

Cambridge Smiles Ltd

Cherry Hinton Dental Centre

Inspection Report

Cherry Hinton Dental
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Date of inspection visit: 8 January 2019
Date of publication: 22/01/2019

Overall summary

We carried out this announced inspection on 8 January 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 a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Cherry Hinton Dental Care is a well-established practice based in Cambridge that provides private treatment. Another separately registered dental practice is based at the same location and shares the same staff, costs and facilities with this practice. They both operate as one service. The dental team include two dentists and two trainee dental nurses, who also undertake reception duties. There are two treatment rooms. There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces are available immediately outside the practice.

Summary of findings

The practice opens on Mondays from 8:15am to 5pm; on Tuesdays from 8.30am to 4.45pm, on Wednesdays and Thursdays from 8.45am to 4.45pm and on Fridays from 8.30am to 4.30pm. The practice also opens on a Saturday from 8.45am to 1pm.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Cherry Hinton Dental Practice is the principal dentist.

On the day of inspection, we collected 47 CQC comment cards completed by patients. We spoke with two dentists and two nurses. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- Information from completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high-quality service.
- Access to appointments was good and the practice opened on a Saturday morning.
- The practice had effective systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and managing radiation risk.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Patients received their care and treatment from well supported staff, who enjoyed their work.
- Members of the dental team were up-to-date with their continuing professional development and were supported to meet the requirements of their professional registration.
- Patients' complaints were taken seriously, managed effectively and used as a tool to improve the service.
- There was effective leadership and culture of continuous improvement
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and worked well as a team.

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.

Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies

No action



Are services effective?

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

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The practice team kept complete patient dental care records which were clearly written and stored securely.

The staff received professional training and development appropriate to their roles and learning needs.

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

No action



Are services caring?

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

We received feedback about the practice from 47 patients. Patients were positive about all aspects of the service and spoke highly of the treatment they received, and of the staff who delivered it. Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain and the practice opened on a Saturday morning

No action



Summary of findings

Staff considered patients' different needs and provided facilities for disabled patients, including an accessible toilet, downstairs surgeries and a hearing loop.

The practice took patients' views seriously. The dentists valued compliments from patients and responded to concerns and complaints quickly, empathetically and constructively. We found staff acted in a professional, open and transparent way to concerns raised and complaints were actively used to improve the service.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

Staff were well supported in their work, and it was clear the dentists valued them and assisted them in their professional development.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for, and listening to, the views of patients and staff. There were regular audits which were meaningful and used effectively to drive improvement.

No action



Are services safe?

Our findings

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information about safeguarding agencies was on display in the staff office, making it easily accessible.

All staff had Disclosure and barring checks (DBS) in place to ensure they were suitable to work with vulnerable adults and children.

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

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running. This had recently been updated because of a flood at the practice.

Dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment to protect patients' airways. There was no formal written protocol in place to prevent wrong site surgery, although the dentists were applying its principals.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation. Files we reviewed for two recently recruited staff showed that the practice followed their recruitment procedure and appropriate preemployment checks had been undertaken. All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical appliances. Records showed that fire detection and firefighting equipment was regularly tested. A fire risk assessment had been completed and its recommendations

for more signage and a push bar exit door had been implemented. Staff practiced regular timed fire evacuations. We noted there was no external signage to indicate that oxygen cylinders were held on site.

Stock control was effective and medical consumables we checked in cupboards and in drawers were within date for safe use.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. These met current radiation regulations and the practice had the required information in their radiation protection file. Clinical staff completed continuous professional development in respect of dental radiography. Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Regular radiograph audits were completed for the dentists. Rectangular collimation was used on the X-ray unit to reduce patient exposure.

Risks to patients

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff.

The practice followed relevant safety laws when using needles and other sharp dental items, and the dentists were using the safest types of sharps. Sharps' bins were sited safely, and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff undertook regular medical emergency simulations to keep their knowledge and skills up to date. Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in

Are services safe?

primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

Staff carried out infection prevention and control audits and the latest audit showed the practice was meeting the required standards. We noted that results of an infection control audit had been discussed at a staff meeting in July 2018, and action had been implemented to address minor shortfalls identified as a result.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records showed that equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. Time, steam and temperature test strips were used at every cycle to ensure the autoclave was operating correctly.

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

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We noted staff changed out of them during their lunch break. Antimicrobial rub was available on the reception desk to promote good hand hygiene.

The practice used an appropriate contractor to remove dental waste from the practice and the waste was stored securely.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. The fridge temperature in which medicines were stored was monitored each day to ensure it operated effectively.

The dentists were aware of current guidance with regards to prescribing medicines and antimicrobial prescribing audits were carried out. The most recent audit demonstrated the dentists were following current guidelines and the dentists had placed prescribing guidance in the treatment room for ease of reference. The practice had an informative leaflet about antibiotics that was given to patients when they were prescribed them.

We noted that practice's name and address was not included on medicines prescribed to patients and the dentist assured us they would add the missing information.

Information to deliver safe care and treatment

We looked at a sample of dental care records and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with data protection requirements.

Staff were aware of new guidelines in relation to the management of patient information and had updated the practice's policies and procedures accordingly.

Track record on safety and Lessons learned and improvements

There were good systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, we noted at the staff team meeting in July 2018 recent incidents including a flood at the practice and a dentist who had tripped over a laminator had been fully discussed, along with measures to prevent them happening again.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. Patients complaints were classified as significant events and we saw detailed records of how these had been managed and used to improve the service. For example, following recent concerns about infection control, the practice had introduced daily observations of hand hygiene.

Are services safe?

The practice had a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and staff were aware of recent alerts affecting dental practice as a result.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 47 comments cards that had been completed by patients prior to our inspection. All the comments reflected high patient satisfaction with the results of their treatment and their overall experience of it. One patient told us their root canal treatment had been painless and effective, another that their gum disease had been eradicated. Patients described the dentists as skilled, careful and thorough.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we reviewed clearly detailed patients' assessments and treatments.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We noted information on display in the waiting room in relation to smoking cessation.

The dentist 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. Referrals to specialists were made if needed.

The practice had a selection of dental products for sale including mouth wash, interdental brushes and floss. Free samples of toothpaste were also available.

Consent to care and treatment

Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood the importance of obtaining and recording patients' consent to treatment. All staff we spoke with showed an understanding of the Mental Capacity Act and Gillick competence guidelines, and how they might impact on treatment decisions.

The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Nurses were encouraged to explain treatments to patients after their consultation if needed. Staff told us they used dental models, information leaflets and photos to aid the patient consent process.

Effective staffing

The clinical team was small, comprising of two dentists and two trainee nurses. However, staff told us there were enough of them to ensure the smooth running of the practice and if needed agency staff were used to cover vacant shifts.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and records we viewed showed they had undertaken appropriate training for their role. Staff told us they discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear systems in place for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice actively monitored all referrals to ensure they had been received.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as calming, patient and understanding. One patient told us the dentist always explained what was happening throughout the treatment which they found very reassuring. Staff gave us examples of where they had assisted patients such as giving one a lift home after they had fainted and contacting patients after complex treatment to check on their welfare.

We noted that in the meeting minutes of May 2018, staff had discussed Mental Health Awareness week, and had taken time to discuss dementia including how to recognise it and any special considerations for patients living with the disease.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, staff told us some of the practical ways they maintained patient confidentiality and that they could make and receive calls in the side office which was more private.

The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

All consultations were carried out in the privacy of the treatment room and we noted that its door was closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

The practice had conducted its own patient survey in October 2018 and had received 40 responses. 97.5% of responders stated that their treatment requirements had been fully explained to them. This was also reflected in the comments cards we received. One patient told us the dentist answered all their questions well and explained things clearly. Another that staff always involved them in decisions about their oral care. Dental records we reviewed showed that treatment options had fully been discussed with patients.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included the use of videos, photos, leaflets and models. We noted information leaflets available in the waiting area on a range of dental treatments including root fillings, crowns and veneers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The premises had been purpose built as a dental practice and had a pharmacy next door to it. It was situated on a main high street and was easily accessible by bus. It had its own parking spaces right outside. The waiting area provided good facilities for patients including interesting magazines and children's toys and books to keep them occupied while they waited.

The practice had made reasonable adjustments for patients with disabilities which included level access, downstairs surgeries, an accessible toilet, a hearing loop and its practice leaflets and medical history form in large print. A magnifying glass was available at the reception desk to help patients read small print. The practice's website could be translated into a number of languages for patients who did not read or understand English.

Timely access to services

Patients told us they were satisfied with the appointments system and said that getting through on the phone was easy. There were two emergency appointment slots each day for patients experiencing dental pain. 95% of respondents in the practice's own patient survey stated that it was easy to contact the practice to rearrange or cancel an appointment.

The practice had made changes to its opening times to offer more early morning and Saturday appointments to better meet patient demand. It also aligned its lunchtime opening hours to coincide with those of a large employer nearby so that workers could attend in their lunch break.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting area, making it easily accessible.

We found the dentists had an open and transparent approach to addressing patients' complaints and viewed them as a way for the service to improve. Complaints were treated as significant events and were discussed at meetings so that learning from them could be shared across the staff team, evidence of which we viewed. In response to complaints raised, the practice had improved information given to patients at the reception desk and undertaken a full review of its charges.

We viewed information in relation to a recent complaint received by the practice. This demonstrated it had been managed in a candid and professional manner.

Are services well-led?

Our findings

Leadership capacity and capability

The dentist had overall responsibility for the management and clinical leadership of the practice and was well supported by her staff. She worked closely with the other dentist on site, and it was clear they supported each other to provide a quality service to their respective patients. They each had specific lead roles for areas such as infection control and safeguarding.

Staff told us they enjoyed their work citing team work, the smallness of the practice and training support as the reasons. Staff described the dentists as approachable and responsive to their needs. For example, their suggestions for a better-quality printer and better seating in the waiting area had been listened to and implemented.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected and valued. Minutes of practice meetings we viewed demonstrated that staff were actively consulted about, and involved in, the performance and development of the practice.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Openness, honesty and transparency were demonstrated when responding to incidents and complaints, clear evidence of which we viewed. In response to a recent concern, staff had written to the complainant to invited them to the practice to scrutinise their infection control procedures.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had comprehensive policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Detailed minutes were kept.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were maintained, up to date and accurate.

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

Engagement with patients, the public, staff and external partners

The practice used surveys, a suggestion box and verbal comments to obtain patients' views about the service. The practice's patient survey asked for feedback about ease of contacting the practice, the convenience of appointment times, the quality of treatments and cleanliness. Results based on 40 respondents showed high satisfaction rates. The dentist told us that patients' suggestions to move the waiting room clock and offer appointments early in the morning had been implemented.

The practice also actively responded to any patients' comments left on google review. The practice had scored 4.7 stars out five, based on 87 reviews.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene and infection prevention and control. There was a timetable of scheduled audits for the forthcoming year. We viewed records of the results of these audits and the resulting action plans and improvements. Results were discussed at practice meetings, evidence of which we viewed.

It was clear that the dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses received an annual appraisal, which they told us they found useful and the dentists appraised each other. All staff had personal development plans in place.