

The Dental Care Group Partnership c/o Vaid, Radia  
and Shah

# Reepham Road Dental Practice

## Inspection Report

183 Reepham Road, Norwich, Norfolk, NR6 5NZ  
Tel: 01603408362  
Website:

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### Overall summary

We carried out this announced inspection on Reepham Road Dental 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

##### **Background**

Reepham Road Dental Practice is a well-established practice based in Norwich that provides mostly NHS treatment to patients of all ages. The dental team includes four part-time dentists, four dental nurses, one dental hygienist and two receptionists who serve about 16,000 patients. The practice has three treatment rooms and is open from 8am to 5.15pm from Mondays to Fridays.

There is level access for people who use wheelchairs and pushchairs, but no disabled toilet facilities.

# Summary of findings

The practice must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Reephram Dental Care is the Operations Business Manager.

On the day of inspection we collected 49 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a very positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, one of the receptionists and the practice manager. Senior managers representing the provider were also on site. We looked at the practice's policies and procedures and other records about how the service was managed.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# 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?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. Learning from incidents and complaints was used to help improve the service.

Staff received training in safeguarding vulnerable adults and children and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks to ensure only suitable people were employed.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as effective and pain-free. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received and of the staff who delivered it. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



### Are services responsive to people's needs?

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

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain and the practice occasionally offered extended hours opening when needed.

Staff considered patients' different needs. This included providing some facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

There was a clear leadership structure and staff were supported in their work. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Reepham Road Dental Practice

## **Detailed findings**

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. For example, following a staff injury, the practice changed its policy and no longer allowed staff to receive personal deliveries at work.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Staff we spoke with were aware of recent alerts affecting dental practice and the practice manager showed us a folder where all alerts had been downloaded and kept for reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and the leads had undertaken level three training in child protection. Laminated posters were on display around the practice with contact details of local protection agencies. All staff had been checked via the Disclosure and Barring Services to ensure they were suitable to work with vulnerable adults and patients.

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed for the practice. Guidance about dealing with sharps' injuries was on display near where they were used and sharps boxes were wall mounted to ensure their safety. Dentists used a safer sharps system that allowed them to dispose of needles without resheathing them.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. However it was not clear if all the dentists used rubber dams to protect patients' airways in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how it would deal with events that could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this, staff regularly rehearsed medical emergency simulations to keep their training and knowledge up to date.

Emergency equipment and medicines were available as recommended in national guidance. Staff regularly checked them, to make sure they were available, within their expiry date, and in working order. All staff had access to first aid and eyewash equipment if needed.

### Staff recruitment

The practice had a recruitment policy and procedure to help them employ suitable staff. We looked at staff recruitment files that showed the practice followed their recruitment procedure. We were shown a comprehensive check list which was used by the practice manager to ensure all essential pre-employment checks were completed for new staff joining the practice.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had appropriate professional indemnity cover. The practice had current employer's liability insurance.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed regularly to help manage potential hazards. We viewed comprehensive practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. Additional assessments had been completed for specific issues such as working without chairside support, new mothers and Hepatitis B non-responders.

# Are services safe?

A fire risk assessment had been completed in February 2017 and its recommendations had been implemented. Firefighting equipment such as extinguishers was regularly tested and building evacuations were rehearsed every week. We viewed a very detailed fire logbook that showed that regular checks of emergency lighting and fire alarms were undertaken.

We noted good signage around the practice indicating the location of emergency equipment, fire exits, oxygen storage and X-rays. Steep stairs were hazard marked to make them more visible to patients.

## Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits regularly. The latest audit showed the practice was meeting essential quality standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a comprehensive risk assessment, although we found not all staff were clear about dental unit water line management.

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice's waiting room, toilet and staff areas were clean and uncluttered. Cleaning equipment used for different areas of the practice was

colour coded and stored correctly to reduce the risk of cross infection. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily.

## Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff told us they had the equipment needed for their role and that repairs were actioned in a timely way. Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use. The practice manager told us a full stock count was undertaken every year.

The practice had suitable systems for prescribing, dispensing and storing medicines. The practice stored and kept records of NHS prescriptions as described in current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had all the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography, although we noted one clinician needed to update this training. Rectangular collimation was not being used in two treatment rooms however, as recommended by national guidelines to help reduce patient dosage.

Dental care records we were shown did not always contain evidence that the dentists justified, graded and reported on the X-rays they took. The practice manager assured us this would be addressed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

There was a selection of dental products for sale and health promotion leaflets were available around the practice to help patients with their oral health. A part-time hygienist was available to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice manager had received training in oral health education and told us the practice took part in oral health campaigns such as national Smile Week. Staff were aware of local smoking cessation services.

Dental nurses told us dentists regularly discussed smoking, alcohol consumption and diet with patients during appointments.

### Staffing

The practice had a well-established staff team, many of whom had worked there a long time. Staff told us they were enough of them for the smooth running of the practice. Staff from other practices available if needed and the practice manager was also a dental nurse and could help if required. A dental nurse worked with the dentists, when they treated patients but not with the hygienist.

Both staff and patients told us they did not feel rushed during appointments. We noted that one dentist saw 40-45 patients a day and undertook 9,000 units of dental activity per year which was in excess of the nationally

recommended 7,000 units per year. However, senior managers were aware of this and were monitoring the dentist's work as a result. to ensure patient care was not compromised.

Staff new to the practice had a period of induction based on a structured and comprehensive 16-week programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Staff told us they discussed their training needs at their annual appraisals, evidence of which we viewed. Staff told us that managers were supportive of their training requests and the provider had paid for the training for the two newest dental nurses.

### Working with other services

Staff confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice kept a central log of all referrals so they could be tracked if necessary and had a system in place to closely monitor urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

We found that staff had a good understanding of patient consent issues, and one nurse told us how staff had applied the principals of the Mental Capacity Act in relation to a patient who was living with dementia and did not fully understand their treatment.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Patients commented positively that staff were gentle, cheerful and professional. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. We noted that the dental nurse came down from the upstairs treatment room to collect patients personally.

The reception area was separate from the waiting room, allowing for privacy and radio music could be played to distract patients. Staff told us they tried not to give out personal details when speaking to patients on the phone. We noted a leaflet in the waiting room clearly explaining to patients how the practice looked after and safeguarded information about them.

Computers were password protected and screens displaying patients' information were not overlooked. All consultations were carried out in the privacy of the

treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Window blinds or frosted glass were in place to prevent passersbys from looking in.

Dental nurses described to us some of the practical ways in which they help nervous patients manage their treatment. One patient told us the dentist always paused their treatment when asked, and another that the dentist showed great empathy and understanding of their illness.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. In addition to this, the practice's website provided patients with information about the range of treatments available at the practice and information leaflets were available to help patients understand their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was easily accessible and had some dedicated parking directly outside the premises.

The waiting area provided good facilities for patients including a children's play area, interesting magazines and leaflets about various oral health conditions and treatments. There was a website giving patients details about the services on offer. The practice had also recently set up its own Face Book page.

Patients described high levels of satisfaction with the responsive service provided by the practice. They told us getting an appointment was easy, even in an emergency, and appointments could be made in person, by telephone or on-line. Patients could sign up for a text or telephone appointment reminder service. The practice opened from 8am each day and occasionally opened late or on a Saturday morning to accommodate patients' specific needs.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access to the practice, chairs with arms in the waiting room and a hearing loop for patients with hearing aids. The practice had produced its information leaflet in large print to help patients with visual impairments and staff had access to interpreter and translation services. One dentist spoke Polish and another Portuguese and therefore saw patients who also spoke these languages.

### Concerns & complaints

The practice had a policy and a procedure that set out how complaints would be addressed, and staff spoke knowledgeably about how they would handle a patient's concerns. Information about the procedure was available in the patient waiting area and this included details of the timescales by which they would be responded to and other organisations that could be contacted.

We looked at recent complaints received by the practice and found they had been dealt with openly and appropriately. There was a clear record of every contact that had been made between practice staff and the complainant.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice manager was in day-to-day control of the service and we noted her experience, knowledge and clear commitment to improve the service where possible. She was supported by the provider's operations and compliance staff who visited regularly to assist her in the running of the service. She also met regularly with the practice managers of the provider's other services to discuss any issues and share best practice.

Communication across the practice was structured around regular practice meetings that all staff attended. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. The meetings were well advertised in advance and we noted good quality minutes were kept of them.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. All staff received training on information governance and there was a system for checking professional registrations and fitness to practice.

The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

### **Leadership, openness and transparency**

Staff told us they enjoyed their work and described their morale as good. Many had worked at the practice for a number of years and stated there was good teamwork. We received many positive comments about the practice manager who staff described as professional, effective and approachable. We noted she took immediate action to rectify the minor shortfalls we identified during our inspection.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Staff told us they felt able to raise concerns and it was clear the practice worked as a team and dealt with issues professionally.

All staff received a regular newsletter from the provider that was used to give news of any new staff joining the company, celebrating any staff's achievements and delivering key messages from the provider's senior managers.

### **Learning and improvement**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays, infection prevention and control, and call waiting times. There were clear records of the results of these audits and of the resulting action plans and improvements.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. All staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice used patient surveys to obtain views about the service. We viewed results of a 2017 survey completed by 30 patients that showed high levels of satisfaction with the service. The survey's results had been analysed and were being used to improve the service, for example finding a way to improve the way the cost of treatment was communicated to patients. Patients were also actively encouraged to leave feedback about the practice on NHS Choices, and the practice had scored 4.5 out of five stars, indicating high satisfaction levels.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results were monitored closely and displayed in the waiting room for patients to see.

## Are services well-led?

We saw examples of suggestions from patients the practice had acted on. For example, an activity cube was purchased in order to provide entertainment for small children and more up to date reading material was provided for patients in the waiting room.

The practice also listened to its staff and implemented their suggestions. For example, changing the system for managing NHS forms and providing more seating in the staff room.