

Mr. Bruce Grainger

The Radbrook Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 23 January 2024 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. Most appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had systems to help them manage risk to patients and staff. However, we found minor shortfalls in managing the risk associated with Legionella management, emergency lighting and electrical safety management.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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 practice had information governance arrangements.

Background

The Radbrook Dental Practice is in Shrewsbury and provides private dental care and treatment for adults and children.

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

The dental team includes 2 dentists, 6 dental nurses, 3 dental hygienists and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8.30am to 5pm

Friday from 8.30am to 4.30pm

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular electrical safety and emergency lighting.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

- Take action to ensure audits of infection prevention and control and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The 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. The practice had a safeguarding lead and staff training was carried out to an appropriate level for their role.

The practice had infection control procedures which reflected published guidance.

A legionella risk assessment had been carried out which highlighted areas for attention to reduce the risk of Legionella, or other bacteria, developing in water systems. We found the water temperature records showed the hot water was not reaching the recommended 55 degrees celsius. Following our inspection, the provider sent evidence to show the boiler temperature had been increased and a plumber was arranged to carry out the required works.

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. We found these did not always reflect the relevant legislation as Disclosure and Barring Service (DBS) checks were not carried out at the point of recruitment and risk assessments were not in place for 4 newly appointed staff members.

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 electrical installation condition report (fixed wiring) had been carried out in 2021 and found to be unsatisfactory. The emergency lighting had not been serviced. Following our inspection, the provider submitted evidence to show the remedial electrical work was arranged for the week following our inspection including the service of the emergency lighting.

A fire safety risk assessment was carried out in October 2021 in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and 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. We viewed risk assessments which covered a range of potential hazards in the practice and detailed control measures that had been put in place to reduce any risks.

We found rubber dam to protect patient's airway during root canal treatment was not always used.

Most emergency equipment and medicines were available and checked in accordance with national guidance. We found the Oropharyngeal airways (size 0), clear face masks for self-inflating bag (sizes 3 and 4), oxygen face mask with reservoir and tubing for a child and portable suction were missing. The oxygen face mask with reservoir and tubing for an adult was not displaying an expiry date and there was not a sufficient supply of adrenaline to repeat the dose as per current guidance. Following our inspection all the above items were ordered.

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.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health. Safety data information was available for all materials used including cleaning products.

Information to deliver safe care and treatment

We found not all patient care records were complete and legible. We found recording of treatment options, periodontal diagnosis and classification, consent, risk assessment for caries and oral cancer was not always documented.

Patient care records 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 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not 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 which were shared with staff when 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.

We saw the provision of dental implants was in accordance with national guidance.

The practice had access to digital X-rays to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

The practice sold dental sundries such as toothbrushes, interdental brushes, disclosing tablets, mouthwash and dental floss to help patients manage their oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance however, we found this was not always recorded. Staff 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

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 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 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. Staff described to us some of the ways they enabled nervous patients to access their treatments and the additional measures they implemented to support them, for example, arranging appointments during quieter times of the day.

Staff were observed to be friendly, caring and helpful to patients when speaking with them in person and over the telephone.

Staff had undertaken training in autism and learning disability awareness to increase their understanding of patients with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. Computer screens were not visible to the public at reception and there was an available area away from reception where patients could have a private discussion if requested.

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. We found treatment options were not always recorded in clinical care records.

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

The dentist explained the methods they used to help patients understand their treatment options. These included 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 and preferences.

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

The practice had made reasonable adjustments, including step free access, ground floor treatment rooms and accessible toilet facilities for patients with access requirements. Staff had carried out a disability access audit.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

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 website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call arrangement with other local practices and patients were directed to the appropriate out of hours service.

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

Following our inspection, the provider submitted information addressing most the shortfalls we identified, demonstrating the providers commitment to improving the service for both staff and patients.

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

Culture

Staff commented on effective teamwork and supportive leadership within the practice. They stated they felt respected, supported and valued.

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

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 governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Processes for managing risks, issues and performance required strengthening. Shortfalls were identified with the medical emergency equipment, patient record keeping and electrical safety. These were rectified following our inspection.

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 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.

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, and infection prevention and control. We found the infection prevention and control audit was not carried out at the recommended 6 monthly timeframe and antimicrobial prescribing audits were not carried out. The resulting findings, action plans and improvements were not always recorded were appropriate.