Mr. Robert Burkett

Dental Surgery

Inspection Report

199 Plumstead Road, Norwich, Norfolk, NR1 4AB
Tel: 01603 700435
Website:

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Overall summary

During our announced comprehensive inspection of this practice on 4 October 2016 we found breaches of legal requirements of the Health and Social Care Act 2008 in relation to regulation 17- Good Governance and regulation 19- Fit and proper persons employed.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our previous comprehensive inspection by selecting the 'all reports' link for Dental Surgery at www.cqc.org.uk

Key findings

- Overall, we found that effective action had been taken to address the shortfalls identified at our previous inspection. The provider must now ensure that the newly implemented improvements are embedded and sustained in the long- term in the practice.

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 noted significant improvements had been implemented since our previous inspection. Staff had received accredited training in safeguarding patients, incident reporting was better understood, dentists used a safer sharps' system, staff recruitment was more robust, and cleanliness and infection control had strengthened.

No action

Are services effective?

The quality of information recording in patients' dental care records had improved significantly, and it was now possible to ascertain that care and treatment was delivered in line with best practice, although we found some minor omissions in the recording X-rays and the discussion of treatment options. Staff had undertaken a wide range of training and had a better understand of the Mental Capacity Act and how it related to patients who could not make decisions for themselves.

Patients' referrals to other dental health providers were better managed.

No action

Are services well-led?

The improvements we noted since our previous inspection indicated that leadership and oversight within the practice had become more robust and systems were in place to ensure standards were met. The provider must now ensure that these improvements are fully embedded at the practice and sustained over the long-term.

No action

Dental Surgery

Detailed findings

Background to this inspection

We undertook an announced focused inspection of the Dental Surgery on 20 April 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 4 October 2016 had been made.

We inspected the practice against three of the five questions we ask about services: is the service safe effective and well-led?

During our inspection we spoke with both dentists and two dental nurses. We reviewed a range of documentation and checked the premises.

Are services safe?

Our findings

We found that staff had a better understanding of the management and recording of untoward events. A specific significant event policy and protocol had been implemented, and all staff had signed this policy to demonstrate they had read it, and agreed to follow it. We noted that the details of an unrecorded event we had identified at our previous inspection had been fully analysed and discussed with staff.

At our previous inspection we found that none of the staff had received accredited training in safeguarding children and vulnerable adults. During this inspection we were shown training certificates which demonstrated that all staff had now undertaken appropriate training for their role. The principal dentist, who was the safeguarding lead within the practice, had undertaken level three training in child protection.

Dentists now used a safer sharps' system to minimise the risk of needle stick injuries and we noted that sharps boxes were labelled correctly.

At our previous inspection we found that none of the dentist use rubber dams as recommended by national guidance. The principal dentist told us that rubber dams were now used and we were shown rubber dams kits held in the practice. However, we found little evidence of their use in the notes of patients receiving root canal therapy or in the radiographs of treatment undertaken. We discussed this with the principal dentist who told us he would ensure that all future patients requiring root canal therapy would now be referred to an endodontic specialist.

Staff now rehearsed medical emergency simulations every three months, evidence of which we viewed. Staff had also downloaded a specific medical emergency training computer application, which provided virtual emergency situations, which they used regularly to keep their skills up to date. A blood glucose measuring device and bodily fluid spills kit had been added to the practice's medical emergency equipment.

Staff recruitment had improved and we viewed files that showed that missing information about staff had been obtained such as up to date DBS checks and photographic I.D. The principal dentist had obtained interview and induction templates that would be used in all forthcoming staff recruitment.

Staff now regularly recorded monthly water temperatures checks and had a better understanding of national guidelines around the management of dental until water lines.

Cleanliness within clinical areas had improved. Chipboard and artex on walls had been replastered to give a better cleaning surface; old and chipped cabinetry had been replaced, drawer handles and insets were clean, and all floors had been resealed since our previous inspection. Cleaning equipment used within the practice now met national guidelines and missing COSHH data sheets were available for all dangerous products used in the practice. Dental instruments were pouched and dated correctly.

The practice had purchased a separate fridge for the storage of medical consumables that required a cool temperature, although we noted its temperature was not being monitored frequently enough to ensure it was operating effectively. The practice manager assured us she would introduce daily temperature monitoring.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection we found that the quality of patients' dental care records was poor and it was not possible for us to ascertain if care and treatment was being delivered in line with current standards and evidence based guidance. We checked 13 dental care records and noted significant improvement in their completion. Patients' medical histories had been updated; lymph gland, jaw and soft tissue examinations were recorded, as well as patients' social and dental histories. However, we noted some minor omissions as not all radiographs had been justified and reported on, and evidence that treatment options had been fully discussed with patients was not available. The principal dentist told us he would raise these issues at the next practice meeting and increase the frequency of records cards audits as a result.

Since our previous inspection the principal dentist told us he had joined the British Dental Association and now received regular alerts and updated information from them. He had also purchased guidance booklets from the Faculty of General Dental Practitioners in relation to radiography, record keeping, and standards in dentistry to ensure he kept up to date with the latest guidance in dentistry.

Staff training had improved significantly and records we viewed showed that staff had recently undertaken a wide range of courses including those on oral health care, information governance, equalities and diversity, hand hygiene, legionella and infection control.

Since our previous inspection the practice had purchased a range of treatment information leaflets for patients that were available in the waiting area. These included information about mouth cancer, dentures, fillings, veneers and endodontics. There was also information about smoking cessation services and all patients who identified as smokers were now given a specific letter advising them of local services who could support them to give up.

The practice had introduced a central log of all referrals made by clinicians and the practice manager regularly checked it to ensure that all referrals to other dental health organisations had been managed effectively.

During this inspection we found that staff had a better understanding of the Mental Capacity Act 2005 and its relevance in obtaining patients' consent. The practice had implemented its own policy about the Act and records showed that staff had received training in its main principles.

Are services well-led?

Our findings

It was clear that staff had the practice had worked hard to address the numerous shortfalls we had identified at our previous inspection. Staff told us they had welcomed the improvements and reported there had been what one described as, 'a whole turnaround of the practice'. For example, staff training had increased, recruitment was more robust, cleanliness had improved and dental care records were of a better quality overall.

The practice's policies and procedures had been updated since our previous inspection and staff had read and signed them to demonstrate they had understood and agreed to abide by them.

Measures had been taken to make the practice more responsive to patients' needs. The practice leaflet had been produced in large print and Braille to assist visually impaired patients and a portable hearing loop had been purchased to assist patients with hearing loss. Information about the practice had also been produced in Polish, Slovak and Portuguese as some of the practice's patients spoke these as their main language.

These improvements demonstrated to us that the provider had taken good action to address the shortfalls we had identified during our previous inspection and systems were now in place to ensure the effective management of the service.