developed an information leaflet for patients who find themselves isolated, to signpost patients to local services. Additionally, potentially vulnerable patients who live alone were called before and after any appointments as a means of providing support and reviewing their well-being.

Timely access to services

The practice manager and provider were working with clinicians to ensure that the appointment system took account of patient needs and preferences. For example, at the request of dentists appointment times were lengthened to enhance patient care. Patients were able to access care and treatment from the practice within an

acceptable timescale for their needs. Appointments also ran more smoothly resulting in reduced patient waiting times. Patients commented on the improvements in accessing appointments to meet their needs.

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

They took part in an emergency on-call arrangement with the 111 out of hour's service. The practice 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.

Listening and learning from concerns and complaints

The practice manager together with the provider was responsible for dealing with complaints. The practice had made improvements in its response to patient complaints. The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice manager told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss 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 had a complaints policy providing guidance to staff on how to handle a complaint. The practice complaints leaflet explained how patients could make a complaint. The leaflet contained information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the previous 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice had experienced a period of reorganisation following a review of its procedures, staffing and patient feedback. The practice manager demonstrated effective leadership skills and the capacity to lead the team to provide high-quality care delivered consistently.

Together with increased provider presence the practice manager was working hard to ensure that practice management was visible and approachable; and that all staff worked closely to prioritise the quality of future services and address risks to it.

Culture

The practice had worked hard to develop a culture whereby all staff felt included, supported and valued. Staff commented on the improvements in communication across the dental team.

Staff acknowledged a significant increase in openness, honest and transparency when responding to incidents and complaints. The practice was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

The practice manager and provider acted on behaviour and performance inconsistent with the culture of the practice.

Governance and management

The practice manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Improvements had been made to ensure that staff understood their roles and responsibilities and there were clear systems of accountability to support good governance and management. As a means of empowering staff lead roles in areas such as decontamination, practice coordination and reception had been assigned.

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

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

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

Systems and processes supported the confidentiality of people using the service.

The practice was in the process of implementing systems to ensure its compliance with the General Data Protection Regulation (GDPR, 2018) which will apply to all practices as of 25 May 2018.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. The practice had de-cluttered and improved the lay out of the reception and waiting area; improved its organisation of patient reading material and was awaiting delivery of a water-cooler.

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 gathered feedback from staff through meetings, quarterly surveys, informal discussions and 360 degree feedback. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. For example, appointment times were increased and staff members were completing training which would provide them with additional skills to enhance patient care.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had strengthened its quality assurance processes to encourage learning and continuous

Are services well-led?

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 actions were underway to improve practice.

The practice manager and provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had six monthly appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.