

Dundee Court Dental Centre Limited

# Dundee Court Dental Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 3 November 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 always ask five 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and most life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- 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.
- 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.

# Summary of findings

- 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.

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

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

## Background

Dundee Court Dental Centre provides private dental care and treatment for adults and children. In addition to general dentistry, the practice provides a dental implant and endodontic service from visiting dental specialists.

The practice has made reasonable adjustments to support patients with additional needs. There is level access to the practice for people who use wheelchairs and those with pushchairs, and an accessible toilet. Car parking is available directly outside the premises.

The dental team includes 3 dentists, 3 dental therapists, a practice manager, 6 qualified dental nurses and 3 reception staff. The practice has 4 treatment rooms.

During the inspection we spoke with the practice manager, 2 dentists, 2 dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays, Wednesdays and Fridays from 8.30am to 5.30pm, on Tuesdays from 8.30am to 6.30pm, and on Saturdays from 9am to 4pm.

# 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. Staff had completed appropriate training and we noted information about protection agencies displayed around the practice making it easily accessible to staff.

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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. Staff records we reviewed demonstrated that appropriate pre-employment information had been obtained.

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.

A fire risk assessment had been carried out in line with the legal requirements and the management of fire safety was effective. We noted that recommendations from the most recent assessment had been implemented.

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 systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted some missing equipment including clear face masks, a child's oxygen mask and a self-inflating bag with a reservoir, but this was ordered during our inspection. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency simulation scenarios were undertaken to help staff keep their knowledge and skills up to date.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. We noted that these had been regularly reviewed and updated.

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

The practice had systems for appropriate and safe handling of medicines and prescriptions. Antimicrobial prescribing audits were carried out to ensure clinicians followed nationally recommended guidelines.

Glucagon was not kept in a fridge, but its expiry date had been amended to accommodate this.

# Are services safe?

## **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.

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

The practice had implemented effective systems for reviewing and investigating incidents and accidents. Adverse incidents were a standing agenda item at the monthly practice meeting so that any learning from them could be shared across the staff team.

There was 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 had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants and we saw the provision of them was in accordance with national guidance.

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

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Two dental therapists were employed to assist patients in the management of their oral health.

We noted helpful information leaflets on topics such as dental implants, mouth cancer, gum disease and diet and smoking advice easily available to patients in the waiting area.

The practice sold dental products such as interdental brushes, toothpaste and mouthwash.

### **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 and the requirements of Gillick competency in relation to younger patients.

### **Monitoring care and treatment**

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every six months following current guidance and legislation.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they had enough time for their role and did not feel rushed in their work.

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. Patient referrals were monitored 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 were clear about the importance of emotional support needed by patients when delivering care and gave us specific examples of where they had gone out of their way to support patients. Staff told us they rang patients to check on their welfare after complex treatments such as extractions and implants and described some of the practical ways they helped nervous patients undertake their treatment. Some staff had recently undertaken a learning disability and autism course to increase their awareness of these conditions.

We viewed several feedback surveys and noted that patients had commented positively on staff's reassuring and caring attitude.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality. Staff password protected patients' electronic care records and backed these up to secure storage.

Windows with frosted glass had been installed in downstairs treatment rooms to prevent passers-by looking in.

At the time of our visit, the practice was undergoing an extensive refurbishment programme, with plans in place to create a separate office upstairs where staff would handle all patients' telephone calls, well away from the waiting areas to ensure good privacy.

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

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

Staff described to us the methods they used to help patients understand treatment options discussed. These included the use of study models, X-ray images and treatment plans.

# 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 had made good adjustments for patients with disabilities which included a fully accessible toilet, downstairs treatment rooms and specialist dental chairs to assist patients with limited mobility. The practice had recently purchased a portable hearing induction loop to use for patients with hearing aids, and spare reading glasses.

### **Timely access to services**

At the time of our inspection, the practice was able to take on new private patients and the waiting time for a routine appointment was about 2 weeks.

Emergency appointments were available each day for patients in dental pain and the practice also offered emergency appointments to patients who were not registered. There was a text and telephone appointment reminder service available to patients.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service, evidence of which we viewed in practice meeting minutes. We reviewed the management of 2 recent complaints and noted they had been dealt with in a timely and professional way.

# 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 principal dentist had overall responsibility for the clinical leadership and was well supported by the practice manager who oversaw that day to day running of the service. They formally met every week to discuss any practice issues. We received positive comments about their leadership and management skills. In addition to this, the practice employed a specific patient care co-ordinator/compliance manager to oversee governance.

Very minor shortfalls we identified both before and during our inspection were addressed immediately, demonstrating staff's commitment to improvement.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

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

Staff stated they felt respected and valued, citing good communication and teamwork as the reasons. They told us the principal dentist and practice manager were approachable, supportive and listened to them.

Staff discussed their training needs during annual development reviews. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management. In addition to this, the practice had commissioned the services of a consultant to advise on the business aspects of the service.

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 by the practice's manager.

The information and evidence presented during the inspection process was clear and well documented.

Communication systems in the practice were good with regular staff meetings, daily huddles and a social media group to ensure key information was shared. Staff told us their suggestions and ideas were listened to and that they were actively consulted about and involved in the current refurbishment of the practice.

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

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Archived patients' notes were held off-site in a secure unit.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients using specific surveys and a suggestion box in the waiting room. We viewed a sample of 47 surveys that had been completed between June and September 2022 and noted high levels of patient satisfaction with the service.

The practice gathered feedback from staff through meetings, appraisals and informal discussions.

# Are services well-led?

## **Continuous improvement and innovation**

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Training records we reviewed showed that staff had completed all essential training, which was paid for by the provider.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, and infection prevention and control.

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