

Ciesielska, Grzegorzczuk and Butler Rookwood Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 15 August 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

Rookwood Dental Practice is a well-established practice that provides both private and NHS treatment to patients of all ages. The dental team consists of two part-time dentists, one part-time hygienist, and two qualified dental nurses who support about 3000 patients. The practice has one treatment room and is open on Mondays, Tuesdays, Thursdays and Fridays from 9am to 5pm; on Wednesdays from 9am to 2pm, and on Saturdays from 8 am to 1.15pm.

There is level access for wheelchairs users at the side of the building.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered managers at Rookwood Dental Practice are Joanna Ciesielsk and Urszula Grzegorzcyk

During the inspection we spoke with one dentist, a dental nurse and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed. We collected 18 comment cards filled in by patients prior to our inspection.

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 had suitable safeguarding processes and staff knew their responsibilities for protecting adults and children.
- The practice was clean and well maintained and had infection control procedures that reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice offered extended hours on Saturday mornings.
- 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. 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 recruitment policy and procedures to ensure appropriate references and DBS checks are undertaken for all new staff.

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.

Risk assessment was comprehensive and effective action was taken to protect staff and patients.

The practice had suitable arrangements for dealing with medical and other emergencies.

Equipment used in the dental practice was well maintained.

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

No action



Are services effective?

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including 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.

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

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 18 people. Patients were positive about all aspects of the service the practice provided, and mentioned in particular the gentleness and caring attitude of the dentists. Staff gave us specific examples of where they had gone out their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required and the practice opened on Saturday mornings. Appointments were easy to book, although patients were unable to sign up for text or email reminders.

No action



Summary of findings

The practice had made reasonable adjustments to accommodate patients with a disability.

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

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. 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 policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. Incidents forms we viewed were detailed and outlined the steps to be taken to prevent the recurrence of the event. We viewed practice meetings minutes where an incident of equipment going missing was discussed with staff.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The practice manager downloaded any relevant alerts and kept them in an electronic folder. She was 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 safeguarding training to the relevant level.

All staff had DBS checks in place 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. The dentists used rubber dams in line with guidance from the British Endodontic Society 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.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. We noted there was no oral suction tool

or child's face mask. The practice manager ordered these on the day of 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 checked the recruitment file for the most recent employee and noted that no references had been obtained for them, despite them working in a previous dental health setting. The practice had not conducted its own DBS check, relying on a previous check that was 11 months old. No record had been kept of the staff member's interview, to demonstrate it had been conducted fairly and in line with good employment practices.

The practice had a staff induction plan in place and one staff member told us they had received a thorough week's induction to their new role.

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 extinguishers was regularly tested, although staff did not rehearse fire evacuations and should consider doing this.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for most products used within the practice. This needed to be reviewed more frequently to ensure it remained up to date and relevant.

We noted good signage around the practice indicating the location of fire exits, flammable gas, the AED and unexpected steps.

Are services safe?

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 the treatment room and surfaces including walls, floors and cupboard doors were free from visible dirt. The room had sealed work surfaces so they could be cleaned easily.

Records showed that dental staff had been immunised against Hepatitis B. We noted that their 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 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 regular infection prevention and control audits, and results from the most recent one in July 2017, demonstrated compliance with essential quality standards.

The practice had suitable arrangements 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 bins were kept at the back of the practice, although their security needed to be reviewed to ensure they could not be accessed by residents who lived in the building shared with the practice.

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. The dentist was aware of procedures for reporting adverse drug reactions.

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.

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.

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

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We received 18 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

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 dentist 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.

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 part-time 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.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Free toothpaste samples were on the reception desk. General information about oral health care for patients was available in the waiting area and treatment rooms, including information about local smoking cessation services.

The practice manager told us she gave all new children to the practice a 'goody bag', containing stickers, a brushing chart and timer, toothpaste and information leaflet.

Staffing

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. Staff told us there were enough of them for the smooth running of the practice. A nurse always worked with the dentist, although not always with the hygienist.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. However, the practice manager did not receive regular appraisal so it was not clear how her performance was assessed and monitored.

Working with other services

The dentist confirmed she referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. Staff had a satisfactory 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 dentist 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 of the staff who provided it. Patients' commented on the dentists' caring and gentle approach in particular. Staff gave us specific examples of where they had supported patients such as providing additional treatment free of charge, and helping one patient following a serious fall outside the practice. The reception area was not particularly private but the computer screen was not easily visible to patients and staff did not leave personal information where other patients might see it.

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. Windows had frosted glass to prevent passerbys looking in.

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

The practice was easily accessible with on street parking nearby. The waiting area provided good facilities for patients, including interesting magazines to read and a range of information about dental practice. In addition to general dentistry, the practice offered a number of facial aesthetics including Botox and dermal fillers.

The practice opened on Saturday mornings to help meet patients' needs. Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. There was a daily emergency appointment slot for patients in dental pain. The practice did not provide a text or email appointment reminder service, something that patients told us they would greatly value.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included ramp access, a downstairs treatment room and toilet, and a lowered reception desk to allow better communication with wheelchair users. The practice did not have a portable hearing loop to assist patients who wore a hearing aid, or provide any information in different formats or languages.

Concerns & complaints

There was a folder about how patients could raise their concerns and complaints in the waiting area. This included the timescales by which complaints would be responded to and other organisations that could be contacted.

We viewed the paperwork in relation to one complaint received in the previous year and found it had been thoroughly investigated and responded to in a professional, empathetic and timely way.

Are services well-led?

Our findings

Governance arrangements

The practice manager took overall responsibility for the day-to-day running of the service and staff described her as supportive and very organised. She had worked at the practice many years and her commitment to provide a responsive and well-run service was clear.

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. We found evidence to show that staff had read the practice's policies and signed to show they would abide by them.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice conducted a yearly self-assessment to ensure it was managing patients' information in line with legislation.

Most staff received an annual appraisal of their performance and training needs and we saw evidence of completed appraisals in the staff folders. The practice manager had not received an appraisal so it was not clear how her performance was being monitored and assessed.

Leadership, openness and transparency

Staff told us they enjoyed their work and the small size of the practice, which meant that communication between them was good. 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.

The practice had a specific duty of candour policy and 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 a range of topics including the quality of dental care records, radiographs 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.

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

The practice had developed its own patient satisfaction survey, which asked patients, amongst other things, about its opening hours, cleanliness, treatment options and professionalism of the staff. We viewed recent results that indicated a high level of satisfaction with the service provided. In response to patients' feedback, the practice manager told us that levels of lighting had been improved in the treatment room, a radio and music license had been purchased for the waiting room, and the number of hygienists' appointments had increased.

The practice monitored the NHS Choices website and responded to any comments left by patients there. At the time of the inspection, the practice had received four out of five stars, based on eight reviews of its service. The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing.

Staff told us that the dentists listened to them and was supportive of their suggestions. For example, suggestions to change the practice's staffing structure and implement new cleaning procedures had been agreed.