Apple Dental Care

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Inspection Report

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Overall summary

We carried out this announced inspection on 11 March 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 not 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 not providing well-led care in accordance with the relevant regulations.

Background

Apple Dental Care is in the London Borough of Hammersmith. The practice provides predominantly NHS and some private treatments to patients of all ages.

The practice is located on the ground and lower ground floor of purpose adapted premises. The layout of the building did not afford the provision of step free access or accessible toilet facilities.

The practice is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice, four associate dentists and three dental nurses.

The clinical team are supported by a practice manager and a receptionist.

Summary of findings

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

On the day of inspection, we received feedback from 12 patients.

During the inspection we spoke with one associate dentist, one dental nurse, the practice manager and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays between 9am and 7pm,

Tuesdays to Friday between 9am and 6pm and

Saturdays between 9.40am and 1.30pm.

Our key findings were:

- The practice staff recruitment procedures were followed and all of the essential checks were carried out.
- Staff treated patients with dignity and respect and took care to protect their privacy.
- The appointment system met patients' needs.
- The practice appeared clean and well maintained.
- The practice had arrangements to deal with complaints positively and efficiently.
- The practice asked patients for feedback about the services they provided.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The practice had infection control procedures which reflected published guidance.
- Infection control audits were not carried out in accordance with current guidelines.
- There was lack of effective arrangements for dealing with medical emergencies as some equipment was not set up ready for use and staff had not completed training updates in basic life support.
- The practice had up to date safeguarding information to assist staff on how to report concerns to the local safeguarding agencies. Improvements were needed to ensure that staff had up to date safeguarding training.
- The practice systems to help them manage risk required improvements. There was limited information available in relation to minimising risks associated with hazardous substances.
- There were ineffective arrangements in place to ensure that clinical staff completed the required continuing professional development training.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service.
- The practice did not have suitable information governance arrangements.

We identified regulations the provider was not meeting. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision necessary to enable them to carry out the duties.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's protocols for referral of patients and ensure referrals are monitored suitably.

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?

Requirements notice 

We found that this practice was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The practice had some systems and processes to provide safe care and treatment but the lack of robust oversight and management affected safe delivery of the service.

There were systems to use learning from incidents and complaints to help them improve.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice followed legislation and its own procedures when recruiting new staff to ensure that all of the essential checks were undertaken.

There was lack of effective arrangements for dealing with medical emergencies as some equipment was not set up ready for use and staff had not completed training updates in basic life support.

The practice did not have robust systems to ensure that staff completed training in areas such as safeguarding and infection control and basic life support.

Improvements were also needed to ensure that risk assessments were carried out in relation to infection prevention and control, hazardous substances and that the findings from risk assessments were acted on to help improve safety in the practice.

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance.

Patients described the treatment they received as very excellent. They told us that the dental team were professional and always explained their treatment in detail.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements for when patients needed to be referred to other dental or health care professionals. Improvements were needed to the practice's protocols for referral of patients to ensure that routine referrals were made suitably and that referrals were followed up promptly.

Summary of findings

There were ineffective arrangements to ensure that staff undertook relevant training including Continuing Professional Development (CPD) training that is required by the General Dental Council.

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 12 people. Patients were positive about how they were treated. They told us staff were caring and friendly. They said that their dentist always helped to put them at ease if they were nervous.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action

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. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. The layout of the premises did not afford the provision of step free access or accessible toilets facilities. The practice manager told us that new patents were informed of this when they enquired about registering at the practice and they were told about local dental practices who had accessible premises if needed.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice had arrangements to respond to and deal with complaints.

Are services well-led?

Requirements notice

We found that this practice was not providing well care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

There was a lack of suitable oversight and management systems that affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service. There was a lack of clinical and managerial oversight by the practice owner to ensure that the policies and procedures were followed.

The practice did not have effective systems to assess and mitigate risks in relation to areas such as infection prevention and control and exposure to hazardous substances, and fire safety issues

Summary of findings

There was a lack of effective arrangements to review and improve the quality of services provided.

Are services safe?

Our findings

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

Improvements were needed to a number of the practice systems to keep patients safe.

The practice had an up to date safeguarding policy with instructions and local agency contact details to assist staff should they witness or suspect abuse of children or vulnerable adults.

Improvements were needed to the arrangements for ensuring that staff undertook safeguarding training. There were no training records available for one dental nurse and the training records for two of the associate dentists were dated 2015.

The practice had a whistleblowing policy and the staff who we spoke with could demonstrate that they understood the principles of whistleblowing.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the staff recruitment records for each of the ten members of staff who worked at the practice. These showed the practice followed their recruitment procedure. Checks including proof of identity, Disclosure and Barring Service (DBS) check and where relevant employment references were evident within the staff files.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances. We saw records to show that the autoclaves and other equipment were serviced in accordance with the manufacturer's instructions.

The practice had a fire safety procedure. Records showed that the fire detection and firefighting equipment was serviced in line with the manufacturer's recommendations. There was a fire evacuation procedure in place and staff who we spoke with were aware of the fire safety and evacuation arrangements.

A fire safety risk assessment had been carried out on 7 March 2019 from which a number of areas for improvement had been identified, These included training in fire safety awareness for staff and maintaining a log of weekly and periodic checks for fire safety equipment. Records showed that fire extinguishers and the smoke alarm systems had been regularly tested up to March 2018.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file and there were records available to show that X-ray equipment had been serviced and maintained regularly.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Improvements were needed to ensure that the dentists completed the required continuing professional development (CPD) in respect of dental radiography. The training records we looked at showed that training was last carried out in 2012 and 2013 respectively for the associate dentists. The training record for the principal dentist was dated 2014 and did not indicate the number of hours of CPD undertaken or what areas in relation to radiography and radiation protection were covered in the training.

Risks to patients

The practice had current employer's liability insurance.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We looked at the practice's arrangements for safe dental care and treatment.

Are services safe?

Improvements were needed so that risks associated with the use and disposal of dental sharps were assessed and minimised.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been undertaken to assess risks. We saw records of water testing undertaken periodically and staff told us that they disinfected the dental unit waterlines.

The practice was clean when we inspected and patients confirmed that this was usual.

Healthcare and clinical waste was segregated and disposed of appropriately in line with current legislation and guidance.

Records which we looked at showed that the dentists and dental nurses had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Improvements were needed to some of the systems to assess, monitor and manage risks to patient safety.

Emergency medicines and equipment were available as described in recognised guidance and there were arrangements in place to check these. However, the Automated External Defibrillator (AED) was not set up for use as the battery pack had not been inserted. The practice manager told us that they were unaware that this should be in place.

There were ineffective systems to ensure that staff undertook training in basic life support. Records which we were given showed that the training record for the principal dentist was dated 2015 and there were no training records available for two of the associate dentists.

Improvements were needed to the arrangements to minimise the risks that can be caused from substances that are hazardous to health. There were records available for a small number of hazardous materials used at the practice and there was no risk assessment in place. Staff did not have access to detailed information to guide them on how to act in the event of accidental exposure to hazardous substances.

The practice had an infection prevention and control policy. This was in accordance with guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Records showed equipment used by staff for cleaning and sterilising instruments were tested daily and validated.

Improvements were needed to ensure that staff undertook training updates in infection control. There were no training records available for the principal dentist, two associate dentists and one dental nurse.

Improvements were needed so that the practice carried out infection prevention and control audits twice a year. One audit document was made available to us and this was dated February 2019. The practice manager told us that these had not been carried out every six months. The results of the infection prevention and control audit identified a number of areas where improvements were needed including ensuring that staff undertook training in infection prevention and control.

Information to deliver safe care and treatment

Dental and other records were kept securely. 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 detailed and completeness.

Improvements were needed so that the information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679. The practice data protection policies and procedures had not been updated to reflect the GDPR requirements.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

The associate dentist who we spoke with was aware of current guidance with regards to prescribing medicines.

The practice stored NHS prescriptions as described in current guidance.

Track record on safety

Are services safe?

There were safety policies and systems in place for reporting and investigating accidents or other safety incidents. The practice manager told us that there had been no safety incidents within the previous 12 months.

Lessons learned and improvements

The practice manager described how they would investigate and review practices if things went wrong. They described how and to whom they would report any issues. They told us that there had been no safety incidents within the previous 12 months.

Improvements were needed to the systems in place for receiving and acting on and sharing safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE). The practice manager told us that these alerts were received via email. However, they told us that these alerts were not routinely shared with the practice team and they were unable to tell us about any recent relevant safety alerts issued in relation to equipment and medicines.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The associate dentist who we spoke with told us that they kept up to date with current evidence-based practice. They described how they assessed patient needs and delivered care and treatment in line with current legislation, standards and guidelines such as that issued by The National Institute for Health and Care Excellence (NICE). They were able to demonstrate that they understood and followed NICE guidelines in relation to areas such as patient recalls or extraction of wisdom teeth.

The dental care records which we viewed were detailed, complete and included details of the checks such as extra oral, soft tissue or oral cancer screening which were carried out as part of each patient's dental assessment.

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 associate dentist who we spoke with told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

They told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The associate described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Details of these discussions were recorded in the patient dental care records which we looked at.

Consent to care and treatment

The associate dentist who we spoke with told us that they understood the importance of obtaining and recording patients' consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

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

The practice's consent policy included information about the Mental Capacity Act 2005. The policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The associate told us that they obtained and reviewed information in relation to patients' medical history including any health related conditions. They described the conversations they had with patients about their care and treatment. The dental care records which we checked were complete and contained information about the patients' current dental needs and past treatment.

Records keeping audits were carried out and used to monitor and improve the quality and content of patients dental care records.

Effective staffing

Staff new to the practice had a structured period of induction to help familiarise themselves with the practice policies, procedures and protocols. We saw records of completed inductions.

Improvements were needed to the arrangements to ensure that staff completed the continuing professional development (CPD) required for their registration with the General Dental Council.

The training records which we looked at showed that there were ineffective arrangements to monitor staff training. For example there were no infection control or basic life support training records for one associate dentist, the training certificate for dental radiography was dated 2013 and the safeguarding training record was dated 2015. The records for another associate dentist did not contain any records in relation to infection control training and the training records for safeguarding and dental radiography were dated 2015 and 2012 respectively.

A number of staff appraisals records were available and these had been completed in March 2019. These were basic and did not identify training and development needs or personal development plans.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes 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.

Improvements were also needed so that the practice monitored referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us that staff was caring and understanding.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients confirmed that staff were welcoming and friendly. A number of patients also commented that their dentist helped them to relax, especially if they were experiencing dental pain or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them. For example, dental staff working at the practice spoke a number of languages including Spanish, Polish, Urdu and Lithuanian.

The associate dentist described to us the discussions they had to help patients understand treatment options discussed. They told us that they used models, dental radiographs and photographs to assist patients' understanding of their treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patient needs to help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit had been completed so that the practice could assess and provide support to patients as far as was practicable.

The layout of the premises did not afford the provision of step free access or accessible toilets facilities. The practice manager told us that new patents were informed of this when they enquired about registering at the practice and they were told about local dental practices who had accessible premises if needed.

Timely access to services

Patients told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice, within the patient information leaflet and on the practice website.

Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle complaints. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Patients were provided with information about how to make a complaint and the organisations they could contact if they were dissatisfied with the way the practice dealt with their concerns.

We looked at a sample of complaints the practice had received within the previous 12 months. We saw that these had been investigated and responded to promptly and appropriately. Where applicable learning outcomes were shared with the staff team to help promote improvements.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had responsibility for the clinical leadership and was identified as the lead for a number of areas including safety management and infection control. The principal dentist was supported by the practice manager for the management arrangements within the practice. At the time of our inspection we were advised that the principal dentist was away from the practice due to ill health. This had impacted on the leadership arrangements. The practice manager had recognised that improvements were needed and was in the process of implementing an online compliance management system to assist with the day –to- day management of the practice.

Vision and strategy

The practice manager told us that the practice had a vision to deliver services to meet the needs of patients. This was reflected in the practice policies and procedures.

Culture

The practice manager told us that the practice had a culture of openness, transparency and candour. There were policies and procedures in place to help the dental team achieve this.

Staff who we spoke with told us that they could make suggestions or raise concerns and that these would be considered fairly.

Governance and management

The practice had policies, procedures and protocols, which were accessible to all members of staff.

There were improvements needed to the processes for identifying and managing risks. This related to ensuring that risks associated with infection prevention and control, fire safety and the use of hazardous materials were regularly assessed and actions taken to minimise these.

Appropriate and accurate information

The practice information governance arrangements had not been updated to take into account the General Data Protection Regulation (GDPR) requirements.

Engagement with patients, the public, staff and external partners

The practice used reviews, comments and feedback to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice manager told us that they gathered feedback from staff through appraisals and informal discussions and there were plans to hold regular meetings in the future to share relevant information as part of planned improvements to the practice.

Continuous improvement and innovation

There were procedures and policies to review and appraise staff performance.

Improvements were needed so that there were systems and arrangements in place to continuously monitor and improve the quality and safety of the service. This related to ensuring that audits and risk assessments in relation to areas including prevention and infection control, fire safety and COSHH were carried out in accordance with current guidelines.

Improvements were needed to ensure that the dentists and dental nurses were up to date with relevant training such as basic life support and safeguarding training and the continuing professional development that is required by the General Dental Council.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met:** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There were ineffective arrangements for ensuring that equipment to manage medical emergencies was ready for use taking into account guidelines issued by the Resuscitation Council (UK). • There were ineffective arrangements for assessing and mitigating risks in relation products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations. • There were ineffective arrangements for ensuring that infection prevention and control risk assessments were carried out having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. This relates specifically to infection prevention and control audits and assessing risks associated with the use and disposal of dental sharps. **Regulation 12(1)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk In particular: • There were ineffective arrangements to ensure that the outcomes from reviews, internal and external risk assessments were acted on to help identify and mitigate risks and to improve quality and safety within the practice. • The practice information governance and data protection policies were out of date and were not in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679. **Regulation 17(1)**
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Requirements in relation to staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity

This section is primarily information for the provider

Requirement notices

received such appropriate support, training, professional development, supervision as was necessary to enable them to carry out the duties they were employed to perform.

In particular:

- There were limited systems in place to ensure that staff undertook training and periodic training updates in areas relevant to their roles including training in basic life support, safeguarding children and vulnerable adults, and training in infection control and dental radiography.

Regulation 18 (2)