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Apple Tree Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 26 February 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

Apple Tree Dental is a well-established practice that offers both private and NHS treatment to both children and adults. The practice is one of eight that are part of the Antwerp House Group of dental practices in the Cambridge area.

The dental team includes five dentists, six dental nurses, three hygienists, two receptionists and a practice manager. There is ramp access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for blue badge holders, are available.

Summary of findings

The practice opens from 8am to 5pm Monday to Wednesdays, on Thursdays from 8am to 6pm and on Fridays from 8am to 4.30pm. It also opens every other Saturday.

The practice is owned by an individual who is the principal dentist of the Antwerp House Group. He has 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 48 CQC comment cards filled in by patients and spoke with two other patients. We spoke with three dentists, three dental nurses, both receptionists, the relationship manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

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- Staff knew how to deal with emergencies and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- The practice provided good preventive care and supported patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice took patients' complaints seriously and responded to them appropriately to improve the quality of care.
- The practice had effective leadership and a culture of continuous audit and improvement.

There were areas where the provider could make improvements. They should:

- Review the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, in relation to the frequency of testing of the ultrasonic bath.
- Review the need to provide chairside support for the hygienist in line with GDC best practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had good arrangements in place for essential areas such as clinical waste, the management of medical emergencies, assessing risk and dental radiography (X-rays). Staff used learning from incidents and complaints to help them improve.

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. Staff provided us with specific examples of where they had acted to protect vulnerable adults.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments, apart from validating the ultrasonic bath.

There were sufficient numbers of suitably qualified staff working at the practice and recruitment procedures were robust.

No action



Are services effective?

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

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. Many staff had additional further professional training to enhance their skills and knowledge.

The dentists discussed treatment options with patients so they could give informed consent and recorded this in their records. The promotion of patients' oral health was given high priority within the practice.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients told us that staff were caring and empathetic and took time to explain their treatment to them thoroughly.

Staff gave us specific examples of where they had gone out of their way to support patients and had worked hard to address the needs of nervous patients.

Patients' medical information was managed in a way that protected their privacy and confidentiality.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Opening hours were good and the practice opened at 8am four days a week and on alternate Saturdays to meet patient demand.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly, empathetically and professionally.

No action



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. There was a clearly defined management structure and staff felt supported and valued.

The practice team kept complete patient dental care records which were, clearly written and stored securely.

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. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided.

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 practice manager was the lead for safeguarding matters and viewed contact information for protection agencies on the staff noticeboard, making it easily accessible. All staff received yearly training in safeguarding people from an external training provider. The practice manager gave us a specific example of where staff had acted to protect a vulnerable older patient.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults. The practice had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The practice had recently introduced a formal written protocol to prevent wrong site surgery, although not all staff were aware of it yet.

We confirmed that all clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover. The practice did not have a specific recruitment policy in place, but recruitment information we viewed for the latest employee showed that appropriate pre-employment checks had been undertaken to ensure they were suitable for the role. A risk assessment was conducted for all staff who started at the practice, whilst awaiting their disclosure and barring check. Prospective employees underwent a trial day at the practice prior to them being offered a job so that their suitability could be assessed.

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 tested. Staff undertook regular timed fire evacuations with patients and all had completed fire training. The head nurse had received specific fire marshal training.

The practice had a business continuity plan describing how staff would deal with events that could disrupt its normal running.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and the practice had the required information in their radiation protection file. The dentists justified, graded and reported on the radiographs they took. The practice carried out radiography regular audits following current guidance and legislation. Clinical staff completed continuing professional development in respect of dental radiography. X-ray units had rectangular collimation to reduce patient radiation exposure. Missing warning signs outside treatment rooms were obtained the day following our inspection.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

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 provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus

A sharps risk assessment had been undertaken, and staff followed relevant safety laws when using needles and other sharp dental items. We found that one sharps bins that was not sited safely and had not been labelled correctly. The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Amalgam was disposed of safely and staff were aware of changes in regulations in the use of dental amalgam.

Emergency equipment and medicines were available as described in recognised guidance, Staff kept records of

Are services safe?

their checks of these to make sure these were available, within their expiry date, and in working order. We noted that the spacer device was not kept with the other emergency equipment and not all staff knew of its location. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. However, they did not undertake regular medical emergency simulations to keep their knowledge and skills up to date.

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.

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. Staff completed infection prevention and control training and received updates as required. Staff carried out regular infection prevention audits and latest one showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05 and used a dumb waiter type lift to transport instruments to the upstairs decontamination room. The records showed that most equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance. However, protein residue tests for the ultrasonic bath were undertaken monthly, and not weekly; and no foil testing was undertaken as recommended in best practice guidance.

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 and indicated staff were following best practice guidance.

We noted that all areas of the practice were visibly clean, including the waiting area, toilets and staff areas. We checked treatment rooms 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 their uniforms at lunch. Hand hygiene stations were located throughout the practice and one patient told us nurses always reminded them to use them on entry into the treatment room.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in locked units.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

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 complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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

The dentists were aware of current guidance with regards to prescribing medicines and the practice manager told us that antimicrobial audits were about to be undertaken to ensure dentists were prescribing according to national guidelines.

Lessons learned and improvements

We found the practice manager had a good knowledge of reporting procedures and agencies. The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. For example, following a staff fall, the practice had repaired an uneven stair step and put a warning sign on display. Practice meeting minutes we viewed showed that any unusual events or incidents were discussed to ensure staff were protected.

A system was in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Staff we spoke with were aware of recent alerts affecting dental practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

We received 48 comment cards that had been completed by patients prior to our inspection. All the comments received reflected patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient told us of the extensive and effective treatment they had experienced in order to get their replacement crown fitting just right. Another, that their emergency tooth extraction had been done with great care and attention.

Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. The practice had systems to keep dental practitioners up to date with current evidence-based practice.

The provider had researched extensively into the prevalence of gum disease amongst the patient population and had created their own comprehensive periodontal care pathway for clinicians to follow.

The practice had digital intra oral-X-ray units and a cone beam computed tomography scanner to enhance the delivery of care.

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. Dental care records we reviewed demonstrated dentists had given oral health advice to patients and referrals to other dental health professionals were made if appropriate. Dentists used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists 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. Three part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One of the

nurses had undertaken additional training in oral health education and smoking cessation and ran two clinics a month to support patients. We noted an excellent display about oral cancer in the waiting room to inform patients about this important topic.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

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. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

The dentists were supported by appropriate numbers of dental nurses and administrative staff and staff told us there were enough of them for the smooth running of the practice. Staff told us there was a spare nurse available most Mondays and Tuesdays to provide additional support if needed.

Are services effective?

(for example, treatment is effective)

However, the hygienists worked without chairside support, which was not in line with GDC best practice standards.

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

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.

One of the receptionist was the referrals co-ordinator who had specific responsibility for recording all referrals made from the practice, and chasing them to ensure they had been received. We noted one occasion however where, although an urgent referral had been sent, it had not been recorded in the referral log.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as courteous, efficient and helpful. Two patients told us that staff were good with their children and three nervous patients told us that staff were sympathetic and understanding of their fears. The practice had held a specific focus group for nervous patients to help them understand what they could do to help these patients feel more comfortable. Patients suggestions to make the waiting area less clinical had been implemented as a result, along with information about each dentist working at the practice.

The practice manager told us plans were in place to make the practice a specific dementia friendly environment.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. Patients paper records were stored in lockable fire proof cabinets

and the key was kept in the safe at the end of each day. However, the reception area was not particularly private and one patient told us that their personal and benefit details had been discussed in earshot of other patients.

Staff password protected patients' electronic care records and backed these up to secure storage.

All consultations were carried out in the privacy of the treatment room and we noted that doors were closed during procedures to protect patients' privacy. Blinds had been fitted on downstairs treatment room windows to prevent passers-by looking in.

Involving people in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Dental records we reviewed showed that treatment options had been discussed with patients.

Staff used information leaflets and dental models to help explain treatments. One dentist took photographs of patients' mouths on an electronic tablet, and displayed them on a large screen TV so that patients could better see and understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

In addition to general dentistry, patients could be referred for more complex treatments such as orthodontics, implants or conscious sedation to one of the provider's other practice's locally. The practice had a helpful website which gave patients comprehensive information about the treatments available, the staff and fees.

There were magazines and children's books available in the waiting room to keep patients occupied whilst they waited. There was also a helpful information folder about the practice and details of each dentist who worked there.

The practice had made reasonable adjustments for patients with disabilities. These included car parking for blue badge holders, ramp entry, downstairs treatment rooms, a fully accessible toilet and a hearing loop to assist those who wore hearing aids. A list of languages spoken by staff in the Antwerp group was on display in the waiting room so that patients could request to see a clinician who also spoke their language, or who could help with translation.

Timely access to services

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working

day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Appointments could be made by telephone or in person and the practice operated a text and telephone appointment reminder service. Specific emergency slots were available after lunch for those experiencing pain. At the time of our inspection, the practice was not able to take on any new NHS adult patients and waiting time to see a hygienist was about five months. The practice ran a short notice cancellation list to try and accommodate patients' needs.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of how to complain were available in the waiting area for patients, although was in small print making it difficult to read easily.

All complaints were documented in a central log so they could be viewed by other managers in the group and learning could be shared.

We viewed the paperwork in relation to two recently received complaints and found that they had been investigated appropriately and patients had been given a professional, empathetic and timely response.

Are services well-led?

Our findings

Leadership capacity and capability

We found that senior staff had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services.

The practice manager took responsibility for the overall leadership in the practice supported by two senior nurses. Staff described the practice manager as supportive and told us she had brought stability and experience to the practice. One staff member commented that, 'you could go to her with anything and she'll sort it'. The practice manager took action the following day of our inspection to address some of the minor issues identified during our inspection, demonstrating her commitment to providing a good service.

A business operations manager and relationships manager also visited the practice to assist in its running. The practice manager told us they met monthly with other managers in the Antwerp Dental Group to share best practice and any issues.

There was a clear staffing structure within the practice itself with specific staff leads for areas such as staff training and equipment management. Processes were in place to develop staff's capacity and skills for future leadership roles. Staff were encouraged to undertake lead roles and expand their knowledge.

Culture

The practice had a culture of high-quality sustainable care. Staff said they felt respected, supported and valued and were clearly proud to work in the practice. They described their morale as high.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Both patient complaints we reviewed demonstrated very clearly that staff understood and had implemented candour in their response.

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 a monthly meeting which staff told us they found beneficial and minutes of the meetings we viewed were detailed. There were also additional nurses' meetings to discuss any areas specific to them.

A weekly and monthly management reporting system was in place to ensure the provider was kept up to date with key issues in each of the eight practices

The practice was a member of the British Dental Association's Good Practice Scheme and had won a customer service excellence award.

Appropriate and accurate 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. Staff received training on information governance. Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved level two on its most recent assessment, indicating it managed information in a satisfactory way.

Engagement with patients, the public, staff and external partners

The practice gathered feedback from patients in several ways. Patients could complete a survey on an electronic tablet available at the reception desk, as well as leave reviews on google and NHS Choices. We noted that patients who had completed the practice's own survey were given a 'goody bag' thank you which contained free samples of toothpaste.

We saw examples of suggestions from patients the practice had acted on such as changing appointment confirmation systems and installing coat hooks in treatment rooms. The practice had introduced the NHS Friends and Family Test as another way for patients to let them know how well they were doing. We viewed 35 recent responses received in January 2019 which indicated that they all would recommend the practice. The practice had scored 4.5 stars out of 5 on NHS Choice based on 35 reviews.

Are services well-led?

The practice gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and told us these were listened to and acted upon. For example, their suggestions to provide higher waiting room chairs for patients and for nurses to be formally introduced to patients had been implemented.

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antibiotic prescribing, and infection prevention and control. Additional audits were undertaken to assess hand hygiene, clinical uniforms and waiting times for patients. The head nurse regularly undertook direct observations of the dental nurses to ensure they were following correct protocols and guidance.

The provider ran its own dental academy which had won a Princess Royal award in recognition of its staff training. There was a weekly journal club in place to facilitate the learning and development needs of the dentists. One dentist told us they specifically enjoyed the learning and educational opportunities the provided offered. Another staff member told us, 'managers want us to progress.'

Dental nurses told us they had received good support and encouragement to undertake a variety of training, which was paid for by the practice. Some of the practice's nurses had undertaken additional training in radiography, fluoride application and oral health education. One nurse told us they had recently enjoyed training minor oral surgery.

All staff had professional development plans in place which were overseen by the Antwerp academy's director.