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# A W Brown Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 5 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**

A W Brown Dental Practice is a well-established practice based in Felixstowe. It provides both private and NHS dentistry to patients of all ages. The dental team consists of four dentists, two hygienists, seven dental nurses and a practice manager, who between them support approximately 8000 patients. A specialist visits once a month to provide dental implants. The practice has six treatment rooms and is open Mondays, Wednesdays and Thursday from 8am to 5.30pm and on Tuesdays and Fridays from 8.30am to 5.30pm.

There is access for wheelchair users at the rear of the building.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have 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 two dentists, two dental nurses and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 47 comment cards filled in by patients prior to our inspection and spoke with another three.

## **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 protocols for the use of rubber dams for root canal treatment taking into account 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 50 patients. Patients 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.

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.

There was a clearly defined management structure and staff felt supported and appreciated. 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. This included asking for and listening to the views of patients and staff.

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 in relation to information governance. However, the practice had specific incidents forms on which to record unusual events and we found evidence to show that the practice did respond appropriately to, and record, any unusual incidents. Incidents were discussed at staff meetings so that learning could be shared.

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 practice manager. 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 and there was information around the practice of relevant protection agencies to contact. The manager told us of one safeguarding incident in the last year that the practice reported to relevant authorities as they had concerns in relation to a child's welfare.

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 and other sharp dental items. We noted that only the principal dentist used rubber dams in line with guidance from the British Endodontic Society to protect patients' airways when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events that could disrupt the normal running of the practice: all staff had signed this to ensure they were aware of its contents.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. We noted that 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 paediatric defibrillator pads, a spacer device and syringes. The practice manager contacted us the following day to inform us these items had been ordered.

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. Potential employees were invited into the practice before their interview to meet the head nurse and discuss the requirements of the job. 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 roles within the practice. One member of staff told us that their induction had been thorough and they had had good opportunity to shadow more senior nurses as part of it.

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. The practice manager told us she planned to include patients in the next drill to ensure staff knew how to manage them in the event of a fire.

# Are services safe?

Panic buttons were available in every treatment to alert staff if they required urgent assistance.

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.

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, corridors 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.

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. Records showed that they 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 results from the most recent one demonstrated compliance with essential quality standards.

The practice had a purpose built decontamination room that was staffed by a dedicated decontamination nurse

each day. 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 securely in a locked cupboard.

## Equipment and medicines

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

Stock control was good and medical consumables we checked in cupboards and drawers were within 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We received 47 comments cards that had been completed by patients prior to our inspection and spoke with another five patients 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. Two dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Leaflets were available in the waiting area with information about gum disease, smoking and how to maintain good oral health.

There were regular poster displays in the waiting room, informing patients on a range of topics including the effects of smoking on oral health and the amount of sugar in fizzy

drinks. At the time of our inspection, there was a display specifically for children on what was good and bad for their teeth. One young patient told us they always enjoyed reading the display when they came for their appointment.

The practice manager told us staff participated in annual national campaigns such as Smile Month to promote oral health care in general.

### 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. There was a large pool of staff they could draw on to cover any annual leave and sickness. A nurse always worked with the dentist and usually with the hygienist.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Staff told us the provider paid for their on-line training courses.

### 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. Referrals were 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 and patient consent and staff had undertaken on-line training in these. Staff had a good 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 gave us specific examples of where they had provided additional assistance to patients such as giving them a lift home or in one case to hospital. The practice's computer system had 'pop up' screens to inform staff of any special needs for the patients they needed to be aware of such as a recent bereavement.

One young patient told us that the dentist always made jokes to help him feel less nervous. He also told us that the dentist never put his parent all the way back in the chair as this could cause them pain.

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.

### **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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

In addition to general dentistry, the practice offered specialist treatments such as implants, tooth whitening and cosmetic dentistry. A variety of information about the treatments provided by the practice and the clinical staff was available on its website and in the patients welcome leaflet.

There were good facilities in the waiting room, including a large TV screen for patients to watch and children's books and toys.

Patients told us they were satisfied with the appointments system and the ease of getting through on the telephone. The practice offered telephone and email appointment reminders for patients and there were daily emergency appointment slots for those in dental pain. Staff telephoned patients personally if the practice had to cancel their appointment.

### Promoting equality

The practice made some adjustments for patients with disabilities. These included a wheelchair ramp access at the rear of the building, downstairs treatment rooms and an accessible toilet. One patient told us that because they struggled to manage stairs the hygienist used a downstairs treatment room when seeing them. The practice did not have a portable hearing loop to assist patients who wore a hearing aid, or provide any information about its service in different formats or languages.

### Concerns & complaints

Information about the practice's complaints procedure 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. Further information was available on the practice web site, including contact details of the local Healthwatch branch.

We reviewed documentation in relation to three recent complaints and found they had been fully investigated and responded to in a professional and empathetic way.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a mission statement displayed on the website so that staff and patients were aware of it.

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by the 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 an annual appraisal of their performance and a personal development plan in place. Staff told us these appraisals were useful and covered issues such as their productivity, punctuality and any complaints.

There were regular practice meetings that all staff attended every six to eight weeks. In addition to this, there were peer group meetings for the clinicians to discuss any professional updates and guidance. Nurses and hygienists meet separately when needed.

### Leadership, openness and transparency

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

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. One staff member told they were always asked for their opinion on matters.

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, antibiotic prescribing, 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, each year. 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.

The practice provided equivalence training for incoming overseas dentists.

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

The practice used patient surveys, a suggestion box and verbal comments to obtain staff and patients' views about the service. In response to patients' feedback, the practice manager told us that an automated text appointment reminder system had been implemented and chairs with arms had been placed in the waiting room to help patients with limited mobility.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results from August 2017 showed that all 48 respondents would recommend the practice.

The practice monitored the NHS Choices website and actively responded to both positive and negative comments left there.

Staff told us that the principal dentist and practice manager listened to them and was supportive of their ideas. For example, their suggestions for coat hooks and standard types of uniforms had been actioned.