

Peninsula Dental Social Enterprise CIC

Exeter Dental Education Facility

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 June 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 facility 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 educational facility appeared clean and well-maintained.
- There were infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- There were 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 dental educational facility 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.
- 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 dental educational facility had information governance arrangements.

Background

The provider is a social enterprise and there are 4 dental educational facilities within the group, all located in the South West. This report is about Exeter Dental Educational Facility.

Exeter Dental Educational Facility is in Exeter. Adult patients are triaged and can receive one course of dental treatment and are then discharged. Paediatric patients are accepted between the ages of 1 and 13 and are not triaged. Dental treatment is provided by dental students from the University of Plymouth School of Dentistry, who work under the supervision of qualified dental professionals. Treatment is not available to patients undergoing an active course of treatment with an NHS dentist. There is no charge for treatment.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team consists of dental educational facility directors, a senior management team, clinical and educational leads, dentists, dental nurses, a dental hygienist therapist, a clinical lab technician, administrative staff, maintenance staff and reception staff. There are annual cohorts of dental students, dental therapy and hygiene students and dental nurse apprentices receiving training at the facility. The dental educational facility works in conjunction with Plymouth University. There are 41 dental chairs.

During the inspection we spoke with a range of staff from the Dental Educational Facility and the University, which included directors, senior managers, clinical staff and administrative staff and the registered manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The dental educational facility is open: Monday to Friday 9.00am – 5.00pm (during term times).

We noted innovative approaches to providing person centred care. For example, members of the clinical team, with special interests in paediatric dentistry had developed a chairside synopsis for antimicrobial prescribing in dentistry, for common conditions in children. This was available as a companion to national Good Practice guidelines for adult prescribing. The standard was approved for use by the College of General Dentistry and was soon to be published in the prestigious British Dental Journal - Nature.

In addition, the senior management team had developed and introduced a local safety standard for dental student antimicrobial prescribing. The clear and simple checklist was used for each prescription and ensured national

Summary of findings

antimicrobial guidance was followed, recorded and approved by the students' clinical supervisor. Included was a prompt to review the medication efficiency between 2 – 7 days later, or a record of why this was not required. The checklist was able to be used by qualified clinical staff too, as an aide memoire for good practice and as evidence to support the termly antimicrobial prescribing audits.

The practice had taken steps to improve environmental sustainability. For example, there was a sustainability co-ordinator working at the facility. Secure bike racks were available for patients or staff choosing to cycle to the facility. Students are offered transport to the facility via coach, therefore reducing road congestion. There were recycling points throughout the building and water machines for refilling water bottles at the reception area and in the waiting rooms. There was a mainly digital workflow to reduce paper waste.

We identified an area of notable practice.

- The facility had a disability access statement on its website. The statement detailed adaptations made to promote inclusivity at the facility. There was clear information, with photographs, about the internal and external facility, including listed physical dimensions information for wheelchair or mobility scooter users and details about flooring finishes, and any kerbs, stairs or inclines. Information was included regarding signage, lighting, adaptations to reduce sensory overload and locations of emergency call points. Bathroom facility information was recorded and there was information regarding the processes when welcoming assistance dogs. Interpreter services, and information available in alternative formats was explained and a reassurance that staff had received disability awareness training. The access statement helped patients and visitors who may have physical disability, learning disability, sensory impairment, or additional other needs plan for their visit. During the inspection we saw inclusivity put into practice, for example, all patients were asked if they had additional needs during the initial triage process to put adaptations in place for a successful visit. We believe this to be notable practice and is worth sharing.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found this dental educational facility 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 dental educational facility had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

There were infection control procedures which reflected published guidance. The facility had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Dental instruments were transported to be cleaned and sterilised at one of the other facilities in the group. There were clear processes for ensuring dental instruments were stored appropriately prior to and during transportation.

There were procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

Policies and procedures were in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The dental educational facility appeared clean and there was an effective schedule in place to ensure it was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

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

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The provider had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The dental educational facility had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

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

Information to deliver safe care and treatment

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

Are services safe?

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

Safe and appropriate use of medicines

Antimicrobial prescribing audits were carried out on a termly basis.

Track record on safety, and lessons learned and improvements

The provider had robust systems to review and investigate incidents and accidents. There was a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dental educational facility had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

The provider provided preventive care and supported patients to ensure better oral health.

The facility ran a smoking cessation clinic and a human papillomavirus (HPV) awareness clinic.

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 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 dental educational facility kept detailed patient care records in line with recognised guidance.

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.

We saw evidence the dentistry students and dentists justified, graded and reported on the radiographs they took. The facility carried out radiography audits each term.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental students worked under close supervision of qualified dental professionals.

Newly appointed supervisory clinical staff had a structured induction and they 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.

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

Are services caring?

Our findings

We found the dental educational facility 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.

Collated patient feedback by the facility indicated patients considered staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The provider had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 provider's website provided patients with information about the range of treatments available at the facility.

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

Responding to and meeting people's needs

The facility 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.

The practice had made reasonable adjustments for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. There was a well thought out and executed access statement available on the facility website.

The dental educational facility ran a weekly dentist led community clinic. This provided treatment to vulnerable and underserved group in partnership with Devon County Council. The clinic provided a full range of dental services to homeless patients, in close working with a local GP practice and service providers.

The facility ran regular children's clinics and a dental nurse led fluoride varnish clinic.

Timely access to services

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

The dental educational facility only treats patients who are not currently undergoing an active course of treatment with an NHS dentist. It was not able to keep patients indefinitely. It offered one course of dental treatment before patients were discharged.

Dental students provided treatment, under close clinical supervision. Qualified dentists took the lead, if necessary, during treatment and they also provided cover and treatment outside of term-times, including for emergency cover.

In response to identified increased need and a lack of face-to-face translator availability the facility staff developed a protocol for video translation services. This meant people who needed the assistance of a translator during treatment did not experience delays in treatment.

Listening and learning from concerns and complaints

The provider responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider 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.

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

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

We saw the provider 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.

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

The provider had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

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

The provider 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 dental educational facility 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 and demonstrated a commitment to acting on feedback. This included a termly patient focus group, inviting patients to feedback on their experience of using the service.

Feedback from staff was obtained through meetings, surveys, 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.

Plymouth University dental school was top of the 2022 Guardian national league table for dentistry student satisfaction with the undergraduate course for teaching quality.

Continuous improvement and innovation

Are services well-led?

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

Other termly audits completed at the facility included a data protection randomised audit of student compliance with GDPR in relation to patient data. Health and Safety, fire, waste management, kitchen safety, lab safety, dental waterline, first aid and medical emergencies audits were also completed.

The dental facility is research active, contributing to new knowledge with respect to dental education and dentistry. Example of recent research has included studies in the subject areas of Oral Cancers and Human Papillomavirus (HPV) and Cardiovascular – finding hypertension at the dentist.

Titles of recent academic publications by facility faculty and clinicians includes:

- Oral Cancers and Extra-oral Examinations (2022).
- Top Tips Team Working – Effective Utilisation of Dental Therapists (2022).
- Top Tips for Clinical Governance in Primary Care (2022).
- Dental Nurse Led Teaching – From Plymouth to Antarctica (2022).
- Practical Tips on Wellbeing for Dental Professionals (2023).
- Top Tips for the Dental Team: People with Learning Disabilities and Autism (2023).
- A Research Dental Nurse's Role in Clinical Research (2023).
- Connecting and Compassion Matters in Dental Care (2023).