

Noonar DP Limited

Adelaide Square Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 25 May 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- 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 to be visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance.
- 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.

Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. However, the process for ensuring that the medicine used to treat low blood sugar (glucagon) was effective needed strengthening. Missing face masks, a spacer device, portable suction and replacement glucagon were ordered on the day.
- The practice had systems to help them manage risk to patients and staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has one practice, and this report is about Adelaide Square Dental Practice.

Adelaide Square Dental Practice is in Bedford and provides private dental care and treatment for adults and children.

There are two steps to the practice and so it is not accessible for people who use wheelchairs. Patients who are unable to access the practice are advised of the limitations of access when they first contact the practice and are signposted to nearby accessible practices. Car parking spaces, including dedicated parking for people with disabilities, are available in a multi-storey car park nearby. The practice is a listed building and has made reasonable adjustments to support patients with additional needs.

The dental team includes three dentists, including a specialist in endodontics, two dental nurses, one dental hygienist, one receptionist and a practice manager. The practice has two treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, the dental hygienist, the receptionist 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 from 8.15am to 3pm

Tuesday to Friday from 8.15am to 5pm

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

- Take action to ensure the availability and an effective system of checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Take action to ensure audits of radiography and infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practice's protocols for medicines management and ensure all medicines are dispensed of safely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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.

The practice had infection control procedures which mostly reflected published guidance. Staff had completed training in infection prevention and control as recommended. Records were available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We noted the decontamination room did not have a separate dedicated hand wash sink although measures were in place to mitigate this risk. The staff carried out manual cleaning of dental instruments prior to them being sterilised. We advised the provider that manual cleaning is the least effective recognised cleaning method as it is the hardest to validate and carries an increased risk of an injury from a sharp instrument. There were limited systems to ensure that manual cleaning was effective as the detergent used was not diluted according to manufacturer's instructions and there was no evidence that heavy duty gloves and long handled brushes were changed weekly. Infection prevention control audits were completed annually which is not in line with HTM01/05 guidance. The provider assured us that these shortfalls would be rectified. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, the temperature of the hot water outlets did not always reach the recommended temperature. The provider provided evidence immediately after the inspection that this had been investigated and remedial action taken.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and 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 and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

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

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

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. There was scope to improve this by producing individualised risk assessments for staff who work alone in the practice. Risk assessments for staff and the cleaner were provided immediately after the inspection.

Are services safe?

Emergency medicines and most emergency equipment were available in accordance with national guidance. Checks were carried out monthly which is not the recommended frequency. We noted that the temperature of the fridge used to store the medicine to manage low blood sugar (glucagon) was not checked daily to ensure it was effective. The provider ordered replacement glucagon on the day of the inspection and implemented measures to rectify this shortfall. Masks, a spacer device and portable suction unit which were not present during the inspection were ordered on the day. Immediately after the inspection the provider showed us evidence that a weekly checklist had been implemented.

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

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

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. There was scope to improve the labelling of medicines dispensed by the practice to patients to include the name and address of the practice.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong. 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.

The practice had made reasonable adjustments for patients with disabilities including the installation of a hearing loop. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients taking into consideration the limitations of the building.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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

Monitoring care and treatment

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits. However, we were not provided with evidence that these were completed six-monthly following current guidance and legislation.

Effective staffing

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

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

Co-ordinating care and treatment

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

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

The practice was a referral clinic for endodontics and cone beam computed tomography (CBCT) scans and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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 effective leadership with emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted any issues or omissions, they took swift action to rectify these.

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

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

The practice had installed closed-circuit television, (CCTV), to improve security for patients and staff. Relevant policies and protocols were in place.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

Are services well-led?

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, antimicrobial prescribing, radiographs and infection prevention and control. There was scope to improve the frequency of some audits in particular, infection prevention control and radiography.

Staff kept records of the results of these audits and the resulting action plans and improvements.