

JDRM Dental Care Limited

JDRM Dental Care Loughborough

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 September 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 the following five 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 was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance; however, these were not always followed.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.

Summary of findings

- 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.
- The appointment system took account of patients' needs.
- 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, however not all audits had documented learning points.

Background

The provider has 7 practices and this report is about JDRM Dental Care Loughborough. JDRM Dental Care Loughborough is in Loughborough and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs. Ground floor reception, waiting area and treatment rooms are available as well as a disabled access toilet.

The dental team includes 6 dentists, 7 dental nurses, including 3 trainee nurses, 4 receptionists and a practice manager. The practice has 4 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses, 2 receptionists, the practice manager, the operations manager, and the company directors, one of whom is also the registered manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Sunday from 8am to 8pm.

The practice had taken steps to improve environmental sustainability. For example, a member of staff is the designated energy champion. They look at ways to help practices within the group be more environmentally sustainable. This includes reducing carbon footprint by use of LED lights, turning off lights and computers when not needed, recycling, bulk ordering items from delivery companies to reduce the number of journeys to the practice. Recruiting staff from the local area wherever possible. Directors meetings are being held by zoom to try and reduce travel to meetings. A competition was held at Christmas which encouraged staff to upcycle items to make Christmas decorations for the practice.

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

Summary of findings

- Improve the practice's infection control procedures and protocols 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'. In particular ensure diamond burs and cotton wool is correctly stored in each treatment room.
- 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 clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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 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 safeguarding training to the appropriate level and the new practice manager had completed higher level training. Information for patients regarding safeguarding and domestic abuse were on display throughout the practice.

The practice had infection control procedures which reflected published guidance. However, we saw that diamond burs were not kept in sterile boxes or pouched, these were stored in an open box, the cotton wool in surgery 3 was not in a dispenser. Following this inspection, we were assured that diamond burs were to be kept pouched and a cotton wool dispenser had been put in place in surgery 3.

Staff completed training regarding infection prevention and control annually. 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, we noted that hot water temperatures were below the required temperature level. We saw that the gas boiler had recently been serviced and were assured that a gas engineer was visiting the practice to rectify this issue. Following this inspection, we were sent evidence to demonstrate that a plumber had visited the practice and taken the required action. A new log sheet demonstrated that temperatures were now within the required temperature range.

Staff had completed legionella awareness training and the practice completed an annual in-house legionella risk assessment.

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

We saw the practice was visibly clean. An external cleaning company completed the cleaning at the practice. Cleaning schedules and cleaning logs were available to demonstrate cleaning undertaken.

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. We were told that some refurbishment of the practice had recently taken place, and more was planned.

A fire risk assessment was carried out in line with the legal requirements by an external professional in 2019. Issues for action identified in the risk assessment had been addressed. The practice manager completed an internal fire risk assessment annually. The management of fire safety was effective. The last fire drill was completed on 6 September 2022, but these had not taken place regularly prior to that date. We were assured that going forward fire drills would be completed at least six-monthly.

The practice had some arrangements to ensure the safety of the X-ray equipment. However, we saw that the 3 yearly quality assurance inspection was not available for all X-ray machines. Following this inspection, we were sent evidence to demonstrate that these inspections had taken place, electro mechanical checks had also been completed on all X-ray machinery at the practice. All other required radiation protection information was available

Are services safe?

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. The practice was using safer sharps and a sharps risk assessment was in place. Training regarding sepsis was completed by staff annually as part of the medical emergency training.

Emergency equipment and medicines were available and checked in accordance with national guidance. Logs were kept demonstrating daily and weekly checks completed.

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. Material safety data sheets were also available for each hazardous product in use. A separate file of information was available regarding cleaning products in use at the practice for ease of access to the cleaner.

Information to deliver safe care and treatment

Dental care records we saw were 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. However, the audit seen was not dated and did not have a summary action plan. We were told that the audit was completed in August 2022 and going forward would include a summary action plan.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. Incident forms we reviewed were detailed with clear evidence of learning from them to prevent their recurrence. The practice had a system for receiving and acting on safety alerts. Evidence was available to demonstrate that these alerts were disseminated to managers and action taken as appropriate.

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.

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. We were told that the practice did a “half term campaign” to encourage children to attend the practice. This included putting posters on display and giving out goody bags to children with toothbrushing charts and other items.

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 had completed training regarding this.

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 dental care records in line with recognised guidance. However, where appropriate, not all patient notes, demonstrated that a dental dam was used in line with guidance from the British Endodontic Society when providing root canal treatment. There was no evidence in patient notes for one dentist that they were following NICE recall guidelines and justification for taking an X-ray was not always recorded in patient notes. We were assured that this would be discussed with dentists and patient notes would include all required information going forward.

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

Evidence was not available to demonstrate that all of the dentists justified, graded and reported on the radiographs they took on each occasion. Some clinicians were not using the updated grading system for recording X-rays. X-ray audits were completed annually for a small sample size. We were assured that X-ray audits would be completed at the required frequency and sample size going forward and that the new grading system would be implemented by all clinicians. We were also informed that discussions would be held with dentists to ensure that justification for taking X-rays was recorded in patient notes.

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.

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.

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. Additional appointment time could be allocated to nervous patients if needed.

Reception staff were observed to be very helpful and polite when assisting a person who attended the practice to book an appointment. This patient whose ability to speak or understand English was limited, was informed of the translation service available for any future appointments.

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. Staff had completed data protection training.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. Staff said that they always take their time to ensure patients are comfortable and understand any treatment being provided. We were told that staff made the atmosphere as relaxed and friendly as possible to try and ensure patients did not feel anxious.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Treatment rooms were available on the ground and first floor of the building. A note on patient records alerted staff to ensure they booked a ground floor treatment room where required. A ground floor disabled access toilet was also available.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Emergency appointment slots were kept available each day for patients requiring urgent dental treatment.

The practice had an appointment system to respond to patients' needs. The practice provided extended opening hours between 8am and 8pm, 7 days per week and was open all year including bank holidays.

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.

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 provider demonstrated a transparent and open culture in relation to people's safety. Staff demonstrated an understanding of the Duty of Candour and their obligations under it.

There was strong leadership and emphasis on continually striving to improve. Where issues were identified during this inspection they were acted upon immediately. We were told that any learning would be shared amongst all practices within the JDRM group.

Systems and processes were embedded, and staff worked well together.

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. We were told that there was a very supportive culture at the practice.

Staff discussed their training needs during annual appraisals. Although some appraisals were overdue for completion. We were told that the newly employed practice manager had scheduled appraisal meetings for dentists and other staff had undertaken a "fast track" appraisal until a full appraisal could be completed. Staff discussed learning needs, general wellbeing and aims for future professional development during appraisal meetings.

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.

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. Staff completed data protection training and we were told that information governance was discussed during practice meetings.

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. There was a suggestions box in the waiting area and patients were able to complete the NHS Friends and Family Test.

Are services well-led?

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. A new practice manager had been employed recently and we were told that practice meetings would be held monthly going forward. Meetings had been booked for the year ahead and would include discussion topics such as complaints, significant events and a separate agenda item for each team (reception, nursing, dentists) to raise any issues for discussion.

A company communication was sent out each week to staff. This was often in the form of a video and could include sharing of good practice, updates and improvements, welcoming new team members and congratulating those who had passed exams.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. Various weekly meetings were held, for example, separate meetings were held with practice managers, directors and area managers and individual practice meetings. Learning from individual practices was shared within the group using the weekly communication or more urgently using social media groups and email.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiographs and infection prevention and control. However, we noted that X-ray audits were not completed using the correct frequency or sample size. We were assured that X-ray audits would be completed at the required frequency and sample size going forward. Not all clinicians were completing an audit of patient records. We were assured that these audits would be completed by all clinicians in the future.