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Castle Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 3 August 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. NHS England provided information which we took into account.

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

Castle Dental Practice is located in Dagenham in the London Borough of Barking and Dagenham and provides predominantly NHS and some private dental treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes the principal dentist, one trainee dental nurse, one receptionist and an acting practice manager. The practice has two treatment rooms.

Summary of findings

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 35 CQC comment cards filled in by patients and spoke with four other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, the trainee dental nurse the acting 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 between 8am and 6pm on Mondays, Tuesdays and Thursdays and 8am to 1pm on Wednesdays and Fridays.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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.
- 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 dealt with complaints positively and efficiently.

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

- Review the practice's systems for analysing the results of audits and reviews to identify, share and act on areas for improvement where appropriate.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

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 audits, risk assessments, 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.

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

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as exemplary and excellent. The dentist discussed treatment with patients so they could clearly understand and 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. There were arrangements to follow up on urgent referrals.

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.

We received feedback about the practice from 39 people including four patients who we spoke with during the inspection visit. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, friendly, helpful and kind. They said that they were given detailed explanations about dental treatment that questions in relation to their dental care and treatment were answered and they did not feel rushed to make decisions.

Patients said their dentist listened to them and gave them plenty of time to ask questions about their dental care and treatments. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing access for disabled patients and families with children. The practice had access to language interpreter services should these be required.

The practice took patients views seriously. They valued compliments from patients and responded 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 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



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 told us that they received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and that these were emailed to the staff team. However the practice could not demonstrate that all relevant alerts were discussed with staff, acted on and stored for future reference.

Improvement were required as staff were unaware of recent safety alerts or able to demonstrate that these had been reviewed and acted on as appropriate. During our inspection a system was implemented so that all alerts received were checked and those in relation to medicines or equipment used in dentistry were checked, shared with the dental team and acted on where appropriate.

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. We saw evidence that staff received safeguarding training and there was a safeguarding lead to oversee the practice procedures. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. 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 or more often where required. The practice followed relevant safety laws when using needles and other sharp dental items. Staff were

aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions to take.

The dentist 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 with events which could disrupt the normal running of the practice. The plan was accessible to staff and detailed in relation to how to deal with events to minimise disruption to the service.

Medical emergencies

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

Emergency equipment and medicines were available as described in recognised guidance, with the exception of one size oropharyngeal airway. Staff kept records of their checks, which were carried out on a monthly basis to make sure these were available, within their expiry date, and in working order. On checking we found that the oxygen cylinder was past its use by date.

We also found the Glucagon was stored within a refrigerator; however the temperature was not monitored to ensure that it was in accordance with the manufacturer's instructions. During the inspection these items were ordered and we were provided with evidence the following day that they were available for use in the practice.

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 four staff records. These showed the practice followed their recruitment procedure. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out.

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

Monitoring health & safety and responding to risks

Are services safe?

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. Risks associated with the premises and equipment were assessed regularly and staff were aware of these and the plans to minimise them. There was a fire safety risk assessment and procedures for dealing with an outbreak of fire and the safe evacuation of people from the building. Staff undertook fire safety awareness training. Fire safety equipment including smoke detectors and fire extinguishers were regularly checked and serviced in line with current guidance and legislation.

There were arrangements to protect patients from exposure to substances which may be hazardous to health such as cleaning and other materials. Detailed information in relation to chemical and other substances were kept at the practice and details on how to deal with accidental exposure to harmful substances and materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff.

The practice health and safety policies and procedures were reviewed and discussed with staff on a regular basis during practice meetings to help ensure that staff were aware of their responsibilities. A health and safety risk assessment was in place, which assessed risks associated with the practice premises and equipment. This assessment was reviewed periodically and updated as required.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The trainee dental nurse worked with the dentist 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 trainee dental nurse was able to demonstrate that they understood and adhered to these arrangements.

The practice 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 findings from these audits were shared with staff to help maintain appropriate staff practices and to identify and improve any areas as required. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A recent legionella risk assessment had been undertaken and the recommendations from this had been carried out to help minimise risks to patients and staff. There were procedures for flushing and disinfecting dental waterlines, periodic testing the quality of water and for monitoring hot and cold water temperatures to minimise these risks.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients who we spoke and those who completed comment cards confirmed this was usual. A number of patients commented on the high standard of cleanliness within the practice.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for equipment including sterilising and X-ray equipment. We saw records for checks, maintenance and servicing for electrical equipment and installations.

The practice had suitable systems for storing medicines.

The practice stored prescriptions securely and monitored their use 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.

Are services safe?

The dentist confirmed that they did not record the grade, justification, or report on every X-ray they took. They had identified that improvements were needed in this area and had a plan to implement improvements.

The practice had carried out a recent X-ray audit. This did not include details to identify the patient and the grading for dental X-ray images was set to default at grade 2. We discussed this with the principal dentist who told us that there were plans to implement improvements in this area.

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 dentist assessed patients' treatment needs in line with recognised guidance. Patients were provided with detailed information about their treatment and the dentist carried out regular reviews to monitor treatment for effectiveness and outcomes for patients.

We saw that the practice had recently started to audit patients' dental care records to check that the dentist recorded the necessary information. The results from these audits were due to be analysed and used to support improvements as needed.

Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist 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 dentist told us that where this was appropriate they discussed smoking, alcohol consumption and diet with patients during appointments.

There were a range of health promotion leaflets displayed within the patient waiting area which provided advice and instructions to help patients maintain and improve their oral health. There was also a video recording which demonstrated proper techniques for brushing and flossing teeth and care of dentures to help promote tooth and gum health.

Staffing

Staff new to the practice had a period of induction and probation based on a structured programme which included learning and support. Newly employed staff were monitored and provided with support and information to assist them in becoming familiar with their job roles and responsibilities and the practice policies and procedures.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There were systems in place to monitor staff training to ensure that this was completed and any additional support was provided where needed. The trainee dental nurse was being supported to complete training towards qualification and registration with the GDC.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans with individualised training and development goals for staff based on their roles and responsibilities within the practice.

Working with other services

The dentist 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 guidelines and procedures in relation to making referrals. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice had systems to had routine and 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 dentist told us they gave patients information specific to their treatment. The treatment options, intended benefits and any potential risks were discussed with patients so that 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 undertook training and 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 dentist was 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 who we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had a range of policies in place to assist staff to understand and fulfil their roles in this area. Staff undertook training in relation to equality and diversity.

Patients commented positively that staff were helpful, caring and kind. We saw that the receptionist treated patients with respect and were polite, helpful and friendly towards patients at the reception desk and over the telephone. Patients told us that receptionist was always helpful and made them feel welcome when they visited the practice.

Nervous patients said staff listened, were caring, understanding and helped put them at ease.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was small and open plan in design and the receptionist and staff were mindful when speaking with patients at the reception desk and on the telephone. Staff told us that if a

patient asked for more privacy they would take them into another room. The computer screens at reception were not visible to patients and staff did not leave personal information where other patients might see it.

There were information leaflets in the waiting area.

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. Patients with who we spoke said that the dentist always discussed any possible treatment options and that they had time to consider these.

The dentist told us that they used dental models, photos and X-ray images to help patients in their understanding of the proposed dental treatment. They described the conversations they had with patients to satisfy themselves they understood their treatment options. This information was recorded in the patients' dental record.

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

The practice provided patients with information about the range of treatments available at the practice. These included general dental treatments and treatments for gum disease.

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, where possible seen the same day. Dedicated emergency appointments were available each day.

Patients told us that the receptionist was helpful and always did their utmost to arrange appointments that met their needs. They also said that they had enough time during their appointment and did not feel rushed. We noted that 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. The practice had carried out an assessment to review the needs of patients and this was kept under review to help staff assist patients who may require additional support.

Promoting equality

The practice made reasonable adjustments for patients with disabilities and carried out regular reviews to ensure that the systems in place were suitable and reflect the needs of patients. These included step free access to the dental treatment rooms. The size and layout of the practice did not afford space for adapted disabled accessible toilet facilities. The practice had plans to expand and refurbish its premises which would include these facilities.

Staff had access to language interpretation and translation services and said they could provide information in different formats and languages to meet individual patients' needs.

Access to the service

The practice displayed its opening hours in the premises, on the practice website and in their patient information leaflet. The practice had systems to help keep waiting times

to a minimum. They had carried out a patient waiting time audit and identified some areas for improvement which they acted on, including reviewing the arrangements for emergency appointments.

The practice was committed to seeing patients experiencing pain on the same day and dedicated emergency appointments were available. The patient information leaflet, posters displayed in the waiting area 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.

The practice was open during lunch time to allow patients to book appointments or to register at the practice.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Patients were provided with information to advise them how they could raise complaints or concerns if they were unhappy with the service that they received.

The practice manager was responsible for dealing with these. 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.

The practice manager told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these to resolve issues where possible.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information including contact details of these organisations was included in the patient complaints leaflet

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice had received a number of compliments and no complaints within this period.

Are services well-led?

Our findings

Governance arrangements

The responsibility for the management, clinical leadership and for the day to day running of the service was shared between the dentist and the practice manager. Staff knew the management arrangements and their roles and responsibilities. Staff had identified lead roles and oversight for areas including safeguarding, infection control, radiation protection, complaints, safety and significant events and medical emergencies. The practice had systems to support staff in these roles.

The practice had policies and procedures to support the management of the service and to protect patients and staff. These policies were reviewed to ensure that they were specific to the practice, up to date and accurate.

The practice had systems to monitor the quality of the service and make improvements. A range of audits and risk assessments were carried out. The practice had identified areas where the review processes within the practice could be strengthened. For example formally recording the outcomes from audits and developing action plans to address any for improvement.

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 to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager and dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately.

The practice team was small and there were regular scheduled and impromptu meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had recently reviewed its quality assurance processes to encourage learning and continuous improvement. They found that there were some areas for improvement such as formally recording the outcomes from audits and reviews including the results of audits of

dental care records and X-rays. We saw that there were plans in place to address the areas where improvements were needed. The principal dentist told us that a dentist and a qualified dental nurse were being recruited to work at the practice and were due to start work in September 2017. They told us that this would help them to implement the improvements that they had identified.

The dentist and staff who we spoke with showed a commitment to learning and improvement and that they set high standards for treating patients and the general management of the service.

Staff told us that the practice valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. We saw evidence of completed appraisals in the staff folders. These included staff learning and development needs, general wellbeing and aims for future professional development.

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 patient surveys and verbal comments to obtain staff and patients' views about the service. There was a comments and suggestions book in the patients waiting area. 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.

We reviewed the most recent results of these surveys from and these showed that the 100% of patients who participated were either 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. The results from the patient surveys were analysed and shared with staff to help improve patient's experience.