

Nationwide Healthcare Providers Limited

Somercotes Family Dental Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

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

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

Background

The provider is part of a corporate group, Nationwide Healthcare and has multiple practices, and this report is about Somercotes Family Dental Centre.

Somercotes Family Dental Centre is in Somercotes and provides NHS and private dental care and treatment for adults and children.

There are steps to gain access to the front of the practice. Step free access to the practice is available for people who use wheelchairs and those with pushchairs when entering through a side door. 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 includes 3 dentists, 1 foundation dentist (a newly qualified dentist who is completing a 1 year period of vocational training), 2 qualified and 3 trainee dental nurses, 1 practice manager and 2 receptionists. The practice has 8 treatment rooms.

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

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

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. Safeguarding information was on display throughout the practice. Dentists had downloaded the safeguarding application onto their telephones to ensure they had access to up-to-date safeguarding information for their local area. The practice's safeguarding policies did not include information regarding modern day slavery, female genital mutilation or was not bought, (giving information to staff of the action to take when a child was not brought to their dental appointment). We were assured that the policy would be amended, and this information included immediately. Following this inspection, we were sent evidence to demonstrate that was not bought flow charts had been put on display in the practice. We were told that staff would receive refresher training regarding was not bought at the next practice meeting.

The practice had infection control procedures which reflected published guidance. Staff completed regular infection prevention and control training. Infection prevention and control audits were completed every 6 months.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment completed in December 2021, no issues for action were identified. Hot and cold water temperatures were monitored and logged.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Staff completed 'beautification logs' demonstrating cleaning tasks done at the start and end of each day. Toilet facility maintenance logs were also kept detailing the checks and cleaning of the toilet facilities twice per day.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Relevant pre-employment information had been obtained for staff including disclosure and barring service checks, identity confirmation, right to work in the UK and evidence of conduct in previous employment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations. Recent changes at the practice included the installation of a new compressor, and emergency lighting. We were told that the routine service for the air conditioning, which was fitted in June 2022 had been booked. Details of the date for service were sent to us following this inspection. We were also sent evidence to demonstrate that the compressor was fitted in November 2022 and was not yet due for service.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Staff completed weekly checks of fire extinguishers, fire exits and smoke alarms. We were told that emergency lighting was checked monthly. Logs to demonstrate this were not available on the day of inspection. We were assured that these had been completed. Following this inspection, we were sent a copy of the logs demonstrating that an external professional completed monthly checks.

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

Risks to patients

Are services safe?

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The practice followed guidance regarding sharps safety and risks associated with the handling and disposal of dental sharps were assessed and procedures implemented to mitigate risk. All staff undertook training in sepsis awareness, information posters were on display throughout the practice to help staff recognise signs of sepsis and take prompt action. We were assured that there was no lone working at the practice.

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

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also available for each product in use. Control of substances hazardous to health (COSHH) information was sent to the practice by staff at head office who ordered COSHH products.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. We were told that there was a prescribing lead at the practice and clinicians were given antibiotic prescribing guidelines such as the Faculty of General Dental Practice guidelines. NHS prescriptions were securely stored and logged. We were told that spot checks were completed to ensure prescription logs were all correct and up to date.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts. We saw evidence to demonstrate that incidents were discussed during practice meetings as and when they occurred. We were told that significant events are sent to head office monitor, staff training and learning needs are identified and support given as required.

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 meetings, training and email updates.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns. For example, displays throughout the practice informed patients of the sugar content in different types of food and we were told that in October, information was displayed regarding stopping smoking (Stoptober). Information leaflets were available regarding smoking and the effects on oral health and staff directed patients to local stop smoking services where appropriate.

Consent to care and treatment

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

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

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

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

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.

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.

Positive feedback was received in the practice's patient satisfaction surveys.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. There were two waiting areas at the practice. The ground floor waiting area was close to the reception desk. Reception staff gave examples of how they maintained patient's privacy and confidentiality such as use of private areas for confidential discussions.

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

Involving people in decisions about care and treatment

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

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

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

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

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

Staff were clear about the importance of providing emotional support to patients when delivering care. Staff would notify the dentist if a patient were anxious. They would chat to patients, provide reassurance and if requested explain the treatment to them so they were aware of what to expect.

The practice had made reasonable adjustments, including a magnifying screen to aid patients who had visual impairments and a hearing induction loop for use by patients who wore a hearing aid. The practice also had access to interpretation services which included British Sign Language. There was step free access to the side of the practice. The practice was located over 2 floors. There was 1 reception area, a waiting area and dental treatment rooms which were wheelchair accessible on the ground floor. The patient toilet on the ground floor was not a disabled access toilet. There were also a waiting area and dental treatment rooms on the first floor of the building. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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.

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

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Patients who wished to make a formal complaint were given the contact details for the patient relations team at head office. A member of staff from the patient relations team would liaise with staff at the practice regarding concerns raised and would provide updates regarding the outcome of the complaint. This enabled staff to discuss outcomes, share learning and improve the service. The practice had not received any formal complaints within the last 24 months.

Are services well-led?

Our findings

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

Leadership capacity and capability

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

There was strong leadership with emphasis on peoples' safety and continually striving to improve. We received positive comments from the staff about support systems and the management team.

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

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

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Registration with an online training provider was paid for by the practice for all staff. In addition to this staff were provided with workbooks regularly to refresh their knowledge. Staff also undertook training provided by other online training providers. Staff told us that they received email reminders when training was due for completion.

Governance and management

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

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

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. Patients were able to complete the NHS 'Friends and Family Test,' a 'Your Opinion Counts' form or an annual satisfaction survey relating to the individual dentist who they had seen at the practice. Suggestions made by patients were discussed at the practice and where possible and appropriate, suggestions implemented. A 'you said, we did' poster was on display demonstrating recent changes made.

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

Are services well-led?

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

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

Continuous improvement and innovation

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