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Castle Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 20 August 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Castle Dental Care is in Lincoln, a Cathedral City and the county town of Lincolnshire. It provides private dental treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs with the use of a ramp over the front door step. The practice does not have its own car park, but public car parking spaces are available directly outside the practice on the road.

The dental team includes two dentists and three dental nurses who share receptionist duties. The practice has one treatment room, on ground floor level.

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 32 CQC comment cards filled in by patients.

During the inspection we spoke with one dentist and two dental nurses. We looked at practice policies and procedures, patient feedback and other records about how the service is managed.

The practice is open: Mondays, Thursdays and Fridays and alternate Tuesdays and Wednesdays from 9am to 5pm.

Our key findings were:

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, although we noted some items of equipment missing. For example, a child self-inflating bag with reservoir, some sizes of clear face masks for the self-inflating bag and a child oxygen face mask with reservoir and tubing. We were sent some order confirmation details after our inspection.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures, although no new staff had been recruited for many years.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had systems and processes to manage complaints; none had been received.
- The provider had suitable information governance arrangements.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used. In particular ensuring that five yearly electrical testing is completed.
- Take action to complete a risk assessment for staff whose immunity to Hepatitus B is not known.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.	We asked the following question(s).
Are services safe?	**No action** 
Are services effective?	**No action** 
Are services caring?	**No action** 
Are services responsive to people's needs?	**No action** 
Are services well-led?	**No action** 

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The leads for safeguarding were the two dentists. We saw evidence that staff received safeguarding training every three years and discussions were also held amongst the team in practice meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Staff told us they did not have many children registered at the practice.

The provider would identify vulnerable patients and patients who required other support such as with mobility or communication by making a note within their dental care records.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice. There was an agreement held with another dental practice for their premises to be used, in the unlikely event of the site becoming unusable.

The provider had an undated recruitment policy and procedure to help them employ suitable staff. The most recent staff member had been recruited in 2011. We looked at their staff file and found information held reflected the legislative requirements, with exception of references or evidence of satisfactory conduct in previous employment.

We were told that the principal dentist knew the staff member prior to them starting work for the practice. We were assured that if any new staff were recruited in the future, these would be sought.

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

Staff ensured that equipment and most facilities were safe. We noted an exception in relation to five-year fixed wiring testing as this had not been completed. The provider told us they had not identified this as a requirement. After our inspection, we were informed that this had been arranged to take place.

Equipment was maintained according to manufacturers' instructions, including portable electrical and gas appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. We saw records dated within the previous 12 months.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk.

The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The dentists used traditional needles rather than a safer sharps system. There were safeguards available for them when they handled needles. A sharps

risk assessment had been completed. This included a provision that dental nurses were not to handle used needles. Matrix bands were dismantled after the sterilisation process as a precautionary measure.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked for all but one staff member. A risk assessment had not been completed for them.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Training last took place in September 2018.

Emergency medicines and most equipment were available as described in recognised guidance. We noted some exceptions in relation to a child self-inflating bag with reservoir, some sizes of clear face masks for the self-inflating bag and a child oxygen face mask with reservoir and tubing. We were sent some order confirmation details after our visit.

We found staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. We noted that the practice did not have a thermometer to check that water was 45 degrees maximum when undertaking manual cleaning. However, after our inspection, we were informed that one was in use.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control leads carried out infection prevention and control audits twice a year. The latest audit in March 2019 showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

Are services safe?

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit was in the process of being undertaken.

Track record on safety, and lessons learned and improvements

The practice had a positive safety record. There were comprehensive risk assessments in relation to safety issues.

The practice had processes to record accidents when they occurred. An accident book was available for completion by staff. We noted that there were no accidents reported within the previous five years.

The practice did not have a comprehensive policy for the reporting of significant events and untoward incidents. They held an analysis form and a separate book to record incidents in. The book was also used for communications amongst the team. We looked at incidents recorded. We saw that investigations were undertaken, and actions were taken as a result to prevent recurrence. For example, an issue regarding a patient's X-ray resulted in a preventative measure to ensure that the near miss would not be repeated.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We received many positive comments from patients about the treatment and service received. One patient told us that their dentist was the best they had ever seen, and others referred to a first-class service being provided. Overall, we noted high levels of patient satisfaction.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The dentists had access to an intra-oral camera and microscope to enhance the delivery of care. For example, one of the dentists had an interest in endodontics, (root canal treatment). The dentist used a specialised operating microscope to assist with carrying out root canal treatment.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The principal dentist chaired a local peer review group which involved other dental practitioners; they met every three months. The other dentist was a member of the board of the Faculty of General Dental Practice (FGDP) and was involved in foundation training as a trainer for dentists new to practice elsewhere.

Helping patients to live healthier lives

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

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion information to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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

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

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had completed radiography training; staff also attended external training events. One of the nurses supported the principal dentist by undertaking practice management tasks. We noted that practice meetings were structured and included discussion on topical issues, legislation and guidance. Staff were kept up to date with policy provision and a policy was left out for staff to review every month; they signed to acknowledge they had read it.

There had been no new staff recruited to the practice for many years. Staff working at the practice had completed a period of induction based on a structured programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff discussed their training needs at meetings and annual appraisals, although we noted appraisals were overdue for completion. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. We saw efforts made by staff to understand the needs of any patients with dementia. One of the dentists had brought a book in to the practice on dementia friendly dentistry and one of the dental nurses told us they had read this. Staff told us they knew their patients well and their individual needs and requirements.

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

Patients commented positively that staff were welcoming, accommodating and considerate. One patient told us that staff would always find a suitable appointment for them.

We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. One patient told us that staff helped a relative who used a wheelchair, and this made their visit manageable.

Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. One patient told us that they were seen within three hours of calling when they had a dental emergency.

There was a radio in the waiting area, toys for children and magazines delivered monthly for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area provided limited privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff could take them into another room. The reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records (X-rays) and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act.

We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff told us they communicated with patients in a way that they could understand, and information in large print could be provided. Staff were not clear where they could obtain written information in different forms from, such as braille or in another language.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, written and pictorial information, X-ray images and an intra-oral camera. The intra-oral camera and microscope with a camera enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We were provided with specific examples of care provided to meet individual needs. For example, a patient with a learning disability was shown videos during their treatment, patients with autism were given, clear and concise information, 'as they liked to receive' and a patient's needs were able to be accommodated when a rubber dam was used.

The dentist told us that a patient living in a care home was recalled at more regular intervals, so they could closely monitor their dental care needs.

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

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Longer appointment times could be allocated.

The practice had made most reasonable adjustments for patients with disabilities. This included step free access with use of a ramp and a doorbell at the front door to request assistance. There were reading glasses at the reception desk. The premises had some limitations. Whilst there was a patient toilet, this was located on the first floor, so unsuitable for wheelchair users. We were told there was a public toilet facility across the road from the practice. The practice did not have a hearing loop. Staff told us they did not consider that patients would benefit from one being installed as they managed to communicate effectively without this aid.

A disability access audit had been completed in July 2019.

Staff gave us examples when they had gone out of their way to ensure patients' wellbeing. For example, telephoning an older patient after they had attended the practice to check they had arrived home safely.

Appointment reminders were issued in advance to patients based on their preference, to remind them to attend. If a patient missed an appointment, staff contacted them to check on their wellbeing.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients 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 staff took part in an emergency on-call arrangement with another practice. During weekends patients had access to the principal dentist's mobile telephone number or they were advised to contact NHS 111.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed.

Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a 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 complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away, if any were to be received.

The principal dentist aimed to settle complaints in-house. The practice had not received any complaints, so we were unable to review how any were managed.

Are services responsive to people's needs?

(for example, to feedback?)

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice had received. We saw a thank you letter addressed to one of the dentists after they had attended the practice during the Christmas break to attend to their dental care needs.

Are services well-led?

Our findings

We found that this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. The principal dentist, supported by the associate dentist and dental nurses demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of services.

The principal dentist was approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values. The practice's statement of purpose included the aim to provide dental care and treatment of consistently good quality for all patients and provide services that meet patients' dental needs and wishes.

Staff planned the services to meet the needs of the practice population. We were provided with several examples to show how the team met the needs of those with particular requirements and special needs.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The staff focused on the needs of patients. Patient feedback supported that an effective, caring and responsive service was provided.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. They were also responsible for the day to day running of the service and received support from one of the dental nurses who also undertook practice management tasks. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, staff and external partners to support high-quality sustainable services.

The provider used patient surveys and verbal and written feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients and staff the practice had acted on. As a result of patient feedback, additional leaflets were made available, such as information on gum disease.

We looked at practice survey results from January to March 2019. The practice had received 42 patient responses which showed positive results. For example, 95% those surveyed stated that they were always helped to feel relaxed and 5% said they usually were. 99% those surveyed said it was always a friendly and welcoming service and 1% stated that it usually was.

Are services well-led?

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. The practice had undergone a surgery re-fit and a separate decontamination room had been built.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements, where required.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses 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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.