

JMENDODONTICS Ltd

# The Dental Centre Bedford

## Inspection report

5 Kingswood Way  
Great Denham  
Bedford  
MK40 4GH  
Tel:

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### Overall summary

We carried out this announced comprehensive inspection on 8 September 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 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. There was scope for improvement to strengthen staff knowledge in relation to Sepsis.
- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.

# Summary of findings

- 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.
- 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.
- The practice had systems to manage risks for patients, staff, equipment, and the premises. We found shortfalls in effectively assessing and mitigating risks in relation to legionella and fire. Action was taken within 48 hours of our inspection to address most of these shortfalls.

## Background

The Dental Centre Bedford is in Bedford and provides private dental care and treatment for adults and children.

The practice is located on the first floor of the building and can be accessed via a lift for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. Dedicated parking for disabled people is available upon request. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 endodontic specialist, 1 prosthodontist specialist, 1 periodontal specialist, 6 dentists, 3 dental hygienists, 5 qualified dental nurses, 2 trainee dental nurses, 1 treatment coordinator, 1 decontamination nurse and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 4 dentists, 2 dental nurses, 1 decontamination nurse, 2 receptionists and the practice manager. We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

Monday from 9am to 5pm.

Tuesday from 9am to 7.30pm.

Wednesday from 9am to 5pm.

Thursday from 9am to 7.30pm.

Friday from 9am to 5pm.

Saturday from 9am to 5pm.

The practice had taken steps to improve environmental sustainability, the practice were a drop off point for patients wishing to recycle oral health products such as toothbrushes, packaging, and interdental brushes.

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

# Summary of findings

- Take action to implement any recommendations in the practice's Legionella risk assessment, taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' Ensure actions are taken if water tap temperatures fall below recommended levels.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective. In particular in relation to emergency lighting and fire alarm servicing.
- Improve and develop staff awareness of Sepsis and ensure all staff are aware of their responsibilities in relation to this.

# 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. 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, we found these were not always in line with recommendations from the external risk assessment completed in 2022. Practice records showed incidences of water not achieving the required temperature levels during monthly testing. We did not see evidence that action was taken to address this. Following our inspection, the provider told us the thermometer used for the temperature testing had broken which gave inaccurate results. The practice confirmed a new thermometer was ordered and had booked an external company to test the water for further assurance. The practice implemented further training to ensure that staff were aware that where temperatures were recorded as outside the recommended range, actions would be taken immediately.

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. These reflected the relevant legislation. At the time of inspection this did not include agency or locum staff. Following the inspection, the provider informed us that they had sought and received assurances from the agency that all required checks were carried out and submitted evidence of updated policies to reflect relevant legislation in relation to agency and locum staff.

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 and recommended actions had been taken. However, at the time of inspection the practice emergency lighting had not been serviced and the fire alarm six monthly check was due August 2023. Following the inspection, the provider submitted evidence that the servicing was booked to be completed.

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).

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working. We found staff were unsure of their responsibilities and awareness in relation to sepsis. Not all staff had completed sepsis training. The provider submitted evidence that staff had begun sepsis training and new policies and information was readily available for staff.

Emergency equipment and medicines were available and checked in accordance with national guidance.

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was completed by staff providing treatment to patients under sedation.

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**

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.

The practice offered conscious sedation for patients. The practice informed us they carried out all required health checks and screening before and after treatment. We found that this information was not always documented clearly within the patient records. The provider assured us that in future this would be documented in further detail. The practice had assessed and mitigated the risks related to the emergency equipment requirements and staff availability and training. Following the inspection, the provider submitted evidence of updated information to be given to patients in relation to post operative instructions.

We saw the provision of dental implants 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.

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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patients had the option to receive their consent forms and treatment plans via email.

### **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.

We saw evidence the dentists 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.

Newly appointed dental nurses, foundation dentists and reception staff had a structured induction.

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

The dental hygienist worked with chairside support.

### **Co-ordinating care and treatment**

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

# Are services effective?

(for example, treatment is effective)

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 dental implants, minor oral surgery, procedures under sedation and endodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals.



# 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.

Information about the practice and treatments was available for patients to read. Patient feedback and survey comments we looked at, told us they were happy with the care and treatment they received.

We spoke with 2 patients who said staff were compassionate and understanding when they were in pain, distress, or discomfort. We saw staff treated patients respectfully and were friendly and polite towards them at the reception desk and over the telephone.

The practice had received 268 responses to their 2022 annual survey with 92% of patients stating they would recommend the practice to their friends and family. Comments we reviewed stated they found the dentists, dental nurses, and reception team to be friendly and caring.

The practice had received over 30 thank you cards.

### **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. They stored paper records securely.

### **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. Patients had the option of receiving their consent form by email.

The practice's website and information leaflets provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

# 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.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access into the practice building, a lift and disabled parking for patients with additional access requirements. The practice also had a hearing loop and reading glasses available. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

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. 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 answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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 had received 4 complaints within the past 12 months. We saw the practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve 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 staff and provider demonstrated a transparent and open culture in relation to people's safety.

Where the inspection found minor shortfalls in relation to Legionella and fire management the practice acted swiftly to resolve issues demonstrating a transparent and open culture in relation to people's safety.

Where the inspection highlighted minor shortfalls, these were acted upon immediately.

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. We saw evidence that the provider had supported staff to undertake further training courses to enhance their skills and professional development.

### **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 and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had recently implemented 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 subscribed to an online governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

### **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.

Feedback from staff was obtained through meetings, surveys, 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.

The latest staff survey in 2022 showed staff felt a high level of overall job satisfaction.

The practice team had taken part in various charity events within the local community. This included "Funky Scrub Friday" where staff would wear different coloured scrubs to boost staff and patient morale.

# Are services well-led?

## **Continuous improvement and innovation**

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