

Community Dental Services CIC

Dental Care Centre

Inspection report

Bedford Health Village
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Overall summary

We carried out this announced comprehensive inspection on 6 November 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 service 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 clinic had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The clinic had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinic 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 and a culture of continuous improvement.
- 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 service had information governance arrangements.

Background

The provider is part of a corporate group, Community Dental Service and is a community interest company (CDS-CIC). This report is about the Dental Care Centre in Bedford.

The Dental Care Centre runs NHS clinics providing:

- General access and routine care
- Referral services for adults and children with special needs
- Endodontic services
- Periodontal services, providing consultation and treatment
- Consultant led inhalational and intravenous sedation services.

There is step free access to the service for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the clinic. The service has made reasonable adjustments to support patients with access requirements.

The dental team includes 10 dentists, 14 dental nurses, 2 trainee dental nurses, 1 dental therapist, 1 practice manager, 4 administrators and 3 receptionists. The clinic has 8 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, 1 receptionist, the Clinical Governance Lead, the Operations Lead and the Operations manager for the People's Team. We looked at practice policies, procedures and other records to assess how the service is managed.

The service is open: Monday – Friday 9am to 5pm.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found this service 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 service had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff members completed an additional annual refresher course on safeguarding adults and children.

The clinic had infection control procedures which reflected published guidance.

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

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

The clinic appeared clean and there was an effective schedule in place to ensure it was kept clean.

The clinic had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The clinic ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we saw that 2 autoclaves and both washer-disinfectors were due for servicing. Following the inspection, we saw that servicing had been arranged for both autoclaves and both washer-disinfectors.

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

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

Risks to patients

The service had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness. There was lack of a risk assessment for lone working for the cleaner, but following the inspection, we saw that a thorough risk assessment had been completed.

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

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 also completed by all staff providing treatment to patients under sedation.

The service 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 clinic had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

Are services safe?

The clinic had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

Track record on safety, and lessons learned and improvements

The clinic had systems to review and investigate incidents and accidents. The clinic had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep dental professionals up to date with current evidence-based practice.

The service offered conscious sedation for patients. The service's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

Helping patients to live healthier lives

The service 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.

Monitoring care and treatment

The service 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 service carried out radiography audits 6-monthly following current guidance.

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 service was a referral clinic for procedures under sedation and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services caring?

Our findings

We found this service 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.

We reviewed feedback received from patients, which was very positive about the care received, and commented on kind and considerate staff.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

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.

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

The dentists explained the methods they used to help patients understand their treatment options. These included X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The service 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 service had made reasonable adjustments, including an accessible toilet, automatic doors, extra wide corridors and doors for wheelchair access and easy read leaflets for patients with access requirements. Staff had carried out a disability access audit as part of their General Health and Safety risk assessment.

Timely access to services

The service displayed its opening hours and provided information on their website.

Patients could access care and treatment from the clinic within an acceptable timescale for their needs. The service had an appointment system to respond to patients' needs. Patients had enough time during their appointment and did not feel rushed.

The service's answerphone provided telephone numbers for patients needing emergency dental treatment when the clinic was not open.

Patients who needed an urgent appointment were offered one in a timely manner. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service 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 service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

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

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 service.

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

The service 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 service 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.

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 service 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. The service carried out a patient survey every 6 months and evaluated the results to continually improve.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were strongly encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. During the inspection, the inspection team were invited to attend the daily huddle. This was a short but comprehensive meeting, attended by all staff, to relay any immediate or urgent information. There was an agenda, and staff were given the opportunity to bring up any immediate concerns. The discussion held was written on a white board and also written up so all staff had access to the information.

Continuous improvement and innovation

Are services well-led?

The service had systems and processes for learning, quality assurance, continuous improvement and If applicable; innovation. 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.