

Abdul Ghani Limited

Castle Dental

Inspection Report

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Date of inspection visit: 31 July 2017
Date of publication: 06/09/2017

Overall summary

We carried out this announced inspection on 31 July 2017 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.

Our key findings were:

- The practice was clean and well maintained. However, there was scope for the practice to assess the risk of cross infection from equipment used by the cleaning company to clean the premises.
- The practice had infection control procedures which reflected published guidance.
- Patients provided positive feedback about the service and the staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.

Summary of findings

- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures. Photographic ID was not stored in staff records.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients reported they could get appointments when they needed them.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice valued patient feedback and had a process to deal with complaints positively and efficiently.

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

- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Introduce and embed protocols regarding the prescribing and recording of antibiotic medicines taking into account guidance provided by the Faculty of General Dental Practice in respect of antimicrobial prescribing.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

The dentists and hygienist were qualified for their roles and the practice completed essential recruitment checks. However not all staff had photographic ID in their records. The trainee dental nurses were mentored and supported by the principal dentist in their training and professional development.

Premises and equipment were clean and properly maintained. However, there was scope for the practice to assess the risk of cross infection from equipment used by the cleaning company to clean the premises and to confirm that cleaning equipment used to clean the practice was not used for other services. Following the inspection the registered manager confirmed they had taken immediate action and were in the process of revisiting the contract with the cleaning company, assessing the risk of cross infection from equipment used and were putting systems in place to ensure they had oversight of the ownership and storage of cleaning mops and could therefore provide assurance around the risks and their mitigation.

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

The practice had suitable arrangements for dealing with medical and other emergencies. Following two incidents of medical emergencies at the practice, the provider had undertaken further training with staff to ensure they were better informed and more confident when dealing with a medical emergency.

No action



Are services effective?

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and compassionate. They said that they were given time to understand their treatment and staff were polite, professional and reassuring and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. Several patients commented that they had stayed with the practice when it moved to its new location, preferring to travel and remain as a patient with the practice.

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?

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Several members of staff spoke up to five languages and the practice had access to telephone interpreter services. The provider was in the process of requesting a hearing loop and exploring arrangements to help patients with sight or hearing loss.

The practice took patients' views seriously. The practice had not received any complaints; however we saw they had an ethos which valued compliments from patients and a protocol to respond to concerns and complaints quickly and constructively.

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 the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed 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.

No action



Castle Dental

Detailed findings

Background to this inspection

Castle Dental is in Stansted Mountfitchet and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including spaces for patients with disabled badges, are available near the practice.

The dental team includes three dentists (one principal and three associate dentists), four trainee dental nurses/receptionists and one dental hygienist. The practice has three treatment rooms, with a fourth treatment room prepared and awaiting furnishing and equipping.

The practice is owned by an individual who is the principal dentist there. 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 18 CQC comment cards filled in by patients and spoke with two other patients. We also looked at patient feedback on the practice's social media and NHS Choices pages. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses/receptionists and one dental hygienist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30 am to 1 pm and 2 pm to 5 pm Monday to Friday.



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

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. There was good information around the practice about reporting procedures and staff had received relevant training for their role. We noted that child protection procedures had been discussed with staff at meetings to keep their knowledge updated. All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED).

The AED and Oxygen were checked by staff daily, and all other equipment and medicines for use in an emergency were checked weekly. This ensured that they would be available, in date, and in good working order should they be required.

Following two incidents of medical emergencies at the practice, the provider had undertaken further training with staff to ensure they were better informed and more confident when dealing with a medical emergency. Staff were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergency.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at eight staff recruitment files. Improvements were required in their recruitment processes as they did not consistently follow recruitment procedures that reflected current legislation. For example, only one member of staff had photographic identity verification in their file. We discussed this with the provider who told us they would ensure that they would make the necessary changes to their recruitment processes to prevent these shortfalls from occurring when recruiting new staff. We were told that steps would be taken to ensure that previous recruitment files contained this information.

Clinical staff were qualified and registered with the General Dental Council (GDC); all staff had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.



Are services safe?

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit undertaken in May 2017 showed the practice was meeting the required standards. We saw that any action identified at the latest audit had been implemented.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice completed and recorded quarterly dip slides to check for bacterial growth in the water lines.

The practice was clean when we inspected and patients confirmed this was usual. The practice employed a cleaning company. However, there was scope for the practice to assess the risk of cross infection from equipment used by the cleaning company to clean the premises and to confirm that cleaning equipment used to clean the practice was not used for other services. Following the inspection we discussed this with the registered manager who confirmed they had taken

immediate action and were in the process of revisiting the contract with the cleaning company, assessing the risk of cross infection from equipment used and were putting systems in place to ensure they had oversight of the ownership and storage of cleaning mops and could therefore provide assurance around the risks and their mitigation. The provider confirmed this would in future become an integrated part of the six monthly infection and prevention control audit.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines. However there was scope to ensure more detail was recorded in the antibiotic dispensing log following dental implants. For example the signature of the clinician dispensing, a record of the dose given and acknowledgement that instructions had been clearly given to the patient.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable 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.

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

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

The practice did not provide sedation services; patients who required sedation were referred elsewhere through an electronic system which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The hygienist provided practical support and advice around good oral hygiene to patients.

The dentists 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 for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. The associate dentists had not received appraisals; the provider told us these would be put in place following the inspection. We saw evidence of completed trainee dental nurse and hygienist appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients for sedation services and 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 monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they 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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively that staff were extremely considerate, polite and reassuring. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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 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.

Music was played in the treatment rooms and there were magazines and a television in the waiting room which provided health education advice. The practice provided drinking water if required.

Information folders were available for patients to read.

Involvement 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. We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted these had been discussed with patients.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's social media and NHS Choices pages provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as dental implants, cosmetic dentistry and dentures provided by this practice.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

The practice offered mostly NHS dental treatments (95%). The practice also provided treatment on a private basis and Den plan, including cosmetic dentistry, implants, whitening, Botox and dermal filler treatments. The costs for both NHS and private dental treatment were displayed in the waiting room.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Staff described examples of patients who were nervous and who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned all patients before their appointment to ensure they were able to attend the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. Several members of staff spoke up to five languages and the practice had access to telephone interpreter services. The provider was in the process of requesting a hearing loop and exploring arrangements to help patients with sight or hearing loss.

Access to the service

The practice displayed its opening hours in the premises and their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointments per dentist free for same day appointments, plus any gaps on the day. The 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.

Concerns & complaints

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

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

The practice took patients views seriously. The practice had not received any complaints; however we saw they had an ethos which valued compliments from patients and a protocol to respond to concerns and complaints quickly and constructively.



Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had 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. We saw that policies and risk assessments had been reviewed on different dates throughout the calendar year. Staff told us how they would sign to confirm they had read and understood a new or reviewed policy and were given a copy for their personal records to refer to.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the registered manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the registered manager was approachable, would listen to their concerns and act appropriately. The registered manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. However there was scope to improve the minutes of staff meetings to improve the detail recorded, ensure learning needs had been addressed and all items discussed were adequately reviewed.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control which had all been completed on regular basis. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and hygienist had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. The registered manager told us appraisals would be undertaken for all dentists in the future.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used verbal comments, feedback on the practice social media page and NHS choices feedback to obtain staff and 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. There were comment cards and a response box in the waiting room to allow them to do this. The practice's results for June 2017 showed that 100% of patients who responded were extremely likely to recommend the practice to friends or family.

There were four patient reviews recorded on the NHS Choices website, all within the two years before this inspection. Reviews were wholly positive.