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Inspection Report

Green Tree Dental
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Overall summary

We carried out this announced inspection on 3 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

Green Tree Dental is a well-established practice based in Cambridge that provides mostly NHS dental treatment. The dental team includes three part-time dentists, two dental nurses and a practice administrator. There are two treatment rooms.

The practice opens on Mondays to Thursday from 9am to 5pm, and on Fridays from 9am to 1pm.

There is level access for people who use wheelchairs and those with pushchairs, and on street parking nearby.

Summary of findings

The practice is owned by an individual who is the principal dentist. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 28 CQC comment cards completed by patients. We spoke with the principal dentist, a dental nurse and the receptionist.

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 and professional service.
- The practice appeared clean and well maintained, and infection control procedures met nationally recommended guidance.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff felt supported and told us they enjoyed their work.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Recent recruitment difficulties had impacted on the availability of appointments for some patients.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use
- Review the practice's protocols to ensure audits of radiography and infection prevention and control are undertaken at recommended intervals to improve the quality of the service.
- Review the fire safety risk assessment to ensure fire hazard management is wide ranging and effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. Staff received training in safeguarding patients and knew how to recognise the signs of abuse and how to report concerns. Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice had suitable arrangements for dealing with medical and other emergencies. Staff used learning from incidents and complaints to help them improve.

Are services effective?

No action

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. 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 had clear arrangements when patients needed to be referred to other dental or health care professionals, although non-NHS referrals were not actively monitored to ensure they had been received.

Are services caring?

No action

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

We received feedback about the practice from 28 patients. Patients were positive about all aspects of the service and spoke highly 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.

Are services responsive to people's needs?

No action

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

Most patients were happy with the practice's appointment system, although some told us that their appointments had been cancelled at very short notice, and that they did not consistently see the same dentist to ensure good continuity of care.

Staff considered patients' different needs and provided facilities for disabled patients, including wheelchair access, downstairs treatment rooms and a hearing loop.

Summary of findings

The practice took patients' views seriously. Staff valued compliments from patients and responded to concerns and complaints quickly and effectively.	
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 staff to discuss the quality and safety of the care and treatment provided. The practice monitored clinical and non-clinical areas of their work to help them improve and learn, although audits systems needed to be more robust. Staff were supported in their work and the principal dentist paid for all their essential mandatory training. All staff received an annual appraisal of their performance.	**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. The principal dentist was the safeguarding lead and all staff had undertaken appropriate training in safeguarding people. Information about reporting procedures was easily available in the practice and one dental nurse told us she had downloaded a specific safeguarding NHS App on her phone. The receptionist reported that the practice's safeguarding policies were discussed at the regular staff meetings.

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.

Not all dentists used rubber dams in line with guidance from the British Endodontic Society to protect patients' airways and alternative methods used to protect patents' airways were not always documented on the records we reviewed. The practice did not have a formal written protocol in place to prevent wrong site surgery.

The practice had a recruitment policy and procedure to help them employ suitable staff which reflected the relevant legislation, although did not provide specific guidance about the need for disclosing and barring checks. Files we reviewed for recently recruited staff showed that the appropriate pre-employment checks had been undertaken for them.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Records showed that equipment such as fire extinguishers, portable electrical appliances and fixed wiring were regularly tested. A fire risk assessment had been completed, although was limited and had not identified all potential fire hazards in the building. We noted there was no sign on the front of the building to indicate that oxygen was stored on the premises.

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 mostly justified, reported on and quality assured. Rectangular collimation was used on intra-oral X-ray units to reduce patient exposure. Clinical staff completed continuing professional development in respect of dental radiography.

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.

A sharps risk assessment had been completed that indicated the need for all dentists to use the safest types of needles. These were available in the practice but despite this, we found that not all dentists used them. Sharps boxes were not wall mounted and one had not been labelled correctly.

There was a comprehensive Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder in place containing chemical safety data sheets for all materials used within the practice. We noted that staff had reviewed all hazardous substances in use at the practice at a recent meeting to ensure they were aware of potential hazards in their use.

Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff completed training in emergency resuscitation and basic life support every year, although they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date. Emergency

Are services safe?

equipment and medicines were available as described in recognised guidance, and staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

We noted that all areas of the practice were visibly clean, including the waiting area, toilet and staff area. We checked the treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. Staff undertook audits of infection control procedures and recent results showed the practice met essential quality requirements. However, these were not undertaken as frequently as recommended, as we noted some minor inconsistencies in the findings.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place. However, we noted that staff were not monitoring water temperatures at the correct level. This was because their checklist stated the water temperature must be above 50 degrees Celsius and not the recommended 55 degrees, specifically for health care settings.

The practice used an appropriate contractor to remove dental waste. Clinical waste was stored externally, and had been secured adequately in a locked garage.

Safe and appropriate use of medicines

The dentists were aware of current guidance with regards to prescribing medicines and audits of use were carried out, but not as frequently as recommended. The most recent audit demonstrated the dentists were following current guidelines, although we came across one instance where an antibiotic had been prescribed for a period of 10 days, rather than the recommended five days. The principal dentist told us he would investigate this.

Prescription pads were held securely but there was no tracking in place to monitor individual prescriptions to identify any theft or loss.

Lessons learned and improvements

The practice had policies and procedures to report, investigate, and learn from accidents, incidents and significant events. We found that untoward events were recorded and managed effectively to prevent their reoccurrence, and we read a detailed account of a needle stick injury sustained by one of the dentist. This incident had been discussed at a staff meeting so that learning from it could be shared.

All patients' complaints were recorded and dealt with as events. Recent complaints had identified the need for better communication with and explanation of treatment to patients

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 28 comments cards that had been completed by patients prior to our inspection. All the comments reflected patient satisfaction with the results of their treatment and their overall experience of it.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that dentists 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 detailed patients' assessments and treatments. They were audited regularly to check that the necessary information was recorded.

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. The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice sold some dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, and floss. Free samples of toothpaste were available. A folder containing information about oral hygiene and dental treatments was kept for patients at reception. However, there was no information about local smoking cessation services and the practice did not participate in any national oral health campaigns.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice and recording detailed charts of the patient's gum condition. We noted some minor inconsistencies in the recording of patients' scores on the notes we reviewed.

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. The dentists gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

Effective staffing

All clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice had experienced some serious difficulties in recruiting dentist but staff told us there were just enough of them for the smooth running of the practice. Colleagues from the provider's other practice in Peterborough could cover vacant shifts if needed.

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.

Co-ordinating care and treatment

The dentist confirmed he 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 did not actively monitor non-NHS referrals to ensure they had been received and patients were not routinely offered a copy of their referral.

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 helpful, responsive and professional. One patient told us their son had been very scared of going to the dentist but that staff had been soothing, reassuring and had easily gained his trust as a result. Staff gave us examples of where they had gone out their way to help patients such as expediting their treatment to accommodate important events in their lives.

Results of the practice's own survey based on 20 responses showed that 92% of patients felt they were treated with dignity and care by the staff.

Privacy and dignity

The practice did not have a separate waiting room, so the reception area was not particularly private. However, the receptionist described to us some of the practical ways they maintained patient confidentiality. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. Staff password protected patients' electronic care records and backed these up to secure storage. A sign was displayed advising patients they could access a separate room if they wanted to discuss anything in private.

All consultations were carried out in the privacy of the treatment room and we noted that the door was closed during procedures to protect patients' privacy. The treatment room windows were frosted to prevent passers-by looking in.

Involving people in decisions about care and treatment

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them clearly. One young patient commented that the dentist always directed questions directly to them, rather than their parent, which they had greatly valued. Results of the practice's own survey, completed by 20 patients showed that 96% stated their opinion about treatment had been considered.

Dental records we reviewed showed that treatment options had been discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had its own website, providing patients with information about its staff; the services it provided and treatment costs.

The practice had made some adjustments for patients with disabilities which included ramp access entry, two downstairs surgeries, a hearing loop and magnifying glass. Some information about the practice was available in large print to assist those with visual impairments. Interpretation services were available for patients who did not speak or understand English, although there was no information on display informing them of this. The practice had undertaken a specific disability audit and its recommendation to place warning notices about hot radiator surfaces had been implemented.

Timely access to services

At the time of our inspection, the practice was not registering any new adult NHS patients.

Patients told us they were mostly satisfied with the appointments system and that getting through on the phone was easy. However, one patient told us that their appointments had been cancelled at short notice which had caused a lot of confusion. Another that their cancelled appointment had meant they had had to take time of work to attend the newly scheduled appointment. The provider had experienced significant difficulties in recruiting dentists and this had impacted on the availability of services.

The practice offered a text appointment reminder service to patients and the receptionist told us they always followed up text with a phone call if the patient did not respond to it. Two emergency appointment slots were available each day for patients experiencing dental pain.

Information about out of hours services was available in the patients' information sheet, but not on display externally should a patient visit when the practice was closed.

Listening and learning from concerns and complaints

The practice had a policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. Information about the practice's complaints procedure was on display in the entrance hall way.

The practice kept a log of all complaints which clearly outlined the details of the complaint and the learning outcome from each one. We viewed evidence that complaints were shared at the joint practice meetings with the provider's other practice, so that learning could be shared across the two sites.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice, supported by a practice administrator. He also had responsibility for another practice in Peterborough, but spent three days a week at this practice, two of which were dedicated to administration and management. We found he was knowledgeable about issues relating to the quality and future of the service. He understood the challenges the practice faced and was addressing them

Staff described the principal dentist as approachable and fair. The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to save travel time and purchase specific equipment had been implemented.

Culture

Staff stated they felt respected and valued by the principal dentist and described their morale as good. It was clear there were good relations between staff who supported one another.

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, evidence of which we viewed in practice meeting minutes.

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. The principal dentist used an on-line governance tool to assist him in the management of the service.

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. Minutes we viewed were comprehensive. The meetings often contained a training element to ensure all staff were up to date with the latest guidance and policies.

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.

Engagement with patients, the public, staff and external partners

The practice used patient surveys to gather feedback about its services. These asked questions, about the appointment booking times, cleanliness of the practice and the quality of treatment. Scores based on 20 responses indicated high satisfaction rates form patients. Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. Results of patient surveys were on display in the waiting room, along with details of the action taken to address them. For example, patients' suggestions to change the type of music played in the waiting room and install bike racks had been implemented.

The practice had scored three and half stars out of five on NHS Choice based on six reviews. We saw that patients' comments had been responded to, and they had been encouraged to contact the practice with their concerns.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotics and infection control. However, some of these were not completed as frequently as recommended and we found some minor inconsistencies in the scoring of radiographs. Findings from clinical audits were discussed with staff, evidence of which we viewed in the meeting minutes of February 2018.

All staff received an annual appraisal of their performance from the principal dentist and we saw completed appraisal in the staff files we viewed. Staff told us the appraisals were useful. One dental nurse commented that their appraisal had reassured them that they were doing a good job.