

Dr. Amanda Ricketts

Brunswick Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection of Brunswick Dental Practice 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. A CQC inspector, who was supported by a specialist dental adviser, led the inspection.

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 well-led care in accordance with the relevant regulations.

Background

Brunswick Dental Practice is a well-established practice based in Norwich City Centre that provides both NHS and private treatment to patients of all ages. The dental team consists of a dentist, a dental therapist, three nurses and a practice manager. They provide dental services to about 4500 patients.

The practice has three treatment rooms and is open Mondays to Fridays from 7.45am to 5pm.

There is level entry access and a downstairs toilet for people who use wheelchairs.

The practice is owned by Dr Amanda Ricketts who is the principal dentist there. She has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of our inspection we collected 58 comment cards filled in by patients and spoke with another four.

Summary of findings

During the inspection we spoke with the owner, the practice manager and a dental nurse. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect both staff and patients.
- Staff had a good understanding of their differing patient population groups and had adjusted their services to meet their specific needs.
- Patients received their care and treatment from well-supported staff, who told us they enjoyed their work.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the principal dentist and practice manager. Teamwork in the practice was excellent and we were impressed by staff's knowledge, enthusiasm and commitment to improve things where possible.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. Equipment used in the dental practice was well maintained.

There were sufficient numbers of suitably qualified staff working at the practice to support patients.

No
action


Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

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

Are services caring?

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

Patients were positive about all aspects of the service 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.

The practice's presentation to us and our discussions with staff clearly demonstrated that patients were at the heart of how the service ran. Staff took time to consider patients' differing needs and had adjusted their services accordingly. This included providing specialist chairs and grab rails for those with limited mobility; ensuring more appointment times were available during school holidays, and providing patients with places to store car seats and buggies.

Appointments were easy to book and patients were able to sign up for text and email reminders for their appointments. Patients could get an appointment quickly if in pain.

There was a clear complaints' system that was well advertised to patients.

No
action


Summary of findings

Are services well-led?

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

We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. Staff were well supported in their work, and it was clear the owner and practice manager valued them and encouraged their professional development.

The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

No
action


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. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, as a result of an event the practice changed its procedures for obtaining patients' next of kin information to ensure this was always held on record if needed'. Following a patient complaint about lack of privacy in the reception area, the practice had installed a barrier set back away from the desk with a notice asking patients only to approach when requested.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff and acted on. Staff were aware of recent alerts affecting dental practice

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, although some of this needed to be refreshed. Staff gave us a specific example of where they had reported their concerns about a child's welfare to relevant protection agencies.

All staff had received an enhanced DBS disclosure to ensure they were suitable to work with vulnerable adults and children.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments that staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. There were no sharps' injuries protocol posters near to where sharps were used, but the practice manager told us some would be put up immediately.

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. The practice should consider undertaking regular medical emergency simulations to help keep staff's knowledge and skills up to date.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

Staff files we reviewed showed that appropriate pre-employment checks had been undertaken for staff including proof of their identity and DBS checks. The practice had chosen not to request references for the staff, and this should be reviewed, especially if they have previously worked in a health care setting.

All new staff received a comprehensive induction to their role

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

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. 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 were available for the compressor room, trainee dental nurses and staff who did not respond to Hep B vaccination.

Staff recognised potential hazards in the building. For example, in response to possible trip and fire hazards from buggies and car seats brought in by patients, the practice had cordoned off an area of reception to store them in. They provided a buggy upstairs to use instead.

Are services safe?

A fire risk assessment had been completed and we saw that firefighting equipment had been maintained. Staff practiced timed fire evacuations, and smoke detectors were checked regularly.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all materials used within the practice.

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

Following a theft, CCTV cameras had been installed in some areas of the practice to provide additional security and monitoring of the premises. Posters were in place to inform patients that they were being filmed.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, the use of personal protective equipment and decontamination procedures.

We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilet, corridor and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

The practice conducted infection prevention and control audits and results from the latest audit in July 2017, indicated that the practice met essential quality requirements. We saw that its outcomes had been discussed with staff and action had been taken to address the identified shortfalls.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

line with HTM01-05, although matrix bands needed to be sterilised prior to use. We found some loose items in treatment room drawers that need to be covered to prevent aerosol contamination over time.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a secured area. We noted that staff had discussed how to remove the waste through the patient waiting area at a staff meeting in January 2017, to ensure this was conducted as safely as possible.

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. Other equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Stock control was good and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable systems for prescribing and dispensing medicines, although a logging and tracking system had not been implemented to account for any issued to patients. The dentist was aware of the British National Formulary's website for reporting adverse drug reactions.

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 the required information in their radiation protection file.

Clinical staff completed continuous professional development in respect of dental radiography.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentist.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 58 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that the clinicians assessed patients' treatment needs in line with recognised guidance. The dentist and therapist reviewed the care that patients had received each lunchtime to ensure any issues could be identified quickly.

Staff understood the importance of patients completing their medical histories and actively encouraged and supported them to do this.

The practice thoroughly audited dental care records to check that the necessary information was recorded.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Dental care records we reviewed demonstrated the clinicians had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A therapist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One patient described the dental therapist as excellent and told us she always showed them things in the mirror. The practice manager was an oral health educator and trained to give fluoride applications. She regularly assisted patients with tooth brushing techniques and diet advice. The practice had adapted a downstairs consultation room with mirrors and sinks to provide tooth-brushing advice.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss.

Staffing

Staff told us there were enough of them for the smooth running of the practice, and a dental nurse always worked with the dentist and therapist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at their annual appraisals.

Working with other services

The dentist confirmed she 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. The practice should consider implementing a central referral log so that any made can be monitored and tracked.

Staff also gave us specific examples of where they had referred patient to other health services when concerned about their mental health or safety. In one instance, the practice manager had advocated strongly on behalf of a patient to ensure they received appropriate treatment.

Consent to care and treatment

The practice had appropriate policies in place and it was clear from our conversations with staff that they had a thorough understanding of patient consent issues, and how to support those who could not make decisions for themselves. All staff had undertaken training in supporting patients with dementia to improve their knowledge and help them manage these patients' needs more effectively.

Patients told staff dentist listened to them and gave them clear information about their treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Before the day of our inspection, CQC comment cards were completed by patients so they could tell us about their experience of the practice. We collected 58 completed cards and obtained the views of a further four patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as welcoming, helpful and empathetic to their needs. Nervous patients told us staff were particularly caring and understanding of their needs. It was clear that the practice manager knew many of the patients well and had built up a good rapport with them over the years she had worked there.

Staff gave us examples of where they had gone out their way to support patients, such as taking them home when their transport failed to arrive. During our inspection, we noted that the practice manager rang all the following day's patients to inform them of a road closure affecting access

to the practice. The practice manager told us that if a patient did not attend for their appointment, she always rang them to check on their welfare. We noted that an issue regarding how older patients should be referred to by staff was discussed at length at a meeting, to ensure this was done in the most respectful way. This demonstrated that staff cared about the needs of their patients.

The main reception area was not private, although the practice had erected a barrier to prevent patients over hearing conversations. A small room was available to discuss private matters if needed. The two waiting areas were separate from the main reception, which helped ensure privacy.

We noted that patient confidentiality had been discussed at recent staff meeting, demonstrating that staff took this seriously.

Involvement in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

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 free one hour parking outside the premises. The waiting areas provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments. Toys and books were available to help keep children occupied. A TV screen showed a photo of each staff member and their name. The practice had its own website that provided general information about its services.

The practice opened early each day at 7.45am to accommodate the needs of working patients, and to improve access for children. Increased appointment times were made available during school holidays to accommodate younger patients and teachers. The practice manager told us she booked appointments for 'chatty' patients around coffee breaks and lunchtimes so that staff did not run behind daily schedules. Appointments could be made on-line, up to two years in advance, and patients could sign up to text and email reminders. Patients told us they were satisfied with the appointments system that getting through on the phone was easy and they rarely waited long for an appointment once they had arrived.

Thirty minutes was set aside each day to accommodate any emergency appointments.

Promoting equality

The practice was unable to accommodate every patient who used wheelchairs, as it was not able to adapt its narrow hallway or stairway. However, it had installed handrails on the front door and downstairs toilet, and purchased a specialised riser chair for the waiting room to help those patients with limited mobility. Parking permits were available for patients who needed to park close by and the practice had purchased reading glasses to assist those with visual impairments.

Concerns & complaints

The practice had a complaints' policy for both private and NHS patients that clearly outlined the process for handling their complaints, and the timescale within which they would be responded to. Information about how to complain was available in the waiting areas and on the practice's website, making it easily accessible for patients. The procedure could be downloaded from the practice's website.

The practice manager told us they practice had received no complaints in the previous year.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. She was supported by an experienced and dentally qualified practice manager, who had recently enrolled to do a level 5 qualification in business management. Staff knew the management arrangements and their roles and responsibilities.

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. We found that all records were well maintained, up to date and accurate

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Each year the practice completed an information governance self-assessment and the most recent result showed that it managed patient information in line with legislation.

Leadership, openness and transparency

The practice had a Duty of candour policy in place and staff were very aware of their duty to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us they enjoyed their work and felt supported and valued in their work. Staff told us that they had the opportunity to, and felt comfortable, raising any concerns with the owner or practice manager who were approachable and responsive to their needs.

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. We viewed detailed minutes that demonstrated that all staff had been active in discussions and decision-making.

We noted good teamwork in preparation for our inspection.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits on a range of topics of dental care records, X-rays, and infection prevention and control. The quality of these audits was good and there were clear records of their results and action plans.

All staff received an annual appraisal of their performance and had meaningful personal development plans in place.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. Staff told us the owner was supportive of their training.

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

The practice used surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on such as purchasing reading glasses, updating waiting area magazines and providing written information about post-operative advice. The practice manager told us she always asked patients about their treatment afterwards and noted down any concerns for discussion with the dentist that same day.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Recent result showed that 100% of patients would recommend the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the owner and practice manager listened to them and was supportive of their suggestions such as using walkie-talkies to communicate with reception, improving the filing systems and updating the practice's website.