

Mr Christopher Oxley

ODental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 March 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 second CQC inspector and 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.
- Safeguarding processes were robust, and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- 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 has 1 practice, and this report is about ODental.

ODental is in Kibworth Beauchamp, Leicestershire and provides private dental care and treatment for adults and children.

There is a small step at the front of the premises and upon entry to the practice, with level access inside 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 additional needs including a portable ramp for the front of the building.

The dental team includes 1 dentist, 1 dental hygienist and 4 dental nurses with shared reception duties. The practice has 2 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental hygienist and 4 dental nurses with shared reception duties. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday 8.30am to 6pm

Tuesday 8.30am to 5.30pm

Wednesday 8.30am to 6pm

Thursday 8.30am to 2.30pm

Saturday 9am to 1pm (one per month)

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 robust safeguarding processes and staff had in depth knowledge of their responsibilities for safeguarding vulnerable adults and children. We saw that staff had completed training to a level appropriate for their role and that information and guidance on how to raise a safeguarding alert was displayed around the service.

The practice had infection control procedures which reflected 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.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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.

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

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), and wall mounted X-ray equipment.

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.

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.

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

Are services safe?

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

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.

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.

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

The practice had access to digital X-rays and cone-beam computed tomography (CBCT), to enhance the delivery of care. We saw that when required, CBCT scans were included in the written consent forms and annotated in a way that a patient could understand.

Comments received from patients reflected high satisfaction with the quality of their dental treatment and the staff who delivered it.

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 national oral health campaigns and 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. They understood their responsibilities under the Mental Capacity Act 2005. We found the documentation in relation to consent for example, patient consent forms and records of treatments was comprehensive and exhaustive. The practice team displayed strong knowledge in their understanding of consent.

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 described examples of where they had helped support more vulnerable members of society. For example, dental nurses walked to collect patients for their appointments who resided in a local care home for companionship and mobility support.

We saw evidence the dentist 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. Staff told us they felt they had enough time and support to complete their duties.

Staff were encouraged to continue their learning and development. Staff told us of examples of where the provider had supported them financially with courses to enhance their learning.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Are services effective?

(for example, treatment is effective)

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 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. We saw staff treated patients respectfully and were friendly and polite towards them at the reception desk and over the telephone. We found that staff at the practice were caring and responsive to patients needs. Staff told us of examples of where they had gone above and beyond the call of duty. For example, the dentist and dental hygienist had visited a patient in hospital to provide treatment and oral health advice following a stroke which had improved the patient's comfort and recovery time. We were told of another example where the dental nurse had collected a patient for an appointment who was receiving end of life care and struggled to access transport.

Information about the practice and treatments was available for patients to read. Feedback from patients was wholly positive. Patients we spoke to, patient feedback and survey comments we looked at, told us they were very happy with the care and treatment they received. We noted patients were able to get an appointment when they needed to be seen.

Patients said staff were compassionate and understanding when they were in pain, distress, or discomfort.

The practice team stated they felt part of the local community and were committed to providing the best care and support to residents.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

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 dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, X-ray images and an intra-oral camera.

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, including offering appointments when required on Saturdays.

Staff were clear about the importance of providing emotional support to patients when delivering care. We were told of examples where staff had supported patients who were nervous about treatment and those who had difficulty accessing the service. For example, patients were invited to visit the practice before receiving any treatment to familiarise themselves with the building and help reduce any anxiety. We saw that all these patients later completed their treatments.

The practice had made reasonable adjustments, including providing a ramp. The inside of the building was designed to support patients with access requirements including wider corridors, an accessible toilet, and additional handrails. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. We saw this was reviewed to reflect the patients' journey through the practice.

Timely access to services

The practice displayed its opening hours and provided information on their website, on display in the practice window and on their answerphone.

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. This included providing longer appointments to patients with additional needs. A text appointment reminder service was provided, and emergency appointment slots were available each day.

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 and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with other local practices within the South Leicestershire area and patients were directed to the appropriate out of hours service.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. 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. We noted that no formal complaints were received in the past 12 months. Where issues were raised informally these were reviewed and any learning discussed with staff. The provider told us they welcomed these as a chance to develop the service.

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

There was strong leadership with emphasis on people's 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 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. Staff told us they felt supported by the leadership team and demonstrated a commitment to the ethos of the service.

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, daily huddles, meetings and during clinical supervision. 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.

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. The provider had developed detailed, bespoke guidance documents for staff completing required monitoring tasks such as legionella, water temperature and fire safety checks. We saw that this guidance was clear and effective in ensuring tasks were completed accurately and within recommended timescales. Staff we spoke with told us they found the guidance helpful.

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. The practice had introduced software with an integrated request facility for feedback from patients following their appointment, to ensure continued review of services.

The practice conducted six monthly patient surveys, we saw that where an issue was highlighted by a patient the provider called the patient to discuss their concerns and implement changes.

Are services well-led?

Feedback from staff was obtained 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 where appropriate. Staff were able to articulate examples of where they had suggested changes which were acted upon such as improving decontamination procedures.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement, and innovation.

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.