

Riverside Dental Ltd

Riverside Dental

Inspection Report

Riverside Dental Practice
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Overall summary

We carried out this announced inspection on 3 July 2018 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. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

Riverside Dental Practice is a well-established practice based Norwich that provides private treatment to about 3,500 patients. The dental team includes three dentists, three nurses, four hygienists and two receptionists. There are also regular visits from an endodontist and sedationist. The practice's opening times vary each week, but include early morning, late evening and Saturday morning opening times.

Summary of findings

There is level access to the premises for people who use wheelchairs and those with pushchairs. The practice does not have parking on site, but free car parking is available at a nearby leisure centre.

The practice is owned by a company 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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the principal dentist.

On the day of inspection we collected 20 CQC comment cards completed by patients. We spoke with the principal dentist, the practice manager, two dental nurses and reception staff. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high-quality service.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- The appointment system met patients' needs, and the practice provided early morning, late evening and Saturday appointments.
- 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.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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.
- The practice had effective leadership and a culture of continuous audit and improvement.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.

There were areas where the provider could make improvements. They should:

- Review the practice's recruitment procedures to ensure that appropriate background checks are completed prior to new staff commencing employment at the practice.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults.

There were sufficient numbers of suitably qualified staff working at the practice. Staff were qualified for their roles. Recruitment procedures needed to be strengthened to ensure only suitable staff were employed to work with vulnerable adults and children.

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

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

Patients told us they were very happy with the quality of their treatment. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

No action



Are services caring?

Are services caring?

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of 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 caring services in accordance with the relevant regulations.

No action



Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. Patients said staff treated them with dignity and respect. They told us staff were caring and empathetic to their needs.

Patients could access routine treatment and urgent care when required and the practice provided appointments early in the morning, in the evening and on Saturdays to meet the needs of patients. Appointments were easy to book and patients could sign up for text and email reminders for their appointments.

Staff considered patients' differing needs. This included providing facilities for disabled patients. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 staff 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. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

Staff were well supported in their work, and it was clear the principal dentist and practice manager valued them and supported them in their professional development.

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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. We saw evidence that staff received safeguarding training, and the principal dentist and practice manager had undertaken level three training as they were the safeguarding leads for the practice. There were contact details for protection agencies around the practice and we noted a poster in the toilet giving information about local domestic violence and child protection agencies, making them discretely available to patients.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Recruitment files we reviewed for two recently employed staff showed that the practice did not always follow their policy, and staff had been employed prior to DBS check and references having been received.

Potential employees were invited to shadow for a morning giving them a chance to see if they liked the practice, and allowing the practice to further assess them. We spoke with a recently employed member of staff who told us their recruitment had been thorough and they had received a good induction to their role.

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and

firefighting equipment was regularly tested. Fire evacuations were conducted by staff every six months, although this did not include patients so it was not clear how they would be managed in the event of an incident. A fire risk assessment had been undertaken and recommendations to clear the rear entrance and change the site of oxygen cylinder had been implemented.

The practice had 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. Rectangular collimators had been installed on X-ray units to reduce the radiation dosage to patients.

The practice carried out radiography audits every year following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. Dentists justified, graded and reported on the radiographs they took.

The practice did not have a specific written safety protocol in place to prevent wrong site surgery but principal dentist assured this would be implemented immediately.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. This was kept off site so it could be accessed in the event of an incident.

CCTV was in use in the waiting area and the entrances to the practice for additional security. There was appropriate signage informing patients they were being filmed.

Risks to patients

The practice followed relevant safety laws when using needles and other sharp dental items, although clinicians were not using the safest types of sharps. A risk assessment had been completed in relation to this, but needed to be expanded to include all types of sharps instruments that clinical staff handled. Sharps bins, although not wall mounted, were sited securely and labelled correctly.

Staff were aware of forthcoming changes in regulations in the use of dental amalgam.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year, although they did not undertake

Are services safe?

regular medical emergency simulations to keep their skills and knowledge up to date. Emergency equipment and medicines were available as described in recognised guidance, apart from a paediatric face mask and defibrillator pads. These were ordered during our inspection. We noted that the practice's pulse oximeter and blood pressure monitor had not been recently calibrated. These were both sent off for calibration during our inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted checks were not undertaken as frequently as recommended by national guidance. The practice manager assured us that increased checks would be implemented immediately.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Staff carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although should consider using a lidded lockable box to transfer dirty instruments through the hatch to the decontamination suite for additional safety. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

A legionella risk assessment had been completed in 2017 and the practice had implemented procedures to reduce the possibility of Legionella or other bacteria developing in the water system.

We noted that all areas of the practice were visibly clean, including the waiting area, corridors, toilet and staff areas. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted some loose and uncovered instruments in treatment room drawers that risked becoming contaminated. Staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored in a locked container externally.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out annually. The most recent audit demonstrated the dentists were following current guidelines.

We noted that the fridge temperature was monitored but not each day to ensure medicines that required to be kept cool were stored correctly. We also noted that the practice's address details were not provided with some medicines that were issued to patients.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

The practice manager was aware of new guidelines in relation to the management of patient information and had updated information governance systems accordingly.

Lessons learned and improvements

The practice had a significant events' policy that provided guidance to staff on RIDDOR requirements. There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice. For example, following one incident a new protocol was introduced to prevent delays in lab work collection.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). These were monitored by the principal dentist who actioned them if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 20 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the quality of their dental treatment.

The practice had an intra-oral scanner, intra oral cameras and digital radiography to enhance the delivery of care to patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. Dentists assessed patients' treatment needs in line with recognised guidance, although we noted in some instances where more detail was required in relation to intra and extra oral examinations, and the patients' pathway and assessment.

The practice audited each dentist's dental care records to check that the necessary information was recorded.

The practice carried out conscious sedation for patients who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely in line with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. We viewed a small sample of clinical records which showed that patients received appropriate pre and post-operative assessments; that emergency equipment and medicines were available and that staff had received suitable training in sedation techniques. Patients were discharged safely and received post-operative instructions. The principal dentist informed us he would contact the manufacturer of the practice's pulse oximeter to check on its calibration requirement.

Helping patients to live healthier lives

Dental care records we reviewed showed that oral health advice had been given to patients.

There was a selection of dental products for sale to patients including interdental brushes, mouthwash, toothbrushes and floss. Four part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease.

The dentist described to us the procedures they used to improve the outcome for patients with gum disease

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment, which they signed.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them to ensure the smooth running of the practice. One staff member told us they had plenty of time to 'do a good job' and never felt rushed in their work. There was usually an additional dental nurse available each day to undertake decontamination duties.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear

Are services effective?

(for example, treatment is effective)

systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly, although did not routinely offer patients a copy of the referral for their information.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and understanding of their needs. Several patients reported that staff made them feel relaxed and comfortable for their treatment. Staff gave us specific examples of where they had supported patients such as working after hours to provide emergency treatment and ringing patients after complex treatment to check on their welfare. One staff member told us the practice had purchased almond milk especially for one lactose intolerant patient.

The dental team were involved in supporting local charities and the principal dentist had volunteered his time free of charge to provide dental services to athletes at the 2012 Olympics.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal

information where other patients might see it. All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy.

The reception area was not particularly private but staff told us of the practical ways they maintained patients' confidentiality.

Involving people in decisions about care and treatment

Dental records we reviewed showed that treatment options had been discussed with patients.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We noted information leaflets available on a range of dental health matters including tooth whitening, root canal and periodontal treatment, how to brush your teeth, and caring for dentures to help patients better understand their treatment.

The practice's website also provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The waiting area provided good facilities for patients including magazines, bottles of refrigerated water, coffee, and Wi-Fi. Free samples of toothpaste were available as well as free toothbrushes in the toilet so that patients could brush their teeth prior to their appointment.

Patients had access to a dental payment plan scheme to help them manage the costs of private dental treatment.

The practice had made reasonable adjustments for patients with disabilities. These included level access entry, downstairs treatment rooms, a fully accessible toilet, a hearing loop and reading glasses. The practice manager told us that any of the practice's information could be downloaded in a larger format if needed.

The practice had produced consent forms in Arabic when it provided services to Saudi patients.

Timely access to services

The practice opened late two evenings a week and on a Saturday morning to meet patients' needs. Patients told us they were satisfied with the appointments system that getting through on the phone was easy and they rarely waited long for an appointment once they had arrived.

All new patients received a 40-minute appointment and 20 minutes were allocated for routine appointments. Appointments could be made by phone, and new patient appointments could be booked on-line. The practice offered a text and email appointment reminder service.

Emergency appointments were available each day for those in dental pain. The dentists operated a rota system to cover week-ends and bank holidays.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients, and the text for this was enlarged during our inspection to make it more accessible.

We viewed information in relation to recent patients' complaints received by the practice. This demonstrated they had been managed in a timely, professional and empathetic way. Minutes from practice meetings we viewed showed that complaints had been discussed so that learning could be shared across the staff team.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by his practice manager and staff. There was a clear staffing structure within the practice with specific leads for nursing, safeguarding and administration. Staff spoke highly of the principal dentist and practice manager, telling us they 'got things done' and were 'forward thinking'.

Processes were in place to develop staff's capacity and skills for future leadership roles. The practice manager told us she had been supported by the principal dentist to undertake a management course.

We found both the principal dentist and practice manager were responsive and acted quickly to address the minor shortfalls we identified during our inspection. This demonstrated to us they were committed to providing a quality and compliant service to patients.

Vision and strategy

There was a clear vision and mission statement in place, which was on display in the waiting area. The practice had planned its services to meet the needs of the its population and was in the process of installing another treatment room to meet the high demand for hygienist services. There were also plans in place to purchase another office to expand management services. Staff were aware of these developments and told us they felt involved in them.

Culture

Staff told us they enjoyed their job and felt supported, respected and valued in their work.

Staff reported they could raise concerns and were encouraged to do so. They described their morale as good, citing effective leadership and good teamwork as the reason. They told us of regular social events, supported by the principal dentist, which they enjoyed.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had

comprehensive 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.

Communication across the practice was structured around a short daily morning meeting, to discuss the day's events, and a monthly practice meeting 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.

Appropriate and accurate information

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 maintained, up to date and accurate.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used surveys and verbal comments to obtain patients' views about the service. The practice's survey sought feedback from patients about their waiting times, the quality of treatment explanations and how they were treated by staff. Results of recent surveys were displayed on the wall for patients to see. We noted that results based on 41 responses indicated a high level of satisfaction about the service. In direct response to patients' feedback the practice had provided a mirror and a coat hook in the toilet, extended its opening hours on a Thursday evening and provided Wi-Fi in the waiting room.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us that the principal dentist listened to them and was supportive of their suggestions. For example, their suggestions to provide patients with reading glasses, to improve signage to the main entrance of the practice and improve parking facilities had been implemented.

Continuous improvement and innovation

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, infection prevention and control, orthodontic referrals and the effectiveness of local anaesthetics. These audits were comprehensive and there were clear records of their results and action plans.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. He paid for staff's on-line CPD training and held team training days twice a year.

All staff received annual appraisals, which they told us they found useful.