

Dr. Nima Amin

# Burnham Market Dental Surgery

## Inspection report

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Date of inspection visit: 21 September 2022  
Date of publication: 14/10/2022

### Overall summary

We carried out this announced focused inspection on 21 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.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies and appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.

# Summary of findings

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

## Background

Burnham Market Dental Surgery provides private dental care and treatment for adults and children. In addition to general dentistry, the practice offers dental implants.

The practice has made reasonable adjustments to support patients with additional needs. There is full access to the practice via a ramp for people who use wheelchairs and those with pushchairs, but no accessible toilet.

The dental team includes one dentist, one hygienist, and a dental nurse who is also the practice manager. The practice has three treatment rooms, only two of which are in use.

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

The practice is open Mondays to Thursdays from 8am to 4.30pm.

# 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.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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. However, we noted that no references had been obtained for one member of staff, and the Disclosure and Barring Services check did not contain information about their suitability to work with vulnerable adults.

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 we viewed records of regular fire safety checks that had been undertaken.

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. However, we noted that the sharps risk assessment was basic and did not include all the different types of sharps objects used in the practice. The dentist did not use the safest types of needles which are recommended in national guidelines.

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, and the fridge's temperature was monitored daily to ensure it was operating effectively.

Antimicrobial prescribing audits were carried out to ensure the dentist followed nationally recommended guidelines.

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

# Are services safe?

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. However, we noted some radiographs had not been justified.

The practice offered dental implants and we saw the provision of them was in accordance with national guidance.

### **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. We noted information in the waiting area giving patients information about mouth cancer and the effects of smoking and alcohol on their dental health. The practice sold dental sundries including interdental brushes, floss and disclosing tablets.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance, although we noted signed consent had not always been obtained from patients 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**

The practice team was small, and occasionally relied on agency dental nursing staff to cover vacant shifts. The practice had been trying unsuccessfully to recruit additional staff, but this was proving very difficult due to its remote location and a shortage of dental health professionals in the region.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. Staff told us they had enough time for their role and did not feel rushed in their work.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# 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 and gave us specific examples of where they had gone out of their way to support patients. They also described to us some of the practical ways they supported nervous patients to undergo their treatment.

### **Privacy and dignity**

Staff were aware of the importance of patient privacy and confidentiality and the waiting area was separate from the reception desk. Downstairs treatment rooms either had blinds or stained glass on the windows to prevent passers-by looking in.

Staff password protected patients' electronic care records and backed these up to secure storage. Patients' paper dental care records were stored in a locked room, accessed only by practice staff.

### **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.

The hygienist described to us the methods they used to help patients understand treatment options discussed. These included the use of dental study models, mirrors and information sheets. Treatment information was also emailed to patients.

# 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**

Although there was not a fully accessible toilet, the practice had made reasonable adjustments for patients with disabilities which included ramp access, dental knee break chairs, a portable induction loop and access to a magnifying glass to help with reading small print.

### **Timely access to services**

At the time of our inspection, the practice was unable to take on new patients. However, it ran a waiting list and there were 22 patients on it, with about a 3 month wait. 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, evidence of which we viewed in practice meeting minutes.



# 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 was well supported by the nurse/practice manager who took on responsibility for day to day running of the practice. Minor shortfalls identified at our pre-visit telephone call had been addressed by the time of our inspection, demonstrating the practice's commitment to improving its service.

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 described the dentist and practice manager as very organised, approachable and supportive.

Staff discussed their training needs during annual development reviews, evidence of which we viewed. Staff told us their appraisal was a meaningful process and they received helpful feedback.

### **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. The practice used an on-line dental compliance tool to assist in the management of the service.

### **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 asked them for feedback about appointment times, value for money and the ability of the staff.

The practice gathered feedback from staff through meetings, 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, radiographs, hand hygiene, and infection prevention and control.

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