Apex Dental Care Limited

# Apex Dental Care - Gorleston-on-Sea

## Inspection Report

66 High St
Gorleston
Great Yarmouth
Norfolk
NR31 6RQ
Tel: 01493662083
Website: www.apex-dental.co.uk

Date of inspection visit: 30 June 2015
Date of publication: 06/08/2015

## Overall summary

We carried out an announced comprehensive inspection on 30 June 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.

Apex Dental Care- Gorleston on Sea is a mixed dental practice providing both NHS treatment (excluding sedation) and private treatment to patients of all ages. It is part of the Oasis Dental Care group.

The practice has a full time practice manager who is registered with the Care Quality Commission. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The practice employs three dentists, four dental nurses and two receptionists. There is also a part-time dental hygienist who provides preventative advice and treatments on prescription from the dentists.

The practice provides services on two floors and has a reception area on the ground floor. There are three dental treatment rooms and one decontamination room for cleaning, sterilising and packing dental instruments.

# Summary of findings

We received feedback from ten patients as part of our inspection. People told us that staff were friendly and professional, and that they received good information about their oral health. Two people told us that staff made them feel relaxed, which helped them feel less nervous about their treatment. People told us that arranging appointments at a time suitable for them was easy, and that they were rarely kept waiting once they had arrived at the practice. All the people we spoke with told us they would recommend the service.

**Our key findings were:**

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation
- There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- The practice sought feedback from staff and patients and used it to improve the service provided.
- Patients were treated in a way that they liked and information about them was treated confidentially.
- Governance systems were effective and there was a range of audits and patient surveys to monitor the quality of services

There were areas where the provider could make improvements and should:

- Review the practice's arrangements for the manual cleaning of instruments; the storage of uncovered items in treatment room drawers, the monitoring of autoclave cycles and the sterilisation of new matrix bands
- Ensure that staff have knowledge of the Mental Capacity Act relevant to dental practice and how this might affect their care of patients who might not able to give consent.

# 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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, and maintaining the required standards of infection prevention and control. The practice carried out and reviewed risk assessments to identify and manage risk. A system was in place to record significant events, complaints and accidents. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment to meet patients' needs were in use at the practice.

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

The dental care provided was effective, evidence based and focussed on the needs of the patients. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services in a timely manner.

Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of them available at all times.

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially.

**Are services responsive to people's needs?**
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice offered a range of services to meet patients' needs, and had employed dental specialists to provide additional services such as oral surgery, dental implants and the treatment of gum disease. Appointments were easy to book and the practice offered extended opening hours three evenings a week to meet the needs of those who worked full-time.

The practice had made reasonable adjustments to accommodate patients with a disability.

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

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.

The dentist and practice manager were very approachable and the culture within the practice was open and transparent. Staff were well supported and told us that it was a good place to work.

# Apex Dental Care - Gorleston-on-Sea

**Detailed findings**

## Background to this inspection

The inspection took place on 30 June 2015 and was conducted by a CQC inspector and a dental 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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with two dentists, the practice manager and two dental nurses. We also spoke with five patients. We reviewed five comment cards about the quality of the service that patients had completed prior to our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

# Are services safe?

## Our findings

**Reporting, learning and improvement from incidents**

There was a system in place for recording incidents and accidents with guidance in how they should be managed by staff. Although the practice had not experienced any serious incidents, staff told us they were confident about reporting them.

Any significant events were reported to Oasis Dental Care's head office. These were reviewed by the clinical governance team and analysed for any trends. Recommendations or changes in procedures were shared with all of Oasis Dental Care's member practices. For example, a recent incident concerning the use of a certain type of latex glove had been disseminated to all the practices, ensuring that these gloves were removed immediately from use.

The practice responded to national safety alerts and medicines alerts that affected the dental profession. These were sent regularly from Oasis Dental Care's head office to the practice manager for dissemination to staff. The manager told us of a recent prophylactic medicines alert and described to us how she had ensured that staff were made aware of it.

**Reliable safety systems and processes (including safeguarding)**

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff and staff had access to contact details for both child protection and adult safeguarding teams. There was also information available about safeguarding in the patient information file available in the waiting room area.

Safeguarding was identified as essential training for all staff and records showed staff had completed their annual update. Two of the practice's staff had completed a level two qualification in children's safeguarding; all other staff had level one training. The practice manager was the lead for safeguarding and had undertaken additional training for this role. We read of an incident in the practice meeting minutes where the practice manager had advocated for a vulnerable patient living in a care home to ensure their care and welfare were protected.

The practice had whistle blowing procedures in place which also gave details of external agencies staff could contact of they wanted to raise concerns about a colleague's practice.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment. The dentists we spoke with confirmed that they used a rubber dam as far as practically possible.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of first aid kits, and x-ray warning signs to ensure that patients and staff were protected.

**Medical emergencies**

The practice was equipped for the management of medical emergencies. All staff, including receptionists, had received training in cardiopulmonary resuscitation and first aid. We checked the emergency medical treatment kit available and found that this had been checked regularly to ensure that it was fit for purpose. An automated external defibrillator (AED) and oxygen were readily available if required. An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Emergency drugs were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. The location of first aid boxes and emergency equipment was clearly signposted.

Emergency medical simulations were regularly rehearsed by staff so that they were clear about what to do in the event of an incident at the practice.

**Staff recruitment**

# Are services safe?

The practice had a recruitment policy that described the process to follow when employing new staff. We checked the employment files for two staff and found they contained evidence of staff's disclosure and barring checks (DBS), their immunisation status, their professional registration, current training certificates, and employment contract.

All prospective employees were interviewed by two staff to ensure fairness and consistency in the process. They then undertook a trial day at the practice to assess their competency. All staff underwent a three month probationary period before being offered a permanent post. The practice had a policy of checking all staff's status with the DBS every three years to ensure they continued to be suitable to work with vulnerable patients.

**Monitoring health & safety and responding to risks**

The practice had comprehensive health and safety policies in place, which covered a range of issues including moving and handling; equipment, medicines and radiation. We found evidence that the practice conducted regular health and safety checks to ensure the environment was safe for both staff and patients.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control and a legionella risk assessment. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

We viewed a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring that sharps bins were securely attached to the wall treatment rooms.

**Infection control**

The practice had a range of relevant written policies in place for the management of infection control including those for exposure to blood borne viruses, hand hygiene and Legionella management. Training files we viewed showed that staff had received appropriate training in infection prevention and control and regular audits of infection control were undertaken.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, staff kitchen and treatment rooms. The patient toilet was clean and contained liquid soap and paper towels so that people could wash their hands hygienically. We checked two of the treatment rooms which were clean and free from clutter. All surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily. We checked drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use. However we noted a number of uncovered items in the drawers such us as local anaesthetic cartridges, suction tips and syringes, which could have become contaminated.

We noted good infection control procedures during the patient consultation we observed. Staff's uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurse wore appropriate personal protective equipment and patient was given eye protection to wear during their treatment. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact, as well as the dental hand pieces and the lamp.

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. However we noted that manual cleaning of instruments was undertaken in instrument transportation boxes rather than in the available sink where there was more room, and which would allow for safer handling and cleaning under water. We also noted that new matrix bands were not sterilised before their use.

# Are services safe?

A legionella risk assessment had been carried out and we saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of legionella. Regular flushing of the water lines was carried out in accordance with current guidelines.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Clinical waste was stored safely prior to removal in locked containers outside the building.

**Equipment and medicines**

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained. We noted, however, that the annual general maintenance check date for the practice's x-ray machines had been missed due to a practice refurbishment. The practice manager agreed to diarise these dates so they would not be missed in the future.

Medicines in use at the practice were stored and disposed of in line with published guidance. There was a dedicated medicines fridge and we saw that its temperature was monitored daily. Dental care records we viewed were complete and provided an account of medicines patients had been prescribed. The batch numbers and expiry dates for local anaesthetics were recorded in patients' dental care records.

**Radiography (X-rays)**

The practice had a named Radiation Protection Adviser and Supervisor, and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

The practice monitored the quality of the X-rays images on a regular basis and there was a continuous log of grades for every x-ray taken, as well as a radiograph audit completed annually. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays.

The practice had recently installed an X-ray machine acquired from another practice. We met the Radiation Protection Advisor who was on site during our inspection. She reported that the machine had been installed correctly and had passed all critical examinations. She reported that she had no concerns about how the practice managed its radiology procedures and described the lead dentist as 'very diligent'. She stated that he always acted on any recommendations she made.

We observed x-rays being taken for one patient and noted that the dentist followed the correct procedures to ensure both the patient and staff were protected from unnecessary exposure.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Monitoring and improving outcomes for patients**

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw that dental care records contained a written medical history which the practice always obtained before starting to treat a patient. These were then updated regularly. People's dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Both the dentists we spoke to on the day of our visit were aware of various best practice guidelines. Dental care records we viewed evidenced clearly that NICE guidance was followed for the recall frequency, antibiotics prescribing and the management of wisdom teeth. Dentists were also able to justify clearly occasions where they felt it more appropriate to adapt recommended guidance in particular circumstances if it was in the patients' best interest.

Dental care records we reviewed contained details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Patients with high scores for gum disease were referred to the dental hygienist or a specialist periodontal practice, or treated appropriately with local measures then reassessed. Dental records also showed that soft tissue examinations had been undertaken and that dental decay risk assessments had been completed for patients.

**Health promotion & prevention**

Patients were given advice about dental hygiene, diet, tobacco and alcohol consumption. The dentists were aware of the NHS England publication for Delivering Better Oral Health- an evidence based toolkit to support dental practices in improving their patients' oral and general health.

We viewed one patient consultation and noted that the dentist checked the patient's smoking and alcohol consumption, and also advised the patient about the use of an electric toothbrush.

One of the dentists told us they were assisting Oasis Dental Care to produce a dentally targeted smoking cessation leaflet to assist patients trying to give up cigarettes.

**Staffing**

The practice employed three full time dentists, supported by a practice manager and four part-time dental nurses. Records showed that all staff were up to date with their continuing professional development. (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of continuing professional development (CPD) to maintain their registration.)

Staff told us they were encouraged to maintain their continuing professional development and that Oasis Dental Care paid for all their on-line CPD training. One dentist held formal qualifications in appraising dental practices and also in mentoring in dentistry. Another dentist had undertaken further training in adult tooth straightening. One dental nurse was to embark on a dental implantology course in October 2015 to further her skills and knowledge in supporting the dentist.

.

There was an established staff team at the practice and staff absences were planned for to ensure the service was uninterrupted. The dental nurses worked part time and were flexible in their ability to cover their colleagues at times of sickness. The practice manager told us that agency dental nurses would be used if required, but that this had only been needed once in the last six years.

**Working with other services**

Patients requiring specialised treatment such as complex restorative work, oral surgery or pathology were referred to other dental specialists. We viewed a small sample of referral letters which were comprehensive and contained detailed information about patients' needs. A log was kept to ensure that all referrals were tracked.

**Consent to care and treatment**

The practice had a policy to support staff in understanding the different types of consent a patient could give. The dentists we spoke to explained how they obtained valid informed consent. They described how they explained their

# Are services effective?

## (for example, treatment is effective)

findings to patients and kept detailed clinical records showing that they had discussed the available options with them. Dental nurses spoke knowledgeably about the importance of gaining patients' consent to their treatment.

Staff told us that patients were given a treatment plan, which they then signed to show that they were happy for the treatment to be given. Patients' medical histories were always signed by both the patient and the dentist at recall appointments. Patients also signed a consent form to indicate that they agreed for the practice to share information about them with other referral agencies. We found that dentists were aware of the Mental Capacity Act 2005, and their duties in fulfilling it. They understood the key parts of the legislation and were able to describe how they implemented it. However dental nurses were less sure about how to support patients who did not have the mental capacity to agree to their treatment, other than ensure a relative accompanied them.

# Are services caring?

## Our findings

**Respect, dignity, compassion & empathy**

Before the inspection we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected five completed cards and patients had commented that the staff were professional, efficient and kind. Two patients commented that staff were particularly good at making them feel relaxed.

We spent time in the waiting room and observed a number of interactions between the reception staff and people coming into the practice. The quality of interaction was good, with staff showing empathy and respect for people, both on the phone and face to face. The atmosphere in the waiting area was relaxed, friendly and welcoming. The receptionist had good rapport with visiting patients, many of whom she chatted with amiably. We noted that she explained clearly to patients that the dentist was running behind time, and offered an explanation for this.

We noted that one of the dentists called down the stairs to his patients, in order to invite them to his treatment room, despite there being a computerised call system. However we were assured that patients didn't mind this and the dentist had used this system for many years.

Reception staff were aware of the importance of protecting patients' privacy and dignity. The receptionist told us that should a patient want to discuss a confidential matter, a private room was available for use. We noted that the receptionist switched her computer screen off when she left the room, so that patient information was protected.

A data protection and confidentiality policy was in place of which staff were aware. Information about how the practice stored personal data was carefully outlined in its patient information booklet.

**Involvement in decisions about care and treatment**

Dental care records we reviewed demonstrated that staff recorded the information they had provided to patients about their treatment and the options open to them. Patients we spoke with confirmed this and reported that dental staff always explained things clearly, and in a way that they could understand. Patients received a treatment plan which clearly outlined their treatment and the cost involved.

The practice conducted its own patients' surveys and recent results that were available in the waiting area showed that 98% of respondents felt involved in decision about their oral health care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting patients' needs**

There was good information for patients about the practice available both in the waiting area and also in the practice booklet. This included details about the dental team, the services on offer, how to raise a complaint, and how confidential information was managed.

The practice offered both NHS and private treatment and the costs of each were clearly displayed. There was a specific leaflet outlining in detail the cost of a range of private treatments.

The practice provided a range of services to meet patients' needs. It employed a dental hygienist to offer patients preventative advice and gum treatments, and also a specialist one day a week to provide oral surgery and dental implants.

**Tackling inequity and promoting equality**

The practice had portable ramps to assist wheelchair uses gain access to the building and the premises had recently been refurbished to create a treatment room on the ground floor for patients who were not able to climb stairs. However the patient toilet was not wheelchair friendly and the waiting area was quite small, making it difficult to access for wheelchair users and pushchairs. There were no easy riser chairs, or wide seating available in this area to accommodate patients with mobility needs.

Translation services were available for patients whose first language was not English or who used British sign language.

**Access to the service**

Appointments could be booked by phone, in person or on-line 24 hours a day. The practice provided extended hours to meet the needs of patients unable to attend during the working day and was open three evenings a week until 7 pm: it also opened one Saturday a month between 9am and 1pm.

There were clear instructions in the patient information folder and via the answer machine for both private and NHS patients requiring urgent dental care when the practice was closed. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours.

Emergency appointments were available and each dentist held two slots every day for those who wanted urgent or a same day appointment.

Patients told us that contacting the practice was easy and they could usually get an appointment at a time that suited them. They reported that they rarely waited a long time for their appointment once they had arrived.

**Concerns & complaints**

Information for patients about how to raise a concern or offer suggestions was available in the

information folder in reception and also in the practice leaflet. This gave contact details of other organisations patients could contact if they were unhappy with the practice's response, including NHS complaints advocacy, The General Dental Council and the Care Quality Commission.

Each complaint received by the practice was recorded onto a complaints spreadsheet which tracked the date it was received, the stage it had reached and whether or not it had been resolved satisfactorily. Each month, the practice manager sent the tracker to Oasis Dental Care's head office, so that all complaints could be monitored closely. At the time of our inspection the practice only had one on going complaint which, although complex, was being managed effectively.

Patients we spoke with told us they felt confident that any concerns they had would be responded to appropriately by the practice.

Minutes of practice meetings we viewed showed that complaints were discussed with the staff team so that learning from them could be shared.

# Are services well-led?

## Our findings

**Governance arrangements**

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff had also signed to indicate they had read them and understood their contents.

There were clear lines of accountability within the practice, and staff were given specific areas of work for which they were responsible for. There were also leads in the practice for areas such as infection control, information governance and safeguarding people.

We viewed comprehensive risk assessments covering all aspects of clinical governance. These were well maintained and up to date. The practice also obtained additional clinical leadership and support from Oasis Dental Care. During our inspection we met one Oasis Dental care's clinical compliance and health and safety auditors, who was responsible for auditing the practice and ensuring it met all national guidelines and standards.

Staff received a yearly appraisal of their performance, in which they were set specific objective which were then reviewed after six months. Staff told us they found these appraisals useful as it help them identify areas they needed to improve. The practice manager was managed by Oasis' Dental Care's area manager and received twice yearly appraisal from them.

**Leadership, openness and transparency**

The culture of the practice was open and supportive. Staff told us they enjoyed working there and received the support they needed. They reported that the practice manager and dentists were very approachable. The dentists told us they supported each other and provided clinical advice and support as necessary.

Staff told us there were meetings where they felt able to raise concerns and were consulted beforehand for their agenda items. They reported that their suggestions were listened to: for example, their suggestion to improve the management of NHS forms had been agreed and implemented.

Staff we spoke with had good knowledge of whistle blowing procedures and the practice had a detailed policy in place which also gave information about external agencies to which staff could report concerns if needed.

**Management lead through learning and improvement**

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council. Staff told us they had good access to training and the practice monitored it to ensure essential training was completed each year.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, quality of dental radiographs, patient waiting times, and infection prevention control procedures.

The practice was a member of the BDA Good Practice and Denplan Excel accreditation schemes, demonstrating its commitment to quality improvement.

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

The practice sought continuous patient feedback. A comments box was available in the hallway, and a survey was available for patients to complete on the reception desk. This asked for feedback on a range of issues including the quality of the treatment given, the friendliness of staff, the cleanliness of the practice and how involved people felt in decisions about their care. The results of these surveys were monitored closely and regularly discussed at the practice meeting so that all staff were aware of any areas that required improvement. Results of the survey were also contained in the patient information folder. The most recent surveys had not highlighted any issues or concerns that needed to be addressed, and the practice had scored a 99% satisfaction rate from its patients.

Staff told us they were always involved in discussions about changes to the practice and were able to make suggestions for improvements at any time. Staff confirmed that they had regular meetings and could read the minutes of these if they could not attend.