

Riveredge Dentistry Limited

Riveredge Dentistry Limited - Sunderland

Inspection Report

Suite 2
Quayside House
Wylam Wharf
Low Street
Sunderland
Tyne and Wear
SR1 2AD
Tel:01915671020
Website:www.riveredge.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 12 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

The practice is owned and run by an individual. They run the practice from Suite 2, Quayside House, Wylam Wharf, Low Street, Sunderland, Tyne and Wear, SR1 2AD. They also have a branch at 48a Osborne Road, Jesmond, Newcastle upon Tyne, NE2 2AL. The practice provides cosmetic dentistry and primary care dental services to private patients.

The locations are open as follows:

Suite 2, Quayside House, Wylam Wharf, Low Street, Sunderland, Monday to Friday from 9am to 5pm. Late night and Saturday appointments are available by appointment only.

For 48a Osborne Road, Jesmond, Newcastle upon Tyne, appointments are by appointment only on Wednesday from 10am to 4pm.

Between the locations there are two dentists, four dental nurses, a hygienist and a receptionist.

Summary of findings

The owner of the practice is the registered provider for the practice. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 12 Care Quality Commission (CQC) comment cards. All the comments were positive about the staff and the services provided.

Our key findings were:

- There was an effective complaints system. Staff recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Most patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- Most governance systems were effective.
- The practice sought feedback from staff and patients about the services they provided.
- The practice manager was in the process of registering with the CQC as the registered manager for the practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

We reviewed the legionella risk assessment which was dated August 2015, and no concerns were identified.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval, for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

The practice used a patient co-ordinator to discuss with new patients what their wishes and needs were to ensure that they understand the patients' requirements and discuss what the practice can offer them. Patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. In addition Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities. Staff were suitably trained and skilled to meet patients' needs.

Are services caring?

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

Comments on the 12 completed CQC comment cards we received were complimentary about the staff, care and treatment they received.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

Summary of findings

The practice had a complaint process which was described in their practice leaflet which was available to any patients who wished to make a complaint.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported that their colleagues, practice manager and the owner were approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection control, X-rays, clinical examinations and patients' records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting their obligations associated with the Health and Social Care Act 2008.

The inspection was carried out on 12 August 2015 and was led by a CQC Lead Inspector. The team also included a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and review of documents.

During the inspection we spoke with a dentist, four dental nurses, one hygienist and the practice manager. We saw policies and procedures, and other records relating to the management of the service. We reviewed 12 CQC comment cards that had been completed. We visited both sites.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had a RIDDOR policy. The practice manager told us any accident or incidents would be discussed at monthly practice meetings or whenever they arose. We saw that the practice had recorded two incidents in the last five years.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. We saw that the policy was updated in May 2015. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had not received any complaints in the last year.

We saw that the staff had received training on the duty of candour in July 2015, which made them aware of their responsibilities.

The practice manager told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. The alerts were filtered for issues affecting dentistry and were discussed with staff, actioned and stored for future reference.

The practice manager told us that they held daily meetings before the clinic started to discuss any issues or concerns in addition to Wednesday's lunchtime training /meetings which were minuted.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. We saw that the policy was updated in April 2015. They included the contact

details for the local authority safeguarding team, social services and other relevant agencies. The registered provider was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff were scheduled for an update to their training in safeguarding vulnerable adults and children. The nurses we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The dentist we spoke with told us that they did not routinely use a rubber dam when providing root canal treatment to patients. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient. We discussed with them the good practice guidelines for their use so that they could reflect on their approach.

We saw two patients' records. They were clear, accurate and complete. The practice recorded that medical histories had been up dated prior to treatment. They also recorded soft tissue examinations, diagnosis, consent and fees in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice. For example, patients that were particularly anxious or who were on blood thinning medication.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. All staff had received training in basic life support and we saw that the refresher training was scheduled for September 2015. The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. However, there were some items missing including the size four oropharyngeal airway and child's face mask for attaching to the self-inflating bag. We explained this to the practice manager who then ordered these items before the inspection had been completed. All

Are services safe?

staff knew where the emergency equipment and medicines were kept. We saw that the practice kept logs which indicated that the emergency equipment and emergency oxygen were checked monthly. We discussed this with the practice manager and reminded them that these checks needed to be carried out weekly. Emergency medicines were checked monthly. This helped ensure that the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. We saw that the policy had been reviewed in July 2015. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We saw two personnel files which confirmed that the processes had been followed.

We saw that all clinical staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. In addition, the practice had the practice manager checked by the DBS.

We saw that all relevant staff had personal indemnity insurance (insurance professionals are required to have in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in June 2016.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a health and safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed in April 2015. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to

eliminate or reduce exposure to known hazardous substances in a practical way. The practice manager told us that the fire alarms were tested weekly. There were annual fire risk assessments we saw one dated May 2015. In addition we saw that the fire extinguishers were checked in December 2014. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. The room had an extractor fan to aid good air flow to reduce the risk of cross contamination. There was a separate hand washing sink for staff, in addition to a sink for decontamination work. We spoke to the practice manager and reminded them that in the absence of a second decontamination sink they needed a separate removable bowl to rinse the instrument. They agreed to purchase a bowl and use it in future. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. Staff told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable gloves, aprons and protective eye wear.

Except for not using a separate bowl for rinsing we found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclave to ensure that it was functioning properly.

Are services safe?

All staff were aware of the designated 'clean and 'dirty' areas within the surgery. These zones were not however clearly identified to avoid the likelihood of confusion or errors. Following discussions with the practice manager they agreed to consider better defining the areas.

We saw the results of an infection control audit that the practice had completed in August 2015. The practice achieved 92%. The practice produced an action plan to address the areas that were identified as needing attention. For example, the practice was aware that one of the dental chairs was ripped. The practice manager informed us that this had been scheduled for repair.

We saw from staff training records that all staff had received infection control training in June 2015.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bins were being used correctly, however they were not always located appropriately in the surgery. We discussed this with the practice manager who agreed that they would all be located correctly in the future. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We reviewed the legionella risk assessment report dated August 2015, no concerns were identified. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Staff told us that Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We saw that the last PAT test

had taken place at both premises in January 2015. The practice displayed fire exit signage and had fire extinguishers. We saw that the fire extinguishers had been checked regularly to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

We saw from staff training records that all staff had received training in managing medicines in July 2015.

Anaesthetics were stored appropriately. Other than emergency medicines no other medicines were kept at the practice. The practice used a refrigerator to store materials for use in their cosmetic procedures and food and drinks for staff. There was no mechanism for the practice to check to ensure that the temperatures of the refrigerators had been maintained at the appropriate levels in accordance with the manufacturer's instructions for the safe and effective storage of the materials. We discussed this with the practice manager and the fact that it was not best practice to keep materials and staff food and drink in the same refrigerator. The practice manager said that they would address these issues.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine needed to be operated safely. The file also contained the name and contact details of the Radiation Protection Advisor. There were details of a quality assurance audit which had taken place in May 2015 which showed that the X-rays were satisfactory. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography, they had both completed their training in May 2012. The practice also had a maintenance log which showed that the X-ray machine had been serviced regularly.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice manager told us they used a patient co-ordinator to discuss with new patients what their wishes and needs were to ensure that they understand the patients' requirements and discuss what the practice can offer them. New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patients' electronic dental records for future reference. In addition, patients' lifestyle and behaviours such as smoking and drinking and patients were offered health promotion and lifestyle advice. This was recorded in the patients' records. We saw from the dental records we reviewed, that at all subsequent appointments patients were always asked to complete a medical history form. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place.

The practice manager told us that they always discussed the diagnosis with the patient and, where appropriate, offered the patient any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. We saw from the records that the dentist was following the NICE guidelines on recalling patients for check-ups.

Patients requiring specialist treatments that were not available at the practice such as conscious sedation or orthodontics were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception/waiting area contained a range of information that explained the services offered at the practice and the private fees for treatment. Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The dental records showed that where appropriate dental fluoride treatments were prescribed. This was in accordance with the Department of Health's policy the 'Delivering Better Oral Health' toolkit. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults.

Staff we spoke with told us that they had staff annual appraisals.

Staff told us that they covered for each other when colleagues are absent for example, because of sickness or holidays.

Working with other services

The practice manager explained that they would refer patients to other dental specialists when necessary. They would refer patients for sedation, oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need.

Consent to care and treatment

All staff had training in the Mental Capacity Act 2005 (MCA) in June 2015. Staff we spoke with demonstrated an awareness of the MCA and its relevance to their role. The MCA provides the legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The dentist we

Are services effective?

(for example, treatment is effective)

spoke with demonstrated how they would obtain consent from patients who they thought would experience difficulty in providing consent. This was consistent with the provisions of the MCA.

Staff ensured patients gave their consent before treatment began. The dentist informed us that verbal consent was always given prior to any treatment. In addition, the

advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. The reception and main waiting areas were separate. Staff told us that if a patient needed to speak to them confidentially they would speak to them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered provider was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the 12 completed CQC comment cards we received included many complimentary statements about the staff, care and treatment they received.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The practice used a patient co-ordinator to discuss patients care and treatment before treatment was commenced to ensure that patients were involved in their care and treatment and understood what was being offered and the costs involved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception/waiting areas described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure.

The locations are open as follows:

Suite 2, Quayside House, Wylam Wharf, Low Street, Sunderland, Monday to Friday from 9am to 5pm. Late night and Saturday appointments available by appointment only.

For 48a Osborne Road, Jesmond, Newcastle upon Tyne appointments were by appointment only, Wednesday from 10am to 4pm.

For patients in need of urgent dental care during normal working hours the practice offered same day appointments for example those patients in pain.

Tackling inequity and promoting equality

The surgeries at both locations were located in the upper floors of the buildings. At the Sunderland premises access

to the surgeries was via a ramp and lift for patients with mobility issues. We saw that practice had an equality and diversity policy which was reviewed in June 2015. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day of their telephone call. For patients in need of urgent care out of the practice's normal working hours they were directed to the NHS 111 service who would then direct them to an out of hours dental service for treatment.

Concerns & complaints

The practice had a complaints policy and procedures. The practice displayed information in the reception/waiting areas on how to complain. The information described the timescales involved for dealing with a complaint and who was responsible for handling complaints. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

We saw from its stock that the practice had a number of materials that were past their manufacture's expiry date. We discussed this with the practice manager and the registered provider. They assured us that they did not use any out of date materials as such this was a 'house-keeping' issue and confirmed that they would now dispose of those items.

At the time of the inspection the practice manager was in the process of registering with the Care Quality Commission as the registered manager for the practice.

Leadership, openness and transparency

Staff told us that there was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the practice manager and the dentists. They were confident that any issues would be appropriately addressed.

Learning and improvement

The practice maintained records of staff training which showed that all staff were up to date with their training. Staff accessed training through a variety of sources

including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training.

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

The practice sought feedback from patients and staff. Staff told us that they always asked patients, before they left the practice, for feedback about the treatment they had just received and would act on any concerns that arose. The practice also used a suggestion box to gather patients' views.

We saw the summary of the results of the practice's 2015 patient satisfaction survey. The practice received 50 respondents. Ninety-four per cent found it easy to book an appointment and both the dentists and staff achieved 100% satisfaction in all fields. For example, the questions included: is the dentist helpful, caring, friendly, did they explain enough to you and do you feel confident about the quality of treatment they are providing? We also saw four testimonials from patients. They were all very complimentary about the staff, care provided and the outcome of their treatment.

In addition to the daily morning meetings we saw that the practice held weekly practice meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. The practice manager told us that staff were actively encouraged to contribute ideas.