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# Breeze Dental @ Ryhope

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 1 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

The practice is owned and run by an individual. They also run Breeze Dental Chester Road. Both practices are managed from the Chester Road location and follow the same policies and procedures. To cover both locations there are four dentists, three dental therapists, two qualified dentists undergoing supervised training in general practice, five extended duties dental nurses, 15 dental nurses and four trainee dental nurses. They are supported by an administration team which includes a business manager, practice manager, and practice principal.

The practice provides primary care dental services under the NHS. There are approximately 5,400 NHS patients.

The practice is open Monday to Thursday 9am to 5pm and Friday 9am to 4.15pm.

The owner a dentist 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.

#### 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.

Eight patients provided feedback about the service. All the comments were positive about the staff and the services provided. Patients commented that the practice was clean, they found staff friendly and professional the service was always excellent.

#### Our key findings were:

- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.

# Summary of findings

- Infection control procedures were in place in accordance with the published guidelines.
- 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 governance systems were effective.
- The practice was well-led and staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- There was an effective complaints system. The practice recorded complaints and cascaded learning to staff.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.

# 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. The practice had no record of any significant events having taken place.

Staff had received training in safeguarding 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 dedicated decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs 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 saw records of a legionella risk assessment dated May 2014, no concerns were identified. We saw records that demonstrated that regular water temperature monitoring in accordance with the legionella risk assessment report had taken place.

### **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 (OHR), during which medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, 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. 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 undertaking continuing professional development (CPD) activities.

### **Are services caring?**

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

We saw from the patient survey that patients reported they had positive experiences of the service they had received from the practice. This was reflected by comments made by the patient we spoke with and comments we received on the six Care Quality Commission comment cards. In addition we saw from our observations that staff displayed kindness, friendliness and a genuine empathy for the patients they cared for.

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. A room was made available to patients who wished to speak to reception staff confidentially.

### **Are services responsive to people's needs?**

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

# Summary of findings

Patients could access treatment and urgent care when required. Patients experiencing dental pain were seen within 24 hours of contacting the practice.

The practice displayed information on the complaints process in the reception/waiting area. The process described the timescales involved for dealing with a complaint and who was responsible for handling complaints.

## **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 they felt supported in their roles and were freely able to raise any issues or concerns with the management and registered provider at any time. The culture within the practice was seen as open and transparent. Staff told us that they enjoyed working at the practice.

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

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

# Breeze Dental @ Ryhope

## 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 1 July 2015 and was led by a CQC Lead Inspector. The team also included a dentist specialist advisor.

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.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them. We reviewed information received from the registered provider prior to the inspection.

The methods that were used to collect information at the inspection included talking to people using the service, their relatives / friends, interviewing staff, observations and review of documents.

During the inspection we spoke with two dentists, two dental nurses and the practice supervisor. We reviewed policies and procedures; saw four clinical patient records and other records relating to the management of the service. We reviewed six Care Quality Commission comment cards that had been completed and spoke with one patient.

# 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). We saw from the staff training records that they had received training in RIDDOR in June 2014.

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. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

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. Relevant alerts were discussed with staff, actioned and stored electronically and in hard copy for future reference.

### **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. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The practice had a 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 had received safeguarding training for vulnerable adult and training up to Level two for children. Staff could easily access the safeguarding policy. Staff 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 dentists told us that they routinely used 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 reviewed four electronic patient records. They were clear, accurate and complete. For example, they included medical history, extra oral examinations and anaesthetic batch numbers. They also included alerts generated by the dentist to remind them that a patient has a condition which required additional care and advice. For example, patients that were particularly anxious or who were on blood thinning medication had alerts on their records.

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 and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The practice stored medicines and equipment for use in a medical emergency in a clearly marked location in a surgery. This was in line with the 'Resuscitation Council UK' guidelines and British National Formulary (BNF). All staff knew where these items were kept. A nurse was responsible for regularly checking that 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 within the manufacturer's expiry dates. However, we also saw records that the emergency oxygen was checked on a monthly basis. It is recommended the oxygen is checked weekly. We discussed this with the registered provider and they agreed to ensure that the oxygen is checked weekly in future.

### **Staff recruitment**

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of identity, checking skills and

# Are services safe?

qualifications, registration with relevant professional bodies and taking up references. We reviewed the nurses' personnel file which confirmed that the processes had been followed.

We saw that all 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.

We saw that the registered provider had for all relevant staff, copies of their personal indemnity insurance certificates (healthcare professionals are required to have in place to cover their working practice), which were all in date. In addition, there was employer's liability insurance which covered employees working at the practice, which was due for renewal in January 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. We viewed a range of these including regular fire risk assessments. We saw that the last fire risk assessment had taken place in September 2014.

The registered provider 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 Regulations requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that this was updated annually and was last updated in January 2015. Product data sheets were kept and staff were advised of any changes. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

## **Infection control**

The practice had a lead for infection control. We saw that the practice had an infection control policy which included decontamination, legionella and handling clinical waste.

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 relevant clinical staff were aware of the work flow in the

decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination work. 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.

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 visually with a magnifying glass and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety and infection control purposes instruments were transported securely in lockable boxes between the surgeries and decontamination room.

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.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. However, these zones were not clearly defined to avoid the likelihood of confusion or errors. We discussed the zoning with the registered provider. They told us that they were going to make changes to clearly mark out the areas.

We saw the results of an infection control audit that the practice had completed in July 2014, which did not highlight any concerns

We saw from staff records that all staff had received infection control training in May 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 bin was being used correctly and

# Are services safe?

located appropriately in the surgery. Clinical waste was stored securely for collection. The provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

We saw the results of a patient survey dated June 2015 which the registered provider had arranged. There were 46 responses. All of them stated that the reception and surgeries were clean.

The staff files we reviewed showed that they 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 saw that the legionella risk assessment reviewed in February 2015, no concerns were identified. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Regular water temperature monitoring in accordance with the legionella risk assessment report had taken place. Staff told us that the dental water lines to the dental chairs were flushed twice daily and in between patients and were sterilised monthly to ensure they were safe.

## **Equipment and medicines**

We saw a Portable Appliance Testing (PAT) certificate which was valid until December 2012. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) The practice had

a policy for visually checking these items annually and have them formally tested every five years. The practice had fire exit signage and fire extinguishers. We saw that the fire extinguishers had been checked annually to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment. The regular maintenance ensured that the equipment remained fit for purpose.

Anaesthetics and antibiotics were stored appropriately. The dentists recorded the batch numbers and expiry dates in the notes of patients who received medicines.

## **Radiography (X-rays)**

The four X-ray machines were appropriately located 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 machines needed to be operated safely. It also contained the name and contact details of the Radiation Protection Advisor. The practice manager explained the dentist were on a continuous rolling programme of quality assurance audits of their X-rays. We saw results of one audit dated March 2014. This showed that all the radiographs were satisfactory. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included 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, the dentist told us that they discussed patients' social behaviour such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patients' records. We saw from the four dental records 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. They also recorded the justification for and the quality of the X-rays taken.

The dentist 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. The patients we spoke with confirmed that they were involved in their treatment and were offered options. 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.

We saw the results of a patient survey dated June 2015 which the registered provider had arranged. There were 46

responses. All of them stated that the staff were helpful and friendly. Comments on the completed CQC comment cards described the service as really good, friendly, professional and excellent.

### Health promotion & prevention

The waiting areas contained a range of information that explained the services offered at the practice and the NHS fees for treatment in addition to information about effective dental hygiene and oral care.

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

Staff training was being monitored and recorded. 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 annual appraisals.

Staff told us that they covered for each other when colleagues were absent for example, because of sickness or holidays. The registered provider was able to move staff between both sites if required to ensure patients were seen.

### Working with other services

The dentists 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 patients' clinical need. We saw from the records that patients were referred in a timely way. Referral correspondence was stored electronically within patients' records.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

All staff had training in the Mental Capacity Act 2005 (MCA) in February 2014. 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 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. Where appropriate, patient records had been

noted to alert staff that a patient may experience difficulty in consenting to treatment. This alerted staff to consider what actions they needed to take to support the patient in their decision making process.

Staff ensured patients gave their consent before treatment began. The dentists informed that verbal consent was always given prior to any treatment. 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 for providing compassionate care and treatment. The reception and waiting area was combined. Staff told us that if a patient needed to speak to them confidentially they would speak to them in the surgery. We observed the interaction between staff and patients and found that patients were treated with respect and dignity.

Staff we spoke with understood the need to maintain patient confidentiality. We saw that patient records, both paper and electronic were held securely.

Of the 46 responses to the patient survey dated June 2015, 93% stated that their overall experience was either excellent (65%), good (20%) or average (8%).

### **Involvement in decisions about care and treatment**

We saw from the patient records that patients were involved in decisions about their care. The records recorded the options of treatments available, the decisions made and treatment agreed.

A dentist told us that children were treated according to their age and capacity and varied their approach accordingly. For example, they explained that they used non-clinical words to describe procedures. In addition the dentists told us that they used the used Gillick competency test to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions before treating a child.

# 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 area described the range of services offered to patients and opening times. Information was also displayed explaining the complaints procedure.

The practice was open Monday to Thursday 9am to 5pm and Friday 9am to 4.15pm.

For patients in need of urgent dental care during normal working hours of the practice, for example those in pain, the practice offered them appointments on the same day if possible. In any event those patients would be seen with 24 hours of contacting the practice.

A dentist told us that the appointments for their anxious patients took as long as necessary to reduce anxiety and ensure patients received the care and treatment they required. If, however, the patients were too anxious the dentist would refer them to the local dental sedation service for treatment.

### Tackling inequity and promoting equality

The practice had surgeries on the ground and upper floors of the building with patients with poor mobility had access to the reception/ waiting area, toilet facilities and a surgery on the ground floor. We saw that the dentist had received

equality and diversity training in February 2014. The dentist told us that patients were offered treatment on the basis of clinical need and 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 or at the latest with 24 hours. 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 leaflet which was available to any patients who wished to make a complaint. The practice displayed this information in the reception/waiting area. The process described the timescales involved for dealing with a complaint and who was responsible for handling complaints. We saw that the practice had received and responded to three complaints that had been received this year. The relevant procedures were followed in processing and responding to the complaints. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice supervisor 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, infection control policy and a policy for auditing X-rays. We saw that the practice undertook regular surgery inspections which included completing a 23 point checklist. This helped the practice ensure that the surgeries were kept up to standard, clean and free of clutter. Staff we spoke with were aware of their roles and responsibilities within the practice.

The registered provider undertook various audits to monitor their performance and help improve the services offered. We saw the practice infection control audit dated July 2014. We also saw the results of an X-ray audit dated March 2014 which indicated that all X-rays that had been reviewed were satisfactory. The results of the audits were shared with staff.

### **Leadership, openness and transparency**

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 and the registered provider. They were confident that any issues would be appropriately addressed.

### **Management lead through learning and improvement**

The practice planned the staff training needs annually. Any staff suggestions for additional training would also be

considered when it arose. Staff we spoke with confirmed this and 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. The practice undertook annual appraisals of staff in addition to quarterly one-to-one sessions. These gave staff the opportunity to raise any issues with the practice which had not been addressed elsewhere. Staff we spoke with were complimentary about the practice and told us that it was a good place to work.

The practice provided a suggestion box in the reception/waiting area for patient use. The box was emptied monthly and any comments were considered and appropriate action taken.

We saw the analysis of the practice's Friends and Family test for May 2015. Of the 16 responses there were no negative comments.

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.

Staff told us that they always asked patients about the treatment they had received to give them an opportunity to comment on it and address any issues as they arose.