

Mr. Paul Brown

Aldeburgh Dental Practice

Inspection Report

167 High Street, Aldeburgh, Suffolk, IP15 5AN
Tel: 01728 453333
Website: www.aldeburghdentist.co.uk/

Date of inspection visit: 19 September 2017
Date of publication: 09/10/2017

Overall summary

We carried out this announced inspection on 19 September 2017 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 providing well-led care in accordance with the relevant regulations.

Background

Aldeburgh Dental Practice is a well-established practice that provides mostly private dentistry to patients of all ages. The dental team consists of two dentists, a part-time hygienist/practice manager, two dental nurses and a receptionist. The practice has three treatment rooms and is open Mondays to Fridays from 8.30am to 5.30pm. There is portable ramp access for wheelchair users at the front of the building.

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

During the inspection, we spoke with the principal dentist, the hygienist/practice manager, and a dental nurse. We looked at the practice's policies and

Summary of findings

procedures, and other records about how the service was managed. We collected 16 comment cards filled in by patients prior to our inspection and spoke with one patient.

Our key findings were:

- We received many very positive comments from patients about the dental care they received and the staff who delivered it.
- The practice was clean and well maintained, and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies, although not all recommended life-saving equipment was available.
- The practice had systems to help them manage risk.
- 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 were supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported and valued by the practice manager and owner. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result
- Review the practice's protocols for the use of rubber dams for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. The practice had suitable arrangements for dealing with medical and other emergencies.

There were sufficient numbers of suitably qualified staff working at the practice

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.

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 that from 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.

Clinical audits were completed to ensure patients received effective and safe care.

No action



Are services caring?

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

We received feedback about the practice from 17 patients. They were positive about all aspects of the service the practice provided. Patients spoke highly of the dental treatment they received, and of the caring and supportive nature of the practice's staff.

Staff gave us specific examples of when they had gone above the call of duty to assist patients.

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 had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots. Patients told us it was easy to get an appointment with the practice.

Good information was available for patients both in the practice's leaflet and on the web site. The practice had made reasonable adjustments to accommodate patients with a disability, although did not have an accessible toilet.

There was a clear complaints' system and the practice responded appropriately to issues raised by 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.

Staff felt supported and appreciated by the principal dentist and practice manager. We found staff had an open approach to their work and shared a commitment to improving the service they provided. 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. We found that some areas required strengthening to ensure that essential training was completed and staff received regular yearly appraisals.

It was clear that the principal dentist listened to the views of staff and patients and implemented their suggestions.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident policy in place, but this was narrow in scope and only covered serious events. There was no other guidance for staff on how to manage other incidents. We found staff had a limited understanding of what might constitute an untoward event, and any learning that might arise as a result.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Alerts were emailed to the practice and monitored by the principal dentist who actioned them if necessary. 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. Staff had received appropriate training, although this required updating for some. All staff had received a DBS check 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. The principal dentist told us he used rubber dams to protect patients' airways when providing root canal treatment in about 75% of treatments. This was not in line with guidance from the British Endodontic Society who recommend it always be used where possible.

The practice had a business continuity plan describing how the practice would deal events that could disrupt the normal running of the practice, although this did not include key contacts of staff and utility companies used by the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic

life support, although this had not been completed since 2015 and was overdue. Staff did not regularly rehearse emergency medical simulations so that they had a chance to practise their skills. Most emergency equipment and medicines were available as described in recognised guidance, apart from airways equipment and a bodily fluid spillage kit: these were ordered during our inspection

Staff kept records of their checks to make sure equipment and medicines were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at staff recruitment files that showed that appropriate pre-employment checks had been undertaken. The practice manager told us that sometimes two interviews were undertaken to ensure the right candidate was offered the post.

The practice had an induction plan for all new staff within the practice.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

Firefighting equipment such as alarms and extinguishers were regularly tested, and staff rehearsed fire evacuations.

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

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.

Are services safe?

There were cleaning schedules in place, and we noted that all areas of the practice were visibly clean and hygienic including the waiting area, toilet and stairway. We checked two treatment rooms and surfaces including walls, floors and cupboard doors were free from visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. There were appropriate hand wash sinks in place, although we noted that their overflows needed to be blocked off.

We noted that staff uniforms were clean, their hair tied back and their arms were bare below the elbows to reduce the risk of cross contamination. The practice had its own washing and drying facilities on site and staff changed their uniforms after lunch. Records showed that clinical staff had been immunised against Hepatitis B.

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. The practice carried out infection prevention and control audits and an action plan had been implemented to address the minor shortfalls identified.

Suitable arrangements were in place for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice's arrangements for segregating, storing and disposing of dental waste reflected current guidelines from

the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored on a flat roof area of the practice that was inaccessible to the public.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

We had received evidence that the practice held out of date stock and medicines. The practice manager told us she planned to undertake monthly stock checks to prevent this happening in the future. All stock and medicines we checked during our inspection were in date for safe use.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and 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. The practice carried out X-ray audits every year following current guidance and legislation, although these were not comprehensive to ensure more valuable learning from them.

Information about radiography protection for patients was available in the information folder in the waiting area.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 16 comments cards that had been completed by patients prior to our inspection and spoke with another patient during it. All the comments received reflected that patients were very satisfied with the quality of their dental treatment and the staff who provided it.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Record keeping generally was of a good standard.

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

Health promotion & prevention

Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. A dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The hygienist told us they provided oral health advice sessions to a local primary school and scouts group. They also regularly used a periodontal model to explain gum disease to patients and how it affected their oral health.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free samples of toothpaste were available in the waiting room for patients to help themselves.

Staffing

Staff told us there were enough of them to ensure the smooth running of the practice, and that they did not feel rushed in their work. A nurse always worked with the dentist, although not with the hygienist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Working with other services

The dentists confirmed they 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. Patients were routinely given a copy of their referral, although referrals were not routinely monitored by the practice to ensure they had been received.

Consent to care and treatment

The practice had policies in relation to the Mental Capacity Act 2005 and patient consent and staff had undertaken training in these. Staff had an adequate understanding of the Mental Capacity Act and how it affected their management of patients who could not make decisions for themselves.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients confirmed the dentists listened to them and gave them clear information about their treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received positive comments from patients about the quality of their treatment and the caring nature of the practice's staff. Staff told us they regularly telephoned patients to check on their welfare after complex treatments and sat with patients who felt unwell.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. The

reception area was not particularly private but staff told us they could take patients to a private area if they wanted to discuss anything personal. Computer screens were not overlooked and were password protected.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Plans outlining proposed treatment and its costs were given to all patients. The principal dentist told us he regularly used the practice's intra-oral camera to explain dental problems and treatment to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a website that provided helpful information for patients about the services on offer and the staff team. In addition to general dentistry, the practice offered specialist treatments such as implants, tooth whitening and cosmetic dentistry.

The waiting area was comfortable and patients had access to interesting magazines, a daily newspaper and a water fountain.

Patients told us they were satisfied with the appointments system and the ease of getting through on the phone. Patients were able to book double appointments to see the hygienist, followed by the dentist. They could also sign up for text, telephone or email appointment reminders.

The dentist told us he was able to provide treatment out of hours if a patient specifically required this. Patients could also attend a sister practice nearby in Framlingham if there were no available appointments in the Aldeburgh practice. Teachers and schoolchildren were given priority

appointments after school hours and in holiday periods. The practice had trialled opening on Saturday with mixed success but the principal dentist told us this would be reconsidered once another dentist had been appointed.

There were two daily emergency appointment slots for those in dental pain and patients were given the principal dentist's mobile number in case they needed to contact him following complex treatment.

Promoting equality

The practice made some adjustments for patients with disabilities, although there was no accessible toilet. There was a portable ramp for wheelchair users and a downstairs treatment. The practice had a portable hearing loop to assist patients who wore a hearing aid.

Concerns & complaints

Information about the practice's complaints procedure for both NHS and private patients was available in the waiting area. This included the timescales by which complaints would be responded to and other organisations that patients could contact to raise their concerns.

We reviewed documentation in relation to a recent complaint year and found it had been investigated and responded to in a professional way.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by a part-time practice manager. The practice had 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. Staff received hard copies of these policies and signed them to show they had read and understood them.

The dentist was a member of the British Dental Association and a national dental payment company, which helped keep staff up to date with their governance and procedures.

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. Most staff had received an annual appraisal of their performance and had a personal development plan in place.

Leadership, openness and transparency

The practice manager took overall responsibility for the day-to-day running of the service and staff described both her and the principal dentist as supportive. They told us they felt supported and valued in their work and reported there was an open culture within the practice.

The practice had a specific duty of candour policy, although not all staff were aware of their obligations under the policy.

Learning and improvement

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

Staff told us they completed mandatory training, including medical emergencies and basic life support. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used surveys and verbal comments to obtain patients' views about the service. Surveys were available in the waiting area which asked patients for their feedback on the ease of booking their appointment, the helpfulness of reception staff and the quality of their treatment. We viewed about 15 responses and noted that patients had rated the practice as 'excellent' or 'good' in every area. In response to patients' feedback, the principal dentist told us that he had replaced the Daily Mail for The Times newspaper in the waiting room and updated the pictures on the walls.

Staff told us that the principal dentist and practice manager listened to them and was supportive of their ideas. For example, their suggestions to improve lighting in reception and stagger their lunch breaks had been implemented.