

Mr. Richard Brocklesby

# Reepham Dental Centre

## Inspection report

8, Coles Way  
Station Road, Reepham  
Norwich  
NR10 4LW  
Tel: 01603871771  
[www.reephamdentalcentre.co.uk](http://www.reephamdentalcentre.co.uk)

Date of inspection visit: 26 September 2022  
Date of publication: 04/10/2022

### Overall summary

We carried out this announced focused inspection on 26 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 five key questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- 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.
- 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.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.

# Summary of findings

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- 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 implement any recommendations in the practice's Legionella risk assessment.

## Background

Reephram Dental Centre provides private dental care and treatment for adults and children. The dental team includes 1 dentist, 2 hygienists, 1 dental nurse and a receptionist. The practice has two treatment rooms.

The practice has made reasonable adjustments to support patients with additional needs. There is access to the practice via a portable ramp for people who use wheelchairs and an accessible toilet.

During the inspection we spoke with the dentist, the nurse, the receptionist and a hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Mondays and Wednesdays from 8.30am to 5pm; on Tuesdays and Thursdays from 7am to 3pm, and on Fridays from 8.30 to 1pm.

# 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 had undertaken appropriate training. There was helpful information around the practice about protection agencies making it easily accessible to both staff and patients.

The practice had infection control procedures which reflected published guidance. However, we noted that infection control audits had not been undertaken every 6 months as recommended in national guidance. Staff continued to manually scrub dirty instruments, despite the recent purchase of a new ultrasonic bath, and information from the steriliser's data logger was not reviewed frequently enough to effectively identify potential problems. Although perfectly functional, we noted the hygienist's treatment room was very dated with some carpeting and worn cabinetry.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment, although not all recommendations from the assessment undertaken in 2018 had been implemented.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the premises were kept clean.

The practice had a recruitment policy and procedure to help them employ suitable 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.

A fire risk assessment had been carried out and its recommendations had been implemented. We viewed records of regular fire safety checks that had been undertaken. Staff had completed fire marshal training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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. This included sharps safety, sepsis awareness and lone working.

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.

The practice had risk assessments to minimise the risk that could be caused from substances that were hazardous to health.

### **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines and prescriptions. A stock system was in place to identify missing medicines and the labels on dispensed medicines contained appropriate information. Glucagon was kept in the fridge, although the fridge's temperature was not monitored daily to ensure it was operating effectively.

# Are services safe?

Antimicrobial prescribing audits were not carried out to ensure the dentist followed nationally recommended guidelines.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented effective 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.

There was a system for receiving and acting on national 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Although well understood by the dentist, we noted that patients' risk levels of tooth wear, caries, oral cancer and periodontal disease were not always assessed. Patient recall frequencies were not always recorded.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance, although we noted patients' verbal consent had not always been recorded to indicate their understanding of the treatment and any risks involved.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the requirements of Gillick competency in relation to younger patients.

### **Effective staffing**

Although the dental team was small, staff told us they had enough time for their role and did not feel rushed in their work. We found 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide and followed up the referrals to ensure they were managed in a timely way.

# 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 clear about the importance of emotional support needed by patients when delivering care. They gave us specific examples of where they had gone out of their way to support patients such as giving them a lift home, delivering their prescriptions and sending condolence cards. Additional appointment time could be allocated to nervous patients if needed.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality, especially at the reception desk, which was right in front of the patient area. The computer screen was not overlooked, and the receptionist told us she could take confidential calls in another room if required. However, we noted that we could overhear patients undergoing their treatment in the waiting area. The dentist agreed to review this, and perhaps implement some music to help distract patients.

Staff password protected patients' electronic care records and backed these up to secure storage. Patients' paper dental care records were stored in locked filing cabinets behind the reception desk.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave them clear information to help them make informed choices about their treatment.

# 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 had made reasonable adjustments for patients with disabilities which included ramp access and a fully accessible toilet.

There was information in the reception area giving patients helpful information about how to raise concerns, the costs of treatments, sepsis awareness and the General Dental Council's principals to be followed by dental health professionals.

### **Timely access to services**

At the time of our inspection the practice was unable to take on new patients and was running a sizeable waiting list of nearly 50 patients. It hoped to offer slots to new patients at the beginning of October 2022, once staff had caught up on all outstanding treatment.

We were told that any patient in dental pain would be seen the same day, and the practice could open early or stay open late to accommodate dental emergencies.

There was a reciprocal arrangement in place with another local dental practice at times when the practice was closed completely due to staff 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. Paperwork we reviewed in relation to two complaints demonstrated they had been managed in a timely and empathetic way.



# 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 dentist had overall responsibility for the clinical leadership and management of the service but was well supported by the receptionist who took on responsibility for day to day operation of the practice.

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

### **Culture**

The practice 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.

Staff stated they felt respected and valued, and we received many positive comments about the dentist. Staff told us they greatly enjoyed their work and the family like environment of the practice.

Staff discussed their training needs during annual appraisals, evidence of which we viewed. Staff told us their appraisal was a meaningful process, and all had a personal development plan in place.

### **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.

We saw there were clear and effective processes for managing risks, issues and performance.

Staff told us communication between them was good. However, no recorded practice meetings had taken place in the previous few years and therefore it was not clear how key information, dental guidance and policies were formally shared.

### **Appropriate and accurate information**

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered patients' views via a survey that had recently been reintroduced at the practice.

The practice gathered feedback from staff through appraisals and informal discussions.

### **Continuous improvement and innovation**

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. Training records we reviewed showed that staff had completed all essential training.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records (although this had failed to identify the shortfalls we found), radiographs, and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.