

Ryton Dental Clinic

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Inspection Report

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Overall summary

We carried out this announced inspection on 17 December 2019 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 two specialist dental advisers.

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

Ryton Dental Clinic is in Ryton, Gateshead and provides NHS and private dental treatment to adults and children. The practice is an approved foundation dentist training practice. Foundation training practices have been approved by the dental deanery to provide training and support to newly qualified dentists. In addition, the practice supports dental nurse trainees in their course.

Summary of findings

There is a portable ramp to provide access into the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two principal dentists, seven associate dentists, a visiting dental implantologist, eight dental nurses, a dental hygienist and two receptionists. A practice manager and treatment co-ordinator support the dental team. The practice has five treatment rooms.

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 the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Ryton Dental Clinic is one of the principal dentists.

On the day of inspection, we collected 28 CQC comment cards filled in by patients. These provided a positive view of the dental team and care provided by the practice.

During the inspection we spoke with five dentists, three dental nurses, a receptionist, the treatment co-ordinator and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Friday 9am to 6pm

Tuesday and Thursday 9am to 8pm.

Our key findings were:

- The practice appeared clean and well maintained.

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements could be made to the provider's staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had suitable information governance arrangements.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all 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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider 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. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. We discussed safeguarding incidents that the provider had come across within the previous 12 months. These were dealt with appropriately, documented and shared with the dental team for learning.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation (FGM).

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We observed the lids for the containers transporting clean and used instruments were not clearly identifiable; the provider assured us they were in the process of purchasing new containers which would allow for easy identification. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the

manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. The cleaner was provided with a dedicated file with risk assessments for hazardous materials and lone working. We observed the mop heads were damp from the morning when the practice had been cleaned, and were stored in a way which would not allow them to dry. The provider assured us they would review this.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment

Are services safe?

procedure. We noted that Disclosure and Barring Service (DBS) checks were not sought for some previous employees at the point of recruitment. We saw risk assessments had been completed for these employees to mitigate the risk to patients. The provider explained they had made it practice policy to obtain DBS checks for newer employees. We saw evidence of this. We were told the qualification certificates for the dental implantologist were not viewed by the provider prior to employment. Following the inspection, we received confirmation that the provider had completed DBS checks for all staff and that the necessary documentation was being obtained.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We observed a bottle of 'white spirit' was placed in the cupboard with the main server unit. This is a hazardous combustible substance and was removed immediately by the provider.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

The practice had a cone beam computed tomography (CBCT) X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

We observed that the practice used a hand-held X-ray machine. We were told that this machine was stored in a locked treatment room when not in use and the battery was removed. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to 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 found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team..

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and

Are services safe?

managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and stored in line with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a 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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

Where there had been a safety incidents we saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by a visiting dental implant surgeon who had told the provider they had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance. The provider had not seen evidence of their training or qualifications and took the decision to await for this prior to booking any further clinics for them.

Staff had access to intra-oral cameras, an intra-oral scanner and the CBCT machine to enhance the delivery of care. For example, they used the CBCT machine to take detailed images to assist with implant placement and the intra-oral scanner to capture direct optical impressions in dentistry.

Helping patients to live healthier lives

The practice was providing preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Dentists would refer patients to the dental hygienist where appropriate. The provider explained they recently adapted their referral prescription notes after discovering inconsistencies within the practice.

Consent to care and treatment

Staff 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff were assigned different roles within the practice to assist in the governance. For example, there was a lead person for safeguarding, infection prevention and control, legionella and hazardous substance risk assessments.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Trainee staff were provided with regular one-to-one meetings, performance reviews and supervision. We were told trainees were highly satisfied with the guidance and support provided to them.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Are services caring?

Our findings

We found that this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, professional and excellent. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard and the requirements under the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We were told there was little need for these services in this area. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. The treatment co-ordinator also explained their role in providing patients with information and support.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, dental models, X-ray images, intra-oral scanner and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice met the needs of more vulnerable patients, for example, those with learning difficulties, autism, dementia or other long-term health conditions.

For those with anxiety or dental phobia, the practice would arrange appointments at times convenient to the patient and ensuring a sufficient appointment length was provided.

To ensure patients with autism were comfortable with their care, the same dentist and dental nurse team would be booked where possible. Patients would also be offered to wait in a second waiting area where it was less crowded.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

28 cards were completed, giving a patient response rate of 56%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff, easy access to dental appointments and care of a high standard.

We shared this with the provider in our feedback.

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop, a

magnifying glass, lowered reception desk and ground floor treatment rooms. Most patients at the practice were longstanding. All patients were made aware of the lack of an accessible toilet prior to booking an appointment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. We discussed reviewing the height of the doorbell for wheelchair users and the provider took this on board.

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice. In addition, staff would telephone patients following a complex treatment appointment to ensure they were ok.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with 111 and patients were directed to the appropriate out of hours service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

Are services responsive to people's needs?

(for example, to feedback?)

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to

discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

The provider demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. The information and evidence presented during the inspection process was clear and well documented. Any issues identified were addressed immediately. The provider demonstrated how they had made improvements over time, for example in their recruitment procedure.

Leadership capacity and capability

We found the principal dentists had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff discussed their training needs at one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, the provider was considering extending their opening hours to include a Saturday as a result of patient demand.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership of the practice, and the practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Each member of staff was assigned a different lead role to help support the governance of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information and external body reviews, was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider 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

Staff involved patients, the public, staff and external partners to support high-quality sustainable services.

The provider used patient survey, comment cards and verbal comments to obtain staff and patients' views about the service. A feedback platform was used to collate all sources of patient feedback. This was analysed each month. The most recent results showed 98% of patients

Are services well-led?

were extremely likely to recommend the dental practice to others. We saw examples of suggestions from patients and staff the practice had acted on. Examples of suggestions from patients that were put into practice included repainting the practice and introducing a larger waiting room.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The most recent FFT results were 88% of patients would recommend the dental practice to others. We viewed the results and where patients had recommended areas for improvement, this was noted.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff suggested assigning treatment rooms and dental nurses to specific dentists; this was being introduced from January 2020.

The provider had a 'employee recognition scheme' where by patients and staff were asked to nominate a member of staff every month for a specific reason. The employee with the most nominations would be given a small appreciation to recognise their efforts.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The provider would host peer review meetings once a month for all dentists to discuss their dental performance and other clinical topics.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.