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# Aylsham Dental Practice

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 16 March 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.

We usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice had systems to help them manage risk to patients and staff.
- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The practice asked patients for feedback about the services they provided.

# Summary of findings

- The practice dealt with complaints positively and efficiently.

## Background

Aylsham Dental Practice Limited provides both 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 parking for people with disabilities, are available nearby in the Market Place.

The dental team includes one dentist, two dental hygienists and three dental nurses. The practice has two treatment rooms.

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

The practice is open on Mondays to Thursdays from 8.30am to 5pm; and on Fridays from 8.30am to 1pm.

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

- Improve and develop the practice's policies and procedures for obtaining patient consent in relation to their dental implant treatment.
- Take action to implement all recommendations from the practice's most recent radiation safety visit to ensure compliance with The Ionising Radiations Regulations 2017 and 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 all clinicians follow the latest NICE guidance in relation to anti-microbial prescribing.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 told us of a recent safeguarding concern they had reported appropriately, demonstrating they took the protection of children seriously.

The practice had infection control procedures which reflected published guidance. Additional safety procedures in relation to COVID-19 had been implemented to reduce the potential spread of the virus.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in water systems. A risk assessment had been completed on 14 March 2022, and staff were in the process of implementing its recommendations.

We noted good level of cleanliness and hygiene throughout the premises. There were effective cleaning schedules in place to ensure the practice was kept clean.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. All staff received an induction to their role.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions including fire, electrical and gas appliances.

A fire risk assessment had been carried out and we noted its recommendations to service fire alarms and undertake timed fire drills had been implemented. One member of staff had been appointed as the practice's fire marshal and had undertaken additional training for this.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, we noted that not all recommendations from the last radiation safety visit had been actioned. The dentist assured us they would be undertaken immediately.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety, including the recent introduction of safer sharps by all clinicians.

Emergency equipment and medicines were available and regularly checked as described in recognised guidance. Following our visit, the emergency kit was moved to a safer and more accessible location.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Staff had recently introduced emergency medical simulations to keep their training and knowledge up to date.

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

### **Information to deliver safe care and treatment**

# Are services safe?

Dental care records we saw were complete, legible, 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 and prescription pads. Glucagon was stored in a fridge, and its temperature was monitored daily to ensure it operated effectively.

Patient group directions were in place for the practice's hygienists to administer local anaesthetic to patients.

Antimicrobial prescribing audits were carried out, although we noted that the dentist was not aware of the most recent guidance in relation to antibiotic prescribing.

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

The practice had implemented systems for reviewing and investigating when things went wrong.

The practice had a system for receiving and acting on national patient safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The dental care provided was evidence based and focused on the needs of the patients. Clinicians kept detailed records of the care given to patients including information about treatment and advice given. However, the staging and grading of patients' periodontal disease had not always been routinely recorded and the dentist was not aware that basic periodontal examinations were required for children above seven years.

Staff had access to a panoramic scanning dental X-ray machine and 3-D imaging software that made same day detailed replications of patients' teeth to enhance the delivery of care.

We saw the provision of dental implants was mostly in accordance with national guidance. However, the practice did not have a vacuum steriliser in order to clean the instruments as recommended.

Patients could access care and treatment within an acceptable timescale for their needs.

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

The practice provided preventive care and supported patients to ensure better oral health and dental care records we viewed showed that patients were given oral health advice. The dentist told us he had recently reviewed 'Delivering Better Oral Health' national guidance and was implementing its recommendations to improve patients' oral and general health.

The practice employed two dental hygiene therapists to support patients with their oral health care and gum disease.

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

Staff obtained patient consent to care and treatment in line with legislation and guidance, although the dentist did not always obtain signed consent from patients for their dental implant treatment.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick competence guidelines.

### **Monitoring care and treatment**

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Radiography audits were completed following current guidance and legislation.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they had enough time for their role and did not feel rushed in their work.

The dental hygienists always worked with chairside support.

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 he referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Patient referrals were monitored to ensure they were dealt with in a timely 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 practice demonstrated a transparent and open culture in relation to people's safety. Minor shortfalls we identified during our pre inspection telephone call and site visit were addressed immediately demonstrating staff's commitment to improve the service.

We saw the practice had effective processes to develop staff leadership, capacity and skills. Staff within the practice had lead roles to help with the management of the service.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They told us the dentist was approachable and often implemented their ideas and suggestions.

Staff discussed their training needs at an annual appraisal and during one to one meetings.

### **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.

There were regular meetings for all staff, where patient complaints, practice policies, and medical emergency scenarios were discussed. Staff told us the meetings were useful and informative.

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

Staff involved patients, the public, staff and external partners to support the service.

The practice gathered feedback from staff through meetings and informal discussions. Patients' views were actively sought and used to help improve the service.

### **Continuous improvement and innovation**

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, endodontics, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The practice paid for staff's membership to a nationally accredited on-line training provider to help them keep their professional development training up to date.