

# Plymouth Community Dental Services Limited

# Dental Access Centre

## Inspection Report

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## Overall summary

We carried out this announced inspection on 7 December 2017 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 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided us with information about the contract they hold with the practice.

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**

Dental Access Centre is in Plymouth and provides NHS treatment to patients of all ages. On referral, the service provides:

- Comprehensive dental care for children
- Comprehensive dental care those with special needs
- Minor oral surgery
- Dental phobic treatment

# Summary of findings

- Paediatric dental extractions and comprehensive dental care for special care patients under general anaesthetic.

The service is also responsible for:

- A fluoride varnishing preventative project in 24 schools across Plymouth
- Dental screening – of special schools
- Epidemiology – data collection within the local population.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including spaces for patients with disabled badges, are available at the practice.

The dental team includes 15 dentists, 24 dental nurses, two dental hygienists/dental hygienist therapists, two dental decontamination room operatives, 12 administrative staff and the dental services manager. The practice has ten 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 the Dental Access Centre was the dental services manager.

On the day of inspection we collected 48 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with a range of staff on duty, clinicians, administrators and members of staff with managerial responsibilities. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am – 5pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.

- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system prioritised patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified an area of notable practice.

- Staff were committed to promoting equality of access to the service and actively sought to reach out to address needs of vulnerable groups. To illustrate; information about dental treatments was available in a range of pictorial forms, intended for patients with learning disabilities. The practice's website was available in over 100 different languages and was able to be adapted to make reading easier for visually impaired patients. Staff described examples of pre-planning on-site interpreter services for a range of people speaking English as a second language and for hearing impaired patients. The practice had trained key staff to work with refugee families in the local area, a group identified as vulnerable and having limited access to dental services. Staff assessed, treated and provided oral hygiene advice. The practice had a wheelchair platform in one of the treatment rooms. This allowed wheelchair users to be treated in their own chair. Information was signposted in Braille throughout the building. These approaches demonstrate a commitment to identifying and responding to the needs of individual patients and to the needs of vulnerable groups and supporting patients to achieve positive outcomes in respect of their oral health.

# 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?**

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, skilled and informative. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### **Are services caring?**

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

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were understanding, courteous and reassuring. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



### **Are services responsive to people's needs?**

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

No action



# Summary of findings

The practice's appointment system was efficient. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely. Hand completed and signed medical histories were scanned and stored electronically.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### **Reliable safety systems and processes (including safeguarding)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Dentists had a visible presence on the organisation's safeguarding board and were given time to attend relevant local authority safeguarding meetings.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. The organisation had systems in place to support staff raising concerns through confidential counselling services.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. This plan had recently been

tested when unforeseen circumstances forced the practice to close for a number of weeks. The plan was put into immediate action and the practice re-located to other sites, with minimal disruption to services.

### **Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. These showed the practice followed their recruitment procedure.

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

### **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Following a recent incident the practice's fire risk assessment had been reviewed. The risk assessment included consideration of evacuation of people under conscious sedation. Fire drills took place at the practice, including when patients were in the building, to simulate real emergency scenarios.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

### **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

# Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out an infection prevention and control audit twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

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

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and dispensing medicines. We noted there was no system for the management of stored non-schedule medicines. We raised this with the dental services manager who told us that a system was planned to be introduced.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. We looked at a selection of dental care records to confirm this.

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

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child. The practice management team were part of a local authority committee steering group set up to tackle child poverty in the local area (including providing oral health services). They were working in conjunction with a team that included public health advisors and the local dental school. The practice had a contract to provide community oral health education in local schools and to assess/deliver fluoride varnish treatments. This project was carried out by specially trained dental nurses, under the clinical supervision of one of the dentists. The eligible school children were in years one and six and received twice yearly visits in their schools by the team.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment

# Are services effective?

(for example, treatment is effective)

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 and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

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

Patients commented positively that staff were courteous, understanding and reassuring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. The practice had secured funding for two doctoral research projects into dental phobia, to improve knowledge in this area in order to devise innovative methods for reducing dental phobia. The practice also currently offered dental phobic patients counselling and cognitive behavioural therapy treatment to assist with reducing dental phobia and/or reliance on sedation for dental treatments.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more

privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

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

There were magazines and televisions in the waiting rooms. The practice provided drinking water on request.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as special care dentistry, minor oral surgery and conscious sedation services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

Demand for services was high. Staff reported in excess of 4000 patients unregistered with a general dentist in the city and surrounding areas. Patients said they often experienced long waits to access the service for treatment. In response, the practice was forward planning with the range of services they currently offered and in creating specialist future services. The practice prioritised cases based on urgency and need. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had a number of patients for whom they needed to make adjustments to enable them to receive treatment. Staff described examples of patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. The practice also had a bespoke wheelchair platform in one of the surgeries for treating people who used wheelchairs without the need to transfer to a dental chair.

Staff told us that they telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell. Braille signs were evident throughout the practice.

Staff said they could provide information in different formats and languages to meet individual patients' needs. For example, the practice's website was available in over 100 different languages and was able to be adapted to make reading easier for visually impaired patients.

Practice staff had access to interpreter/translation services which included British Sign Language and braille. Staff described examples of pre-planning on-site interpreter services for a range of people speaking English as a second language and for hearing impaired patients.

Information about dental treatments was available in a range of pictorial forms, intended for patients with learning disabilities. We received feedback from a number of family members with learning disability children as patients of the services. They told us the staff were patient, understanding and compassionate with their children.

The practice had trained key staff to work with refugee families in the local area. To assess, treat and provide oral hygiene advice to these groups of people, identified as vulnerable when achieving access to dental services.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice held an access contract, which meant they saw patients experiencing pain without a NHS dentist on the same day, based on assessment of need. The 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.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The dental services manager was responsible for dealing with these. Staff told us they would tell the dental services manager about any formal or informal comments or concerns straight away so patients received a quick response.

The dental services manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received in the last 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

### Governance arrangements

Systems of governance at the practice were strong and effective. The organisation's board had overall responsibility for the management and clinical leadership of the practice. The dental services manager was responsible for the day to day running of the service. They were supported by a staff team who had allocated role responsibilities. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

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

### Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open culture at the practice. They said the dental services manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the dental services manager was approachable, would listen to their concerns and act appropriately. The dental services manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The management team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. Staff were trained in conflict resolution and in breakaway techniques, in recognition of potential incidents that may arise at the practice. The organisation also offered staff well-being support, which staff told us included confidential counselling sessions and pilates sessions for stress management.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, in trailing ways to improve phone access and the introduction of a nurse triage system to prioritise urgent treatment requests.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.