

## Peninsula Dental Social Enterprise CIC

# Devonport Dental Educational Facility

## Inspection Report

Peninsula Dental School  
45 Damerel Close  
Plymouth  
PL1 4JZ  
Tel: 0845 155 8109  
Website: [www.plymouth.ac.uk](http://www.plymouth.ac.uk)

Date of inspection visit: 25 January 2018  
Date of publication: 23/02/2018

### Overall summary

We carried out this announced inspection on 25 January 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided information which we took into account.

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 dental facility was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

#### **Background**

Devonport Devon Educational Facility is in Plymouth and is a NHS training clinic for the Peninsula Dental School Students. As the service is provided by dental students in

# Summary of findings

training, supervised by experienced dentists, all care and advice provided by the dental students is free of charge to all patients. The dental school aims are to improve education, improve health and reduce health inequalities.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including spaces for patients with disabled badges, are available near the practice.

The dental team consists of dental school directors, a senior management team, clinical and educational leads, dentists, dental nurses, dental hygienists, dental hygienist therapists, clinical support workers, team leaders, technical officers, administrative staff and reception staff. There are annual cohorts of dental students, dental hygienist/therapist students and dental nurse apprentices receiving training at the facility. The dental school works in conjunction with Plymouth University. The practice has 40 dental chairs in five bays and three single surgery treatment rooms. The bays also provide a simulated dental learning environment when patients are not being treated.

The dental facility is owned by a social enterprise 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 Devonport Dental Educational Facility was the director of clinical dentistry, who also holds the post of clinical lead at the facility and deputy head of Peninsula Dental School.

On the day of inspection we collected 18 CQC comment cards filled in by patients. This information gave us a positive view of the dental facility.

During the inspection we spoke with a range of staff from the Dental School and the University, which included directors, senior managers, clinical staff, administrative staff and students. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 9am - 4.30pm (term time only).

## Our key findings were:

- The facility was clean and well maintained.
- The facility had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The facility had systems to help them manage risk.
- The facility had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The facility had thorough staff recruitment procedures.
- The clinical staff ensured that students 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 appointment system met patients' needs.
- The facility had highly effective leadership. Staff and students felt involved and supported and worked well as a team.
- The facility asked staff, students and patients for feedback about the services they provided.
- The facility dealt with complaints positively and efficiently.

We identified areas of notable practice.

- The dental facility had an established active community engagement team working to build relationships with a range of community organisations and charities for vulnerable and disadvantaged people. For example, working in partnership with a number of charities supporting the homeless, ex-offenders, people suffering from mental health, addiction or substance misuse problems. The dental school had links with over 80 local groups. The dental facility was supporting a wide range of preventative health care initiatives, including oral health training workshops for schools and workplaces. One notable initiative involved a 'dental ambassador programme' for adults with learning disability, developing a peer-led ambassador training programme, cascading out better understanding of oral health and helping develop oral health care skills among the target community. The Oral Health Foundation has recognised the dental ambassador programme as an example of good practice. The model for community oral health promotion, initiated at the dental school, is

# Summary of findings

being rolled out in oral health schemes across the world. The dental school was rated first in the UK in the Guardian University league table for dentistry in 2017 for community value added score.

The practice also had

- Governance structures and staff actions which ensured candid reporting of incidents, including looking for antecedents to any near misses. This fostered a safety culture and demonstrated that the dental facility was a

true learning organisation. For example, the dental school had adapted for use the World Health Organisation theatre checklist for all dental extractions. The checklist provided safety checks prior to the patient receiving local anaesthetic and before the start of dental surgery. The purpose of the checklist was to avoid 'never events,' such as wrong tooth extraction. The checklist was used as a learning and reflective practice aid following each procedure.

# 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 dental facility was providing safe care in accordance with the relevant regulations.

The facility had established systems and processes to provide safe care and treatment, which all staff we spoke with showed familiarity with. They used learning from incidents and complaints to help them improve.

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

Staff supervising students were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The facility practice met best practice when following national guidance for cleaning, sterilising and storing dental instruments.

The facility had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The clinical supervisors ensured that students assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professionally delivered. The students discussed treatment with patients so they could give informed consent and recorded this in their records.

The facility had clear arrangements when patients needed to be referred to other dental or health care professionals.

The facility supported staff to complete training relevant to their roles and had systems to help them monitor this. Student education was rated highly in comparison with other UK dental schools.

No action



### Are services caring?

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

We received feedback about the facility from 18 people. Patients were positive about all aspects of the service the facility provided. They told us staff and students were polite and welcoming. They said that they were given helpful, honest explanations about dental treatment, and said they were listened to. Patients commented that the staff and students made them feel at ease, especially when they were anxious about visiting the facility.

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient. The facility operated a waiting list and patients leaving their details were contacted when an assessment appointment became available.

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

The dental facility was actively and extensively engaged with community involvement to provide oral health education and to reach out to provide dental services for hard to reach and vulnerable groups. Their engagement had heralded them numerous community awards.

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

No action



## Are services well-led?

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

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

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

The facility 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, staff and students. The dental facility was research active, contributing to new dental teaching and dentistry knowledge.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The facility had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff and students knew about these and understood their role in the process.

The facility recorded, responded to and discussed all incidents to reduce risk and support future learning. There was a strong safety culture at the dental school. The staff and students actively looked for any antecedents to incidents and hazards to safe practice, using findings as opportunities for reflective learning to share with the team.

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

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

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

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

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

### Medical emergencies

Staff and students knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff providing inhalation sedation were trained to an immediate life support level.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The facility had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. These showed the facility followed their recruitment procedure.

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

### Monitoring health & safety and responding to risks

The facility health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The facility had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Students had chair side support either from other students, dental nurses or dentists when they treated patients. All treatments were supervised.

The dental school had adapted for use the World Health Organisation theatre checklist for all dental extractions. The checklist provided safety checks prior to the patient receiving local anaesthetic and before the start of dental surgery. The purpose of the checklist was to avoid 'never events,' such as wrong tooth extraction. The checklist was used as a learning and reflective practice aid following each procedure. Incident reporting showed that the use of the checklist was an effective tool in never event prevention.

### Infection control

The facility had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

# Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health to the best practice benchmark. Staff completed infection prevention and control training every year.

The facility had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance. The facility acted as a large scale cleaning and sterilisation facility for all four locations at the dental school.

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

The facility had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. We saw that where recommendations had been made in the most recent risk assessment, that an action plan had been devised and was being completed, to industry best practice standards.

We saw cleaning schedules for the premises. The facility was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The facility had suitable systems for prescribing, dispensing and storing medicines.

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

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

The facility 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 and dental students justified, graded and reported on the X-rays they took. The facility carried out X-ray audits twice yearly, digital films audits quarterly and radiography safety checks weekly.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We saw that the facility audited patients' dental care records to check that the students and clinical staff recorded the necessary information. Audits were completed termly and any learning was shared with individuals and for students also with faculty as part of their curriculum requirements. We looked at a sample of dental care records and found they were detailed and complete.

The facility carried out conscious sedation by inhalation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed lengthy treatment. The facility had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The facility systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The facility assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff/students recorded important checks at regular intervals. These included pulse, blood pressure and breathing rates.

A dental nurse with appropriate additional training supported dentists/students treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

### Health promotion & prevention

The facility believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists/students/dental nurse educators told us they discussed smoking, alcohol consumption and diet with patients during appointments. The facility provided health promotion leaflets to help patients with their oral health.

### Staffing

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

Staff told us they discussed training needs at annual appraisals.

### Working with other services

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

### Consent to care and treatment

The practice team and students understood the importance of obtaining and recording patients' consent to treatment. The dentists/students told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed the dentists and students listened to them and gave them clear information about their treatment.

The facility consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the clinical team



# Are services effective?

(for example, treatment is effective)

and students were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff and students were welcoming and polite. We saw that staff and students treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding.

Staff and students were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines and televisions in the waiting rooms. The practice provided drinking water.

Information boards and patient survey results were available for patients to read.

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

The facility gave patients clear information to help them make informed choices. Patients confirmed that staff and students listened to them, did not rush them and discussed options for treatment with them. Because of the learning environment students saw between one to four patients per half-day session, depending upon patient need and student experience.

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

The dental school website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as minor oral surgery.

Each dental chair had a screen so the dentists or students could show patients photographs, videos and X-ray images when they discussed treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The facility had an appointment system that met patients' needs. At the dental facility most of the treatments provided in any NHS general dental practices were available, for example, dental check-ups, oral examination (including X-rays) and diagnosis. Oral health advice was provided, along with assessment and treatment of gum disease and common dental procedures. Advice was given for types of treatments not provided by students.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment, for example wheelchair users. Staff told us that they telephoned some older patients on the morning of their appointment to make sure they could get to the facility.

The dental facility had created a 12 minute interactive animation to engage and improve children's oral health, aimed at 5 – 7 year olds. This came about following feedback from engaging with community groups, who were looking for a high tech and interactive way of promoting oral health that tapped in to the IT awareness of young children. The film was being used in local schools and the dental facility was in negotiations for national release of the educational tool.

### Promoting equality

The facility made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, braille signage throughout the facility and accessible toilets with hand rails and a call bell. The facility had also been assessed to take into consideration needs of patients with dementia. This had resulted in, for example, making changes to signage in the building.

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

The dental facility had an established active community engagement team working to build relationships with a range of community organisations and charities for

vulnerable and disadvantaged people. For example, working in partnership with a number of charities supporting the homeless, ex-offenders, people suffering from mental health, addiction or substance misuse problems. The dental school had links with over 80 local groups. The dental facility was supporting a wide range of preventative health care initiatives, including oral health training workshops for schools and workplaces. One notable initiative involved a 'dental ambassador programme' for adults with learning disability, developing a peer-led ambassador training programme, cascading out better understanding of oral health and helping develop oral health care skills among the target community. The Oral Health Foundation has recognised the dental ambassador programme as an example of good practice. The model for community oral health promotion, initiated at the dental school, is being rolled out in oral health schemes across the world. The dental school was rated first in the UK in the Guardian University league table for dentistry in 2017 for community value added score.

The dental facility's community engagement team has received many awards and recognition. These include the 2015 Guardian University Award for Social and Community Impact, the Plymouth Herald Business Award for Social Enterprise of the Year and the Colgate Brighter Smiles, Brighter Futures Professional Engagement Award.

### Access to the service

The facility displayed its opening hours on their website. Patients were directed to how to access NHS appointments outside of opening times on an urgent basis via the practice website and answerphone.

The facility operated a waiting list and patients leaving their details were contacted when an assessment appointment became available. The facility staff also advised patients if they preferred to be transferred to the NHS waiting list.

The facility was not necessarily able to guarantee fixed appointment times and set days as students worked to a university rota, which could be changed at short notice.

Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

### Concerns & complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The facility had a complaints policy providing guidance to staff and students on how to handle a complaint. The facility information leaflet explained how to make a complaint. Information was available about organisations patients could contact if not satisfied with the way the facility dealt with their concerns.

We looked at comments, compliments and complaints the facility received in the last 12 months. These showed the facility responded to concerns appropriately and discussed outcomes with staff and students to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

There were clear management structures in place with areas of responsibility and lines of accountability for the management and clinical leadership of the dental school and dental facility. Staff knew the management arrangements and their roles and responsibilities. Management of the dental facility was strong and effective.

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

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

### Leadership, openness and transparency

Staff and students were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff and students told us there was an open culture at the practice. They said the staff and tutors encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the supervisors and managers were approachable, would listen to their concerns and act appropriately. Concerns were discussed at staff meetings and it was clear the facility worked as a team and dealt with issues professionally.

The facility held meetings where staff and students could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The facility had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, antimicrobial stewardship and prescribing, health and safety, personnel files and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. The audit cycle was continuous and effective. Audit information recorded was

incorporated into a termly overarching audit for the dental facility. This information was available for scrutiny by the dental school University partner and the General Dental Council, who license the dental school facility.

The management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff and students. The whole staff team had annual appraisals. They told us in appraisals they discussed learning needs, general wellbeing and aims for future professional development.

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

The dental facility was research active, contributing to new knowledge with respect to dental education and dentistry. Example of recent research has included;

- Impact of a community and patient centred dental school on the existence and gradient of oral health inequalities in Devon and Cornwall.
- Role of time pressure on dentist's diagnostic decision making.
- Dental sealants study.
- Identification of *Candida albicans* and *Staphylococcus aureus* in denture patients, to compare the findings of patients with and without Denture Stomatitis.
- Enhancement of the quality of dental X-ray images to reduce patient radiation exposure and improve diagnoses: A pilot study.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff, student and patients' views about the service. We saw examples of suggestions the facility had acted on. For example, in providing a clinic specifically for homeless people in the community on alternate Fridays at the facility, providing a dedicated children's clinic at the facility and organisation of forthcoming patient focus groups to seek more in depth feedback about clinic facilities and community engagement.

## Are services well-led?

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.