

Occudental Private Dental Care Ltd

Occudental Private Dental Care Ltd

Inspection Report

295 Western Bank
Sheffield
S10 2TJ
Tel: 0114 278 0110
Website: www.occudental.co.uk

Date of inspection visit: 21/01/2020
Date of publication: 19/02/2020

Overall summary

We carried out this announced inspection on 21 January 2020 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Occudental Private Dental Care Ltd is close to the centre of Sheffield. The practice provides private dental care for adults and children.

The provider has a lift available to facilitate access to the practice for people who use wheelchairs and for people with pushchairs.

Dedicated car parking is available outside the practice.

Summary of findings

The dental team includes six dentists, a visiting specialist in oral surgery, a dental hygiene therapist, a dental hygienist, six dental nurses and four receptionists. The dental team is supported by a practice manager. The practice has three treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Occidental Private Dental Care Ltd is the practice manager.

We received feedback from three people during the inspection about the services provided. The feedback provided was positive.

During the inspection we spoke to a dentist, dental nurses, receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 7.00pm

Friday 9.00am to 4.00pm

Saturday 9.30am to 5.00pm

Sunday 10.00am to 2.00pm.

Our key findings were:

- The practice was clean and well maintained.

- Staff followed infection control procedures which reflected published guidance.
- The provider had safeguarding procedures in place and staff knew their responsibilities for safeguarding adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The provider had staff recruitment procedures in place.
- Staff provided patients' care and treatment in line with current guidelines.
- The dental team provided preventive care and supported patients to achieve better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system took account of patients' needs.
- The provider had a procedure in place for handling complaints. The practice dealt with complaints positively and efficiently.
- The practice had a leadership and management structure and a culture of continuous improvement.
- The provider had systems in place to manage risk at the practice.
- Staff felt involved and supported and worked as a team.
- The provider had systems to support the management and delivery of the service, to support governance and to guide staff.
- The practice asked patients and staff for feedback about the services they provided.

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 that 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 systems and processes in place to keep patients safe.

The practice had safeguarding policies and procedures in place to provide staff with information about identifying and reporting suspected abuse. Staff knew their responsibilities should they have concerns about the safety of children, young people or adults who were at risk due to their circumstances. Staff received safeguarding training, and knew the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

We saw that the qualified clinical staff were registered with the General Dental Council and had professional indemnity in place.

We reviewed the provider's arrangements for ensuring standards of cleanliness and hygiene were maintained in the practice.

The practice had an infection prevention and control policy and associated procedures in place to guide staff. These took account of The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), guidance published by the Department of Health. Staff completed infection prevention and control training regularly.

We saw the practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in accordance with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in accordance with the manufacturers' guidance.

The provider had had a Legionella risk assessment carried out at the practice in accordance with current guidance. We saw evidence of measures put in place by the provider to

reduce the possibility of Legionella or other bacteria developing in the water systems, for example, water temperature testing and the management of dental unit water lines.

Staff ensured clinical waste was segregated and stored securely in accordance with guidance.

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

Staff carried out infection prevention and control audits twice a year.

We reviewed the procedures the dentists followed when providing root canal treatment and found these were in accordance with recognised guidance.

The provider had staff recruitment procedures in place to help the practice employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. We saw that recruitment checks were carried out and the required documentation was available. These checks were also carried out for visiting staff. We saw that the provider had arrangements in place for the ongoing monitoring of staff to ensure only fit and proper persons are employed at the practice.

We saw the provider had arrangements in place to ensure that the practice's facilities and equipment were safe, and that equipment, including gas and electrical appliances, was maintained according to manufacturers' instructions.

The provider had carried out a fire risk assessment in line with legal requirements. We saw there were fire extinguishers and smoke detection systems throughout the practice and fire exits were kept clear. Records showed that fire safety equipment was regularly tested and serviced.

The provider had arrangements in place at the practice to ensure X-ray procedures were carried out safely and had the required radiation protection information available.

We saw that the dentists justified, graded and reported on the X-rays they took. Staff carried out radiography audits regularly following current guidance and legislation.

Where appropriate, clinical staff completed continuing professional development in respect of dental radiography. An information and training seminar about X-ray safety was arranged annually for non-clinical staff.

Are services safe?

Risks to patients

The provider assessed, monitored and acted on risks to patients.

The practice had an overarching health and safety policy in place, underpinned by several specific policies and risk assessments to help manage potential risk. The practice had carried out risk assessments with a view to keeping staff and patients safe. These covered general workplace risks, for example, fire and control of hazardous substances, and specific dental practice risks.

The practice was covered by current employer's liability insurance.

Staff followed relevant safety regulations when using needles and other sharp dental items. The provider had undertaken a sharps risk assessment and this was reviewed regularly. We saw that the provider had put in place measures to minimise the risk of inoculation injuries to staff. Staff were aware of the importance of reporting such injuries. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury.

The provider ensured clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus. We saw the provider had carried out checks on the effectiveness of the vaccination.

Staff had completed sepsis awareness training. Prompts for staff to aid with recognition of sepsis, and patient information posters were displayed throughout the practice. This helped ensure staff made timely appointments to manage patients who presented with dental infection and where necessary referred patients for specialist care.

Staff knew how to respond to medical emergencies and completed training in medical emergencies and life support annually.

The practice had medical emergency equipment and medicines available as recommended in recognised guidance. Staff carried out, and kept records of, checks to make sure the medicines and equipment were available, within their expiry dates and in working order.

A dental nurse worked with each of the clinicians when they treated patients.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at several dental care records to confirm what was discussed and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider ensured the proper and safe use of medicines at the practice.

The practice had a stock control system for medicines. This ensured that medicines did not exceed their expiry dates and enough medicines were available when required.

The practice had systems for prescribing, dispensing and storing medicines.

The dentists were aware of current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were carried out regularly. The most recent audit demonstrated the dentists were following current guidelines.

Track record on safety

The provider monitored the ongoing safety of the service. We saw evidence that safety issues were discussed by the whole team and improvements made where necessary.

Lessons learned and improvements

The provider ensured lessons were learned and improvements made when things went wrong.

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider had a system for receiving and acting on safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency. The practice

Are services safe?

learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

The practice had a whistleblowing policy in place to guide staff should they wish to raise concerns. The policy included details of external organisations staff could raise concerns with. Staff told us they felt confident to raise concerns.

We found the practice had learned from quality and standards reviews carried out at the practice by other organisations.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentists assessed patients' care and treatment needs in line with recognised guidance. We saw that the dentists took into account current legislation, standards and guidance when delivering care and treatment.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentist told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or power of attorney for patients who lacked capacity or for children who are looked after.

The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The 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, by which a child under the age of 16 years of age can consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

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

Monitoring care and treatment

The clinicians kept detailed dental care records containing information about patients' current dental needs, past treatment and medical histories.

We saw that staff audited patients' dental care records to check that the clinicians recorded the necessary information.

The clinicians carried out clinical audits, for example on gum disease, to monitor the effectiveness of treatment and to ensure they were following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice completed a period of induction based on a structured induction programme.

The provider offered support, training opportunities and encouragement to assist staff in meeting the requirements of their registration, and with their career development. The provider monitored staff training to ensure recommended training was completed.

Staff discussed training needs and future professional development at annual appraisals and one to one meetings. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Are services effective?

(for example, treatment is effective)

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

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

The practice was well maintained. The provider aimed to provide a comfortable, relaxing environment.

Privacy and dignity

The practice team respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients and told us that if a patient requested further privacy they would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patient information where people might see it.

The provider had installed closed-circuit television to improve security for patients and staff. A policy and privacy

impact assessment had been completed. We found signage was in not place to make patients aware of their right of access to footage which contains their images. The provider assured us this would be addressed.

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.

They were aware of the requirements of the Equality Act.

We saw that

- staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- interpreter services were available for patients whose first language was not English.

The practice provided patients with information to help them make informed choices. Patients confirmed that staff listened to them, discussed options for treatment with them and did not rush them. The dentist described to us the conversations they had with patients to help them understand their treatment options.

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

The dentist described to us the methods they used to help patients understand the treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 take account of patients' needs and preferences.

The practice was located close to a university. We saw the practice provided discounted dental care for students on particular days.

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

Two weeks before the inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Three comment cards had been completed. All views expressed by patients were positive. Common themes within the feedback were that the staff were caring and supportive and that the dentists always listened to the patients. Patients also commented the practice was clean, safe and relaxing.

Staff told us that they currently had patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place adjustments, for example, a lift, handrails to assist with mobility, and an accessible toilet with an alarm for people to call for assistance if required.

Staff had access to interpreter and translation services for people who required them. The practice had arrangements in place to assist patients who had hearing impairment, for example, the practice had a hearing induction loop available, and appointments could be arranged by email or text message.

A magnifying glass and larger print forms were available on request, for example, patient medical history forms.

We saw comprehensive information was displayed in the waiting rooms. This included information on oral health, dental treatment fees, parking, and emergency appointment information.

Timely access to services

Patients could access care and treatment at the practice within an acceptable timescale for their needs.

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

The practice's appointment system took account of patients' needs. We saw that the clinicians tailored appointment lengths to patients' individual needs. The practice made appointments available every day of the week and patients could choose from morning, afternoon and evening appointments most days of the week. Staff made every effort to keep waiting times and cancellations to a minimum. Patients told us they had enough time during their appointment and did not feel rushed.

We saw the practice had appointments available for dental emergencies and staff made every effort to see patients experiencing pain or dental emergencies on the same day.

The practice's website and answerphone provided information for patients who needed emergency dental treatment during the working day and when the practice was not open.

Listening to and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information on how to make a complaint was clearly displayed for patients. We saw this did not include contact details for the Dental Complaints Service. The provider assured us this would be added.

The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager aimed to settle complaints in-house. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns or should they not wish to approach the practice initially.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the leaders at the provider and practice level had the skills, knowledge, experience and integrity to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders at all levels were visible and approachable.

The provider had effective processes in place to develop leadership capacity and skills.

Vision and strategy

The provider had a clear vision and had set out values for the practice.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population, for example, appointments at times to suit students and to suit patients with a variety of working patterns.

The provider's strategy included the implementation of a dental team approach to deliver care and treatment at the practice. They did this by using a skill mix of dental care professionals, including a dentist with specialist skills, dentists, a hygiene therapist, hygienist and dental nurses to deliver care in the best possible way for patients.

Culture

The practice had a culture of high-quality, sustainable care.

Staff said they were respected, supported and valued.

The provider identified individual training needs for staff through appraisals and one to one discussions. The provider's systems also ensured clinical support was available to the clinicians.

Managers and staff demonstrated openness, honesty and transparency when responding to incidents and complaints. Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. We saw that staff meetings included training on a specific but different theme each month. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

Systems included policies, procedures and risk assessments to support governance and to guide staff. These were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

The practice was part of a corporate provider. The practice manager had access to support and advice, including with human resources, finance, and clinical and patient issues, from the provider should the need arise.

We saw the provider had put in place effective governance systems and processes at the practice.

We saw the practice had systems in place to monitor the quality and safety of the service and make improvements where required, for example, regular and random visits were carried out by the provider to check the practice was complying with regulatory requirements and quality standards.

Are services well-led?

The practice had systems in place to ensure risks were identified and managed. We saw evidence to confirm the provider had considered risks to patients, visitors and staff and had put measures in place to reduce risks.

The registered manager had overall responsibility for the management of the practice and for the day-to-day running of the service. Staff had additional roles and responsibilities, for example, a lead role for infection control, and a lead role for safeguarding. We saw staff had access to supervision and support for their roles and responsibilities.

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

Appropriate and accurate information

The practice's staff acted appropriately on information.

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

The provider had effective arrangements to ensure that notifications were submitted to external bodies where required, including notifications to the CQC.

Engagement with patients, the public, staff and external partners

The provider involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and encouraged verbal comments to obtain the views of patients about the service.

The practice gathered feedback from staff 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.

Continuous improvement and innovation

The practice had systems and processes in place to encourage learning, continuous improvement and innovation.

The practice was a member of a practice certification scheme which encouraged good standards in dental care.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required. These included, for example, audits to help the practice identify where improvements could be made. We reviewed audits of dental care records, X-rays and infection prevention and control. Staff kept records of the results of these and produced action plans where necessary. We saw auditing processes were working well and resulted in improvements.

Clinical audit was used effectively to improve clinical standards.

The provider and practice were committed to learning and improving and valued staff contributions. We saw evidence of learning from complaints, incidents, audits and feedback.

Systems and processes were reviewed by the practice team at staff meetings to identify where improvements could be made.