

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Brunswick Dental Practice

13 Brunswick Road, Norwich, NR2 2HA

Tel: 01603624004

Date of Inspection: 23 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Dr. Amanda Ricketts
Overview of the service	Brunswick Dental Practice provides private and NHS dental treatment and care for children and adults.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to five people while they waited to see the dentist. Each person spoke positively about the practice, describing the staff as "Lovely" and "Very helpful and pleasant." Two people told us that their children also received dental health care from this practice and that they were happy with the standard of care given to the whole family. Two people had recommended the practice to friends.

People told us that they felt safe in the surgery and were confident that they could raise any concerns with the staff. They told us that they were always given detailed explanations of their treatment plans and the fees for treatment. They also said that they were able to discuss the plans with the dentist: as one person told us, "I can always make my feelings known." This showed that people expressed their views and were involved in making decisions about their care and treatment.

The practice provided information in a welcome pack and on its website about fees, appointments, treatments offered and the complaints policy, as well as the practice's "patient's charter." We saw treatment plans and records which were completed and signed by staff and patients.

People were offered treatment in a clean and hygienic environment. The practice had recently been re-decorated. There was a separate decontamination room for the cleaning and sterilisation of dental instruments and waste material was stored and disposed of in a safe manner.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

The practice manager told us that all new attendees were given a welcome pack containing information about services. We saw a copy of the information which included details about fees for services, complaints procedures and a copy of the practice's 'patient's charter.' The practice also made this information available on its website. We also saw information displayed in the reception and both waiting rooms about insurance plans, dental treatments and other services.

We witnessed staff members speaking politely and courteously with people in the practice and on the telephone. We noted that discussions about treatment were undertaken in private by the dentist, showing us that people's privacy and dignity were respected.

We saw examples of treatment plans that had been completed in the month prior to our inspection visit. All the plans had been signed by the person, or by a parent or guardian. All plans showed the treatment that was needed. Plans for NHS patients clearly showed which fee band (A, B or C) applied to the treatment. Plans for private patients showed detailed costs of each stage of treatment.

We noted that when people paid for treatment they were given a receipt for payments and that large print receipts were offered where appropriate.

The practice manager told us that the practice encouraged informal feedback from people. In the previous 12 months the practice had undertaken two surveys. A survey of consent and confidentiality had identified no concerns. One on staff communication had identified some areas for improvement and the practice had made appropriate changes in response to this.

People we spoke with told us that they always received clear explanations of proposed

treatments and costs. They also told us that they were given the opportunity to discuss the dentist's advice and to get involved in decisions. One person told us "I can always make my feelings known." This showed that people expressed their views and were involved in making decisions about their care and treatment.

Because of the nature of the building in which the practice operates it was not possible to ensure access to the first floor, where the main treatment rooms were located, for all people with living mobility problems. Whilst some treatments were carried out in the smaller, ground floor, treatment room we were told that if this particular facility could not meet people's specific needs they would be advised to attend a practice with better access.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw a copy of the medical history form used in the practice. The practice manager told us that every new person attending the surgery completed a history form to provide the dentist with information about their health and medications and that this form was updated at the start of a new course of treatment. We saw people being asked to update the histories when they arrived for their appointments.

We saw treatment records for three people. These showed that they had received full assessments of their dental health. The treatment plans were based on these assessments and treatments were carried out as indicated on the plans. We also saw dental health information leaflets which were given to people when necessary to help them to maintain good dental hygiene.

The service held emergency oxygen and medications in a central and easily accessible location. We checked the emergency medications. They were stored appropriately and all were within their stated expiry dates. All staff members had received resuscitation and first aid training in April 2012. This showed that the practice had taken steps to deal with foreseeable emergencies.

People we spoke with told us the staff were "Lovely" and "Very helpful and pleasant." One person said that the dentist had always seen them quickly in urgent situations. Two people told us they had recommended the surgery to friends.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with staff about the practice's safeguarding policies for children and adults. They were able to tell us what the safeguarding procedures were and how they would respond if they were concerned about possible safeguarding issues. We saw copies of the safeguarding policies and procedures which contained contact details for the local safeguarding teams. These policies were up-to-date and due for review in August 2013.

The practice manager had attended safeguarding training provided by the police and told us that they would be attending further training later in the year. All staff in the practice had received enhanced criminal records bureau [CRB] checks within the last three years.

Each member of staff we spoke with confirmed that a chaperone was always present during treatments. We were told that vulnerable adults were also accompanied during treatments by a carer if they wished.

We saw that every person was given a receipt following payment for treatment and that large print receipts were available. We saw that people who paid by card could enter the total cost themselves rather than having a member of staff do this. This minimised the risk of financial errors.

People we spoke with said that they felt confident about the practice and had no concerns about their safety. Two people told us that their children also used the practice and that they were happy with the standard of care their children received.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

People were offered treatment in a clean and hygienic environment. The surgery was well decorated and appropriately furnished. We looked at both of the surgery's main treatment rooms and the smaller, ground floor, treatment room. All three were well-equipped and laid out in a way that minimised the risk of cross infection.

One of the dental nurses spoke with us about the practice's decontamination procedures for dental instruments. We were shown the decontamination room, which was separate from the treatment rooms. This room included two autoclaves (machines for sterilising instruments) and two sinks for cleaning instruments. We were shown how dirty instruments were safely transported from treatment rooms to the decontamination room in clearly-marked, sealed, containers.

We were shown where hazardous material such as mercury amalgam (used in dental fillings) was stored before disposal. The nurse and the practice manager told us about the systems in place for the storage and disposal of clinical waste. We saw that posters demonstrating hand washing procedures were displayed in appropriate places.

People we spoke with referred positively to the recent redecoration and updating of the practice. One person told us that the practice environment was "constantly" being improved. People told us that they were impressed with the overall level of cleanliness of the premises.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

The practice had detailed complaints policies for NHS and private patients. The policies made clear the different points of contact for each group of patients if their complaints could not be resolved by the practice. A copy of the complaints policy was included in the welcome pack for new attendees and was also available on the practice website.

Staff members told us that they would attempt to resolve any complaints as soon as they became aware of them. If this was not possible then they would pass the complaint to the practice manager. In the year prior to our inspection two formal complaints had been made. We were shown the records for both complaints and saw that each one had been resolved internally within the complaints policy's agreed timescale. This showed that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

None of the people we spoke with had concerns about their treatment or care and they had never made a complaint about the practice. However they told us that they were confident about raising any concerns they may have and that they would raise any complaints directly with staff in the first instance.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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