

Oradi Ltd

Oradi Daventry

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 October 2022 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 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:

- The dental clinic was visibly 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 help them manage risk to patients and staff. Some issues for action identified in the fire risk assessment had not been addressed, these were reported to the facilities department on the day of inspection.

Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Hepatitis B risk assessments were available but had not been completed for appropriate staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 clinic had information governance arrangements.

Background

The provider has 35 practices and this report is about Oradi Dental Practice, Daventry (Together Dental).

Oradi Dental Practice is in Daventry and provides NHS and private dental care and treatment for adults and children.

The practice is located in a listed building which has a few small steps to gain entrance. Due to the location of the practice, ramped access is not possible. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes 5 dentists (including 1 specialist), 7 dental nurses (including 5 trainee nurses), 1 dental therapist, 3 receptionists and a practice manager. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 dental therapist and the practice manager. The Head of Compliance from Together Dental was also present during this inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5.30pm and Friday from 8.00am to 4.30pm.

The practice had taken steps to improve environmental sustainability. For example, the practice had a sustainability policy which included use of eco-friendly products, reducing waste, recycling and appropriate usage of electricity and gas. We were told all staff had read and worked in accordance with the policy.

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

- Improve the security of NHS prescription pads by ensuring there are systems in place to track and monitor their use.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.

Summary of findings

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular ensure that the surgical drill unit used when completing dental implants is serviced in accordance with the manufacturer's guidelines.

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 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. Staff had completed safeguarding training to the appropriate level. Information signposting patients to domestic abuse support was on display in patient toilets. The practice had a whistleblowing policy. The aim of this Policy was to encourage employees and others who have serious concerns about any aspect of the practice's work to come forward and voice those concerns. The policy did not record external contact details to report concerns to if the employee was not satisfied with the way the concerns had been handled. We were assured that these details would be added to the policy immediately.

The practice had infection control procedures which reflected published guidance. Staff completed infection prevention and control training annually. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. Water temperatures were being checked and logged as required and records seen demonstrated that temperatures were within the required limits.

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

We saw the practice was visibly clean. An external cleaning company was used to undertake cleaning. Copies of cleaning schedules and logs were not kept on the premises. We were shown the template which detailed cleaning tasks to be undertaken and were told that the company had been contacted to request the cleaning staff to leave documentation at the practice. Surgery logs completed by dental nurses were available and up to date.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. The main recruitment processes were conducted by staff from the head office Human Resources (HR) Department. Copies of pre-employment information were available on the HR computer system for authorised staff to access. A risk assessment template was available for use where evidence of hepatitis B immunity was not available; although these had not been completed. We were assured that these risk assessments would be completed as necessary going forward.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. Staff told us that they had access to sufficient amounts of equipment and repairs were generally completed quickly. We did not see evidence to demonstrate that the surgical drill unit used when completing dental implants had been serviced. We were assured that the manufacturers guidelines would be checked, and the drill unit serviced in accordance with their requirements. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Some issues for action identified in the fire risk assessment were outstanding. We were assured that these would be reported to the facilities department immediately and dates obtained for remedial action to be taken. The practice was aware that some staff required fire safety and fire marshal training and assured us that this training would be completed as soon as possible.

Are services safe?

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. However, the sharps policy on display did not have contact details for occupational health. We were assured that this information was available on a separate document which was readily available to staff, but the poster would be updated to include these details. There were no sepsis posters on display for staff, we were told that these were available in a staff folder and could be put on display for ease of access.

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. Staff completed on-line medical emergency training and face to face basic life support training.

The practice was in the process of completing risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We were told that risk assessments were available previously but had been destroyed when risk was transferred onto a new system. Material safety data sheets were available for each hazardous product in use.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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. We saw staff stored NHS prescriptions as described in current guidance. A prescription log was available but did not record the individual number for all prescriptions on the premises for audit and security purposes.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Learning from accidents and incidents would be discussed during practice meetings and was shared company wide. The practice had a system for receiving and acting on safety alerts. Staff signed to confirm that they had read safety alerts.

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 including regular bulletins, meetings and clinical updates.

The practice held a small orthodontic contract. We did not speak with the orthodontist as they were not working at the practice on the day of our inspection. We were assured that patient assessments were in line with recognised guidance from the British Orthodontic Society.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Staff were aware of and involved with 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.

Staff 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 practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Appointments for these patients were scheduled at quieter times of the day to help ensure that they could be seen immediately upon entering the practice and the atmosphere in the waiting room was quieter and more relaxed.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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.

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

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We were told that a room was available to hold private conversations with patients if required.

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.

Staff gave patients clear information to help them make informed choices about their treatment. Where required, formal translation services were available. Staff at the practice were also able to speak and understand languages including; Slovakian, Romanian, Russian, Polish and Ukrainian. Staff always checked with patients to ensure they understood the information given to them.

The practice's website 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, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. Staff said that they tried to maintain a relaxed and friendly atmosphere at the practice to help put patients at ease. Dentists had worked at the practice for many years and we were told that they knew their patients well which helped anxious patients. Longer appointment times could be given to these patients if required.

The practice had made reasonable adjustments for patients with disabilities. A hearing induction loop and magnifying screen were available to assist patients with sight or hearing difficulties. Information could also be provided in large print if required. The entrance and exit of the practice was at the front of the building using a few small steps. Due to the age and location of the building, ramped access was not possible. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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. Appointment slots were kept free to accommodate patients with a dental emergency. When these appointment slots were full patients with a dental emergency were asked to sit and wait to see the dentist.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. Staff had recently completed training regarding complaint handling. Any complaints were also forwarded to the company's complaints manager to monitor for any trends and identify any learning for practices within the group.

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 provider demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked well together, where the inspection identified areas for improvement these were acted on immediately.

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. Practice manager development days were held, and staff said that they were encouraged to undertake additional training to enhance their role.

Culture

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

Staff stated they felt respected, supported and valued and the practice was a friendly place to work. Staff were proud to work in the practice.

Staff discussed their training needs during appraisals and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development. A new appraisal policy had recently been implemented. Appraisals for nurses and reception staff were to be held six monthly, dentists were involved in monthly one to one meetings, and three-monthly meetings with the Chief Operating Officer and Clinical Director of the company.

The practice 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 practice 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.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, and a demonstrated commitment to acting on feedback. Patients were able to complete the NHS Friends and Family Test and the practice monitored and responded to any on-line reviews.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Practice meetings for all staff were held every three months, in addition to this, separate monthly meetings were held for different staff groups.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. Any learning from other practices within the providers group, was shared company wide.

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