

Adelaide House

# Adelaide House Dental Practice

## Inspection report

1 Adelaide Square  
Bedford  
MK40 2RN  
Tel: 01234268281

Date of inspection visit: 04 April 2023

Date of publication: 08/05/2023

### Overall summary

We carried out this announced comprehensive inspection on 4 April 2023 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

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

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

Our findings were:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.

# Summary of findings

- Staff knew how to deal with medical emergencies, although there were some minor items of equipment missing from the emergency kit.
- 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.
- Staff felt involved and supported and worked well as a team.
- Patients were asked for feedback about the services provided.
- Staff felt involved, supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Appropriate pre-employment references and Disclosure and Barring Service (DBS) checks had not always been obtained for new staff.
- Sedation practices did not meet recommended guidelines.

## Background

Adelaide House Dental Practice is based in Bedford and provides mostly private dental care and treatment for adults and children. In addition to general dentistry, the practice also provides sedation services. There are 3 treatment rooms.

The practice has limited access for wheelchair users, as there is no disabled toilet available for patients.

The dental team includes 4 dentists, a dental hygienist/therapist, 4 dental nurses and 3 receptionists.

During the inspection we spoke with the principal dentist, the dental hygienist/therapist, a dental nurse, and a receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Mondays to Thursdays from 8.45am to 5.45pm, and on Fridays from 8.45am to 3.15pm.

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure the sedation of patients takes into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 and decontamination procedures which reflected published guidance. However, we noted that some shortfalls identified in the infection control audits of 2022 and 2023 had yet to be actioned, such as the repair to the dental chair head rest. The provider assured us this would be addressed in a forthcoming refurbishment of the practice.

The practice had undertaken a Legionella risk assessment in 2015 and we saw evidence of hot and cold-water temperature testing, and staff training. Staff were aware of how to manage dental unit waterlines to prevent Legionella build up.

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 were cleaning schedules in place.

The practice had a recruitment policy to help them employ suitable staff, although this had not always been followed. We checked recruitment information for 2 staff members and noted that appropriate references and disclosure and barring service checks (DBS) had not been obtained prior to their appointment. Just prior to our inspection, the provider had undertaken new DBS checks for all staff, to ensure they were suitable to work at the practice.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we noted that the servicing of portable electrical appliances, gas safety, and fixed wiring testing had only been undertaken just prior to our inspection and had not been completed before this date. The provider had taken this shortfall very seriously, treating these omissions as significant events and immediately implementing a maintenance schedule so that servicing would not be missed again.

Staff had been trained in fire safety and undertook regular fire evacuation drills. The practice had completed a fire risk assessment in 2015, but we noted its recommendations to fit intumescent strips and smoke seals on doors had not yet been actioned.

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

### **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. The dentist did not use the recommended types of safety needles. The sharps risk assessment was limited in scope and did not fully reflect the processes used within the practice.

The practice had assessments to minimise the risk that could be caused from hazardous products.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available although we noted some items were missing such as a size 0 face mask for the self-inflating bag, a child's oxygen face mask with reservoir and tubing, and a full-size range of needles. Missing items were ordered during our inspection.

# Are services safe?

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines and prescription pads. Clinicians were aware of current guidelines for antimicrobial prescribing but had not completed audits of this to demonstrate they were meeting those guidelines.

## **Track record on safety, and lessons learned and improvements.**

Accidents and incidents were recorded, and we noted that the practice's failure to complete essential maintenance checks of electrical equipment and gas safety had been identified as significant events. A maintenance schedule had been put in place to prevent this oversight reoccurring.

The practice had a system for receiving and acting on national patient 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 kept records of the care given to patients including information about treatment and advice given. However, we found one clinician's dental care records did not contain all the required information in relation to patient care.

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

The practice also offered conscious sedation for patients which was provided by a visiting specialist. We found they were not always following nationally recommended guidance for this. For example, there was no evidence to demonstrate that patients had been fully assessed and given their informed consent for the sedation prior to the day of the treatment. The sedation took place in an upstairs surgery, making it difficult for emergency services to access if needed.

### **Helping patients to live healthier lives.**

The practice provided preventive care and supported patients to ensure better oral health and a dental therapist and dental hygienist worked at the practice to help patients manage their oral health.

The practice sold interdental brushes, dental floss and mouthwash to help patients maintain their oral hygiene.

### **Consent to care and treatment**

The practice had policies in place in relation to the Mental Capacity Act 2005 (MCA) and we found staff had a satisfactory understanding of their responsibilities under them.

### **Effective staffing**

Clinical staff were qualified and registered with the General Dental Council. Staff told us there were enough of them for the smooth running of the practice, and they did not feel rushed in their work. The dental hygienist and dental therapist worked with chair side support.

### **Co-ordinating 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. A central log was kept of all patients' referrals made from the practice and was checked weekly to ensure their timely management.

# Are services caring?

## Our findings

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

### **Kindness, respect, and compassion**

Staff gave us examples of where they had gone beyond the call of duty to support patients such as delivering medicines to their home. The practice had also installed an X-ray unit in a downstairs surgery to better meet the needs of patients with limited mobility.

Staff described to us some of the practical ways they supported very nervous patients to undertake their treatment.

### **Privacy and dignity**

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

The waiting room was separate from the reception area, allowing for good privacy when staff were on the phone to patients. We noted frosted glass on downstairs treatment room windows to prevent passers-by looking in and protect patient privacy.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care. Staff described to us the methods they used to help patients understand treatment options discussed.

# 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 was not accessible to wheelchair users due to the lack of a downstairs toilet and very narrow corridors. A portable induction loop was available for patients with hearing aids, and reading glasses and a magnifier were kept behind reception for patient use.

### **Timely access to services**

At the time of our inspection the practice was taking on both new NHS and private patients and there was about a 3 to 4 week waiting time for dental treatment.

Patients with the most urgent needs had their care and treatment prioritised and emergency appointments were available each day. An out of hours service was provided on a rota system with a nearby practice.

Patients could sign up to a text or email appointment reminder service.

### **Listening and learning from concerns and complaints**

Information about the practice's complaints' procedure was in the waiting area. We viewed paperwork in relation to the most recent complaint received and found that it had been managed in an empathetic and timely way.



# Are services well-led?

## Our findings

### **Leadership capacity and capability**

We identified several issues in relation to the practice's recruitment procedures, risk assessing and sedation practices which indicated initially that governance and oversight of the practice needed to be strengthened. However, within a few days of our visit, many of the shortfalls we identified, had been responded to and addressed, demonstrating the provider's commitment to improving the service.

As a result of our inspection the provider appointed two external governance advisors to assist him in the management and running of the practice. This assured us that improved governance would be sustained and embedded in the long run.

### **Culture**

Staff stated they felt respected and valued and told us they enjoyed their work. They told us the provider was approachable and understanding of their family commitments. The provider paid for staff's GDC registration, indemnity and on-line training courses, something they greatly appreciated.

Staff were aware of the Duty of Candour and the responsibilities it entailed.

### **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 practice held regular meetings involving all staff, evidence of which we viewed. Staff also used an on-line messaging service to communicate key information.

Staff received a yearly performance review, which they described as useful.

### **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**

The practice gathered feedback via online reviews and at the time of inspection had received 5 stars out of 5, based on 211 reviews. Patient feedback was shared with staff during the practice meetings.

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. Their request for specific team bonding events had been implemented.

### **Continuous improvement and innovation**

The practice undertook audits of infection control, dental care records and radiography. Staff kept records of the results of these audits and the resulting action plans and improvements.