

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Brunswick Court Dental Practice Limited

14 Brunswick Place, Hove, BN3 1NA

Tel: 01273779156

Date of Inspection: 13 June 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Brunswick Dental Practice Limited
Registered Manager	Dr. Barry Tibbott
Overview of the service	<p>Brunswick Court Dental Practice is situated in a grade 2 listed building in Brighton and Hove. Due to the grade 2 listing the practice are unable to provide access to wheelchair users.</p> <p>The service provides dental care, treatment and advice and cosmetic dentistry. The team comprises of one dentist, two dental nurses, and a receptionist.</p>
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our inspection we spoke with the dentist, a dental nurse, the receptionist and five patients.

We found that patients were involved in the planning of their care and treatment and were consulted about the treatment options available to them. One person commented, "There were no surprises. I was able to make a choice as I felt had been fully armed with all the information".

We looked at documentation including patients' treatment records, which showed the practice was meeting individual needs and respecting patients' choice.

Patients we spoke with told us their treatment including all available options had been fully explained and discussed with them, in private, before any work was undertaken. They were satisfied with the care and treatment they had received. One person said, "I have been coming here for 21 years. You get someone (dentist) you like and you keep coming back". Another person commented, "I would recommend it. If you are nervous this is the place to come. It is not about show it is about patient care and the disposition of the team".

We found the service was hygienic, clean and followed appropriate guidance in relation to infection control.

Patients told us they felt safe and were well cared for at the practice. None of the people spoken with had ever had cause to raise a concern.

There were effective systems in place to assess and monitor the service and to effectively deal with complaints.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

We saw that patients had access to information about the practice. There were information leaflets and folders displayed in the waiting room. Information available for patients included; the different treatments available, information on how to make a complaint, treatment costs and an explanation about policies such as patient confidentiality and privacy. The practice also had a website that provided all of the above and other information such as advice on different oral diseases and a full description of the different types of treatments that included frequently asked questions (FAQ's).

People who use the service were given appropriate information and support regarding their care or treatment. The dentist told us that all treatment options including costs were discussed with patients before any treatment started. We spoke with five patients. They told us that all treatment options had been explained to them verbally including the costs. They said they had not been put under any pressure to make a decision. They told us, once the different treatment options had been explained to them, they were encouraged to go home and think about it. One person commented, "There were no surprises. I was able to make a choice as I felt had been fully armed with all the information. Results of a survey completed by 26 patients who used the service confirmed this. We saw that patients had been given a treatment plan that detailed the treatment they had agreed. Patients spoken with confirmed that they had been given a plan. They also said their treatment had been explained to them to ensure they understood what the procedure would entail. This demonstrated that the service provided appropriate information and support to people about their care and treatment.

People told us that their privacy and dignity and confidentiality had always been respected. Patient's records were stored safely and confidentially. We observed that all discussions took place in the privacy of the surgery. All five patients that we talked with confirmed this

was usual practice. The practice reception desk and waiting room were in separate areas. This meant that patients were able to discuss things with the receptionist in private. We discussed patient confidentiality with the receptionist and dental nurse. They demonstrated that they knew of the practice's confidentiality policy. This meant that the service protected patient's information and respected their right to privacy.

The practice is situated in a grade 2 listed building with stairs from street level to the entrance. Due to the grade 2 listing they had not been allowed to install a ramp to enable access to wheelchair users. The dentist explained that anyone referred to the service who was unable to access the building could be referred to an alternative practice nearby that had wheelchair access. The dentist recognised that as patients aged it would be likely that they may experience difficulty in accessing the building. The dentist had an agreement that he could use a practice with wheelchair access should any of his existing patients no longer be able to access the building. This meant that people with mobility issues could remain as a patient if they chose.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with five patients. They told us that they were satisfied with the care and treatment they had received. One person said, "They have a knack of putting you at ease, reassuring if you are nervous". Records showed that patients received a thorough oral examination and an assessment. The dentist told us that each examination included a check of all the soft tissue areas in and around the mouth. This included checking for any signs of cancer. The five patients we spoke with said they always received a very thorough examination. There were clear and detailed records maintained for each visit made which detailed the treatment provided.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We looked at the treatment records for five patients. We saw that a medical history form had been completed for each patient. This form was used to inform the dentist of any medical conditions or allergies that may affect the type of treatment that people could have. We saw that important information such as allergies to certain medicines for instance penicillin had been recorded clearly in the patient's notes. The patients we spoke with told us they had been asked regularly whether there had been any changes to their health or had been prescribed any medicine since their previous visit. The provider may wish to note that a record had not been made in the notes each time patients had been asked about their medical history. However we were satisfied that any changes had been recorded. This meant that the dentist did not provide treatment until they were sure that it was safe to do so.

There were arrangements in place to deal with foreseeable emergencies. The service had procedures in place for dealing with emergencies. There was a business continuity policy in place and the provider had an indemnity insurance certificate on display. We saw that there were clear evacuation plans for people to follow and that regular fire drills had been carried out. The provider had taken advice from the fire service and a fire risk assessment had been completed.

We saw that staff had been trained in dealing with medical emergencies. This included resuscitation and basic life support. There were oxygen, a first aid kit, and an emergency drugs kit clearly accessible to staff. Discussion with staff confirmed that they had been trained in dealing with medical emergencies. We were told that they regularly undertook refresher training and this was confirmed through our examination of staff training records.

Patients spoken with told us that they had been able to be seen at very short notice if they needed urgent treatment. This meant that there were procedures in place for dealing with emergencies.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with five people who used the service. They told us they felt safe and were well cared for at the practice. None of the people spoken with had ever had cause to raise a concern. They told us that they would not hesitate to raise any concerns if needed.

The practice had a range of policies and procedures to safeguard children and vulnerable adults. There were written instructions for staff including contact details for them to report any concerns that they may have regarding adult or child protection. We discussed the procedures with one member of staff. They demonstrated that they understood their responsibility to safeguard people. They told us they had received appropriate training. This was confirmed through examination of staff training records. Staff spoken with knew how to report concerns. They knew where to access information such as contact details for the local authority 'safeguarding teams'. This meant there were policies and other resources available to guide and support staff should the need arise.

The practice provided treatment for children and the dentists and dental nurses demonstrated that they were aware of their responsibility to safeguard children. For instance they said they would not treat any child unless they were accompanied by an appropriate adult. This demonstrated that the practice had taken reasonable steps to safeguard people from the risk of abuse.

We saw that the service had carried out a criminal records check and a check against the list of people barred from working with vulnerable adults and children, before allowing any member of staff to work at the service. This meant that people who used the service were protected by the service's recruitment process.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection.

We inspected the surgery, the patient bathroom, the reception area, the waiting room and the decontamination area. We noted that these areas appeared clean and well maintained. We saw that there were adequate hand hygiene facilities in the surgery and the bathroom. This included hand-wash basins, liquid soap and disposable hand towels. We viewed cleaning schedules for the practice.

The dental nurse was responsible for cleaning areas in the surgery between patients. We asked the dental nurse to demonstrate how they prepared the room between patients. They demonstrated that the chair was cleaned and all used items were disposed of and decontaminated. All touch areas (areas that either the dentist, the dental nurse or the patient had contact with) were cleaned in between patients. We saw that disposable protective covers were used on equipment such as lighting and computer keyboards in the surgery.

The service was able to demonstrate that they operated in line with Department of Health guidelines. These guidelines provide primary care dental services with best practice on cleaning processes of medical equipment.

We saw records to demonstrate that all used equipment had gone through an appropriate cleaning and sterilisation process. The practice had a system in place for quality testing the washer-disinfector and the steriliser unit. We saw appropriate personal protective equipment (PPE) such as masks and gloves were available and in use.

We saw records to demonstrate that infection control audits had been carried out on a regular basis. The dentist was the nominated infection control lead for the practice. Their role was to oversee that all infection control procedures were adhered to and to advise staff on best practice. In discussion they demonstrated their knowledge and that they had kept up to date with new guidance.

Patients spoken with were all in agreement that standards of hygiene were maintained.

They said that the surgery was always clean. One person said, "The cleanliness is excellent. It is always immaculate". Another person commented, "They are always cleaning the surfaces. Every new instrument comes out of a package. The dentist wears a mask and I am given goggles and a bib".

We saw the results of a survey carried out by the service and completed by 26 patients. Sixteen of the 26 respondents had rated the comfort and cleanliness of the service as 'excellent'. All other respondents rated it as 'good'. This meant that people received treatment in a clean and hygienic environment and they were protected from the risk of infection.

We saw staff meeting minutes showing that infection control audits had been discussed and the results reviewed. Staff spoken with had undergone regular infection control training. They confirmed that infection control procedures had been discussed during team meetings. We saw policies and procedures such as the management and disposal of clinical waste. The service had a contract with a waste disposal company to safely remove this waste.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. We saw that regular audits had been carried out for many areas of the service, including infection control, clinical audits and equipment. This meant the practice gathered and analysed information about the quality of the care and treatment at the service and made necessary improvements where needed.

We saw the practice had environmental risk assessments in place to ensure that dental materials used for treatments were not a risk to patient safety. We noted regular and routine maintenance and testing had taken place of oxygen cylinders, x-ray equipment, water lines and sterilisation equipment. This meant the practice had monitored and managed the risk to patients of faulty equipment and infection.

We looked at the minutes from team meetings. These provided further evidence that the health safety and the welfare of patients was monitored and discussed.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the results of questionnaires that had been completed by patients. These showed that people were satisfied with all aspects of the service. This showed that patients' satisfaction with the service was monitored.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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