

Mr. S.L. McKenzie and Mrs. F.A.McKenzie & Associates  
(Brunswick Dental Practice)

# Brunswick Dental Practice - Mr. S.L.McKenzie And Mrs. F.A.McKenzie And Associates

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 5 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### **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**

The practice is owned by Mr. S.L.McKenzie and Mrs. F.A.McKenzie and Associates Partnership.

The practice offers primary care dentistry under the NHS and private treatments and procedures. It has three surgeries, a decontamination room and a combined reception and waiting room area.

The practice is open Monday to Friday from 9am to 5.30pm.

There are four dentists, five dental nurses, a receptionist and a cleaner.

# Summary of findings

The Partnership is the registered provider for the practice. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We spoke with two dentists (one being a partner of the practice), three dental nurses and receptionist.

We received feedback from patients about the service via 43 Care Quality Commission comment cards. All the comments were positive about the staff and the services provided. Comments included: excellent service, friendly and professional, brilliant and caring.

## **Our key findings were:**

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.

# 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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

Legionella risks were managed, for example, we saw a legionella risk assessment which was dated January 2016.

### **Are services effective?**

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development activities.

### **Are services caring?**

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the surgery or in a private room.

Comments on the 43 completed CQC comment cards we received included statements saying the staff were friendly and professional, brilliant and caring.

### **Are services responsive to people's needs?**

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

# Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

## **Are services well-led?**

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

Staff were supported through training and offered opportunities for development.

Staff reported the owners were approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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## Detailed findings

## Background to this inspection

The inspection was carried out on 5 January 2016 and was led by a CQC inspector. The inspection team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists (one being a partner of the practice), three dental nurses and a

receptionist. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed 43 completed Care Quality Commission comment cards.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). The partner told us that any accident or incidents would be discussed at practice meetings or whenever they arose. There had been no accidents or incidents in the last 12 months. The partner told us that the policies and procedures were regularly dated and whenever any changes were required.

The practice used a complaints policy and processes. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The registered manager told us that any learning from the complaints would be shared at practice meetings.

The partner was aware of their responsibilities under the duty of candour. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The partner told us they received alerts by email from the Medicines and Healthcare products Regulatory Agency the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

### **Reliable safety systems and processes (including safeguarding)**

We reviewed the practice's safeguarding policy and procedures in place for safeguarding children and vulnerable adults using the service. They included the contact details for the local authority's safeguarding team, social services and other relevant agencies. A partner was the lead for safeguarding. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that

all staff had received safeguarding training in vulnerable adults and children within the last 18 months. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the partners.

The partner told us that they all routinely used a rubber dam when providing root canal treatment to patients. The dentists who used a rubber dam were following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

The partner told us that they completed patients' dental records in accordance with the Faculty of General Dental Practice (FGDP) guidance – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, it was evident from the patients' dental records and record keeping audits we were shown that they recorded that patients' medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Staff had fire safety training and the practice undertook annual fire risk assessments. The partner told us that they undertook fire drill on average four times a year. We saw the fire extinguishers were checked annually.

### **Medical emergencies**

The practice had procedures in place for staff to follow in the event of a medical emergency and staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). In addition the practice had a trained as first

# Are services safe?

aider. The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary (BNF) guidelines. All staff knew where the emergency items were kept. Staff told us that the emergency equipment, emergency oxygen and the AED were checked weekly. We checked the emergency medicines and found they were of the recommended type and were in date.

## **Staff recruitment**

We saw that the practice followed its recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed two recruitment files which confirmed that the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The partner told us that the partnership pays for their staffs' registration with the General Dental Council. The partner also explained that they undertook annual checks to ensure that all relevant staff maintained insurance or indemnity cover. We saw all relevant staff had personal insurance or indemnity cover in place. This cover helps ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in May 2016.

## **Monitoring health & safety and responding to risks**

The practice had undertaken a number of risk assessments to cover the health and safety concerns that might arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous

substances in a practical way. We saw the partnership had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice also had a sharps policy which included guidance on dealing with needle-stick and other sharps injuries and the safe storage, use and disposal of sharps such as needles and scalpels. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients. Clear guidance for dealing with sharps injuries was displayed in the surgeries and decontamination room.

## **Infection control**

The practice had an infection control policy which was reviewed annually. A partner was lead for infection control. We saw from the staff training records that all staff had received training in infection control.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There were two separate sinks for decontamination of dental instruments. The practice is considering the layout of the decontamination room to incorporate a separate hand washing sink for staff. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us that they wore appropriate personal protective equipment including heavy duty disposable gloves when working in the decontamination room and when treating patients and this included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.



# Are services safe?

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. However, these zones were not clearly identified in all the surgeries. The partner told us that they would consider zoning the surgeries.

We saw that the practice had completed infection control audits every six months. We saw the results of the December 2015 audit, they achieved 97%.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the washroom.

We saw that the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste. Clear guidance for dealing with sharps injuries was displayed in the surgeries and decontamination room.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The partner told us that a legionella risk assessment had taken place in January 2016 and are waiting the report but they were told on the day that there were no issues. Legionella is a term for particular bacteria which can contaminate water systems in buildings. The practice undertook regular tests of their waterlines. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

## Equipment and medicines

Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually. We saw that the last PAT test had taken place in October 2015. The practice displayed fire exit signage and had fire extinguishers available.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. We saw that other equipment such as the autoclave, washer disinfectant and compressor were regularly maintained. The compressor was last serviced in June 2015.

Anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no other medicines were kept at the practice.

## Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in each of the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. We saw the results of an audit dated August 2015. The audit was in accordance with the Faculty of General Dental Practice (FGDP) guidelines. The audits showed that the X-rays were graded and the reasons for taking the X-ray was also recorded. The results were good and within the guidelines.

The dentists were routinely using a rectangular collimator when taking X-rays. A rectangular collimator decreases the amount of radiation the patient is exposed to.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentists told us that they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patient's' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The dentists told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

### Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The partner advised us that they provided treatment in accordance with the Department of Health's guidance 'The

'Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. The records we reviewed confirmed this.

### Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. The partner told us that they regularly emailed staff details of CPD training courses to clinical staff to select from. Staff told us the practice supported their training.

Staff training was being monitored and recorded by the partners. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff told us they had annual appraisals and thought that they were useful.

Staff told us they worked very well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

### Working with other services

The dentists explained that they would refer patients to other dental specialists when necessary including referrals for minor oral surgery, sedation and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed an urgent referral process to refer patients with a suspected malignancy.

### Consent to care and treatment

Staff demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions. The dentists demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always

# Are services effective?

(for example, treatment is effective)

sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment

commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be withdrawn at any time.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in a private room or spare surgery. A radio was playing in the reception and waiting room area which reduced the likelihood of conversation between patients and staff being overheard by others in the area. Staff understood the need to maintain patients' confidentiality. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic, were held securely.

Comments on the 43 completed CQC comment cards we received included statements saying the staff were friendly and professional, brilliant and caring.

### **Involvement in decisions about care and treatment**

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The dentists understood the principles of the Gillick competency test and used it. The test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment. PFor patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting patients' needs**

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure.

The opening times were Monday to Friday 9am to 5.30pm.

The practice offered same day appointments for patients in need of urgent dental care during normal working hours.

### **Tackling inequity and promoting equality**

There were three surgeries, one was located on the ground floor which was accessible to patients with mobility issues. The practice did not have washroom facilities suitable for patients with mobility issues. However, it had an arrangement for patients to access suitable washroom facilities locally.

We saw that the practice had an equality and diversity policy and staff had received equality and diversity training. Staff told us that patients were offered treatment on the

basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and who might require assistance.

### **Access to the service**

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS 111 service. Callers would then be directed to the relevant out of hours dental service for treatment.

### **Concerns & complaints**

The practice had a complaints policy and procedures. The practice made available this information in the waiting areas on how to complain. The staff were aware of the complaints process and told us that they would refer all complaints to the partners to deal with. We saw that the practice had received two complaints in the last 12 months. They were reviewed and processed in accordance with the practice's complaints policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. The policies and procedures were accessible to all staff. Staff were aware of their roles and responsibilities within the practice.

### **Leadership, openness and transparency**

There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other and the partners. They were confident that any issues would be appropriately addressed. Staff also told us that they worked very well together and supported each other.

The partner was aware of their responsibilities to comply with the duty of candour and told us that if there was an incident or accident that affected a patient the practice would act appropriately in accordance with the duty.

### **Learning and improvement**

The practice maintained records of staff training which showed that all staff were up to date with their mandatory

training. We also saw that the practice encouraged additional training which was undertaken by some staff. Staff confirmed this when they told us that they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw that training was accessed through a variety of sources including formal courses and informal in house training.

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

The practice was participating in the NHS Friends and Family Test (FFT). The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The partner told us that the practice consistently received positive feedback. For example, we saw that since April 2015 the practice received 339 responses of which 282 stated that they would be extremely likely to recommend the practice and 55 stated that they would be likely to recommend the practice.

We saw that the practice held various meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.