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M P Wong & Associates

Inspection Report

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Date of inspection visit: 13 June 2017
Date of publication: 30/06/2017

Overall summary

We carried out this announced inspection on 13 June 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.

Background

M P Wong and Associates is located in Walthamstow in the London Borough of Waltham Forest and provides NHS and private treatment to patients of all ages.

The dental practice is located on the ground and first floor of an adapted residential property and there is level access for people who use wheelchairs and those with pushchairs.

The dental team includes the two dentist partners and one associate dentist, two dental nurses and a trainee dental nurse. The practice has three treatment rooms, two of which are located on the ground floor.

Summary of findings

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

On the day of inspection we collected 50 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

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

The practice is open between 9.30am and 1pm and between 2pm and 5pm on Mondays to Fridays (excluding Bank Holidays).

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance and these were regularly audited to ensure their effectiveness.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures which were followed when employing new staff.
- 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 including patients who required emergency dental treatment.
- 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 had systems to deal with complaints positively and efficiently.
- Staff were trained in basic life support and knew how to deal with emergencies. However some medicines and life-saving equipment as per current national guidelines were not available. The practice responded immediately to procure these pieces of equipment and medicines.
- The practice had systems to help them manage risks and monitor quality though improvements could be made in some aspects of governance and risk management within the practice.

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

- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- 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.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as infection control and radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

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.

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.

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

The practice had systems and processes to provide safe care and treatment. These included arrangements for dealing with medical and other emergencies, identifying and managing risks and maintaining equipment.

Some improvements were needed so that audits and risk assessments were carried at the recommended frequency and the outcomes shared and acted on to make improvements where identified.

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 excellent, high quality and effective. Patients commented that the dentists were professional, dedicated and attentive.

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

The practice had 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.

We received feedback about the practice from 52 people including two patients who we spoke with on the day of the inspection. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, helpful and respectful. They said that they were given detailed information about their treatment, time to consider their treatment options. They also said their dentist listened to them and never made them feel rushed or hurried.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist and that they were particularly kind and sensitive when treating children.

No action



Summary of findings

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 and dedicated time was allocated each day to see patients who needed emergency treatment.

Staff considered patients' different needs. This included providing step free access for wheelchair users and families with children. The practice could access to telephone interpreter services if needed

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.

Improvements could be made to have in place systems to check that records were maintained consistently.

The practice monitored clinical and non-clinical areas of their work. These systems could be improved so that outcomes from reviews and assessments were shared and used to help staff improve and learn.

The practice asked for and listened to the views of patients and staff to make improvements where needed.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

The practice recorded and responded to all incidents in line with their procedures and these were routinely discussed and shared 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). Improvements to the system for acting on alerts had recently been implemented to ensure that 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. The principal dentist was the dedicated safeguarding lead with responsibilities to oversee and monitor the practice safeguarding procedures.

We saw evidence that staff received role specific safeguarding training. Staff who we spoke with 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 and we found that improvements were needed to ensure that these were reviewed every year or more often in line with relevant guidance and guidelines. 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 with 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.

Some emergency equipment and medicines were not available as described in recognised guidance. For example the practice did not have the recommended quantities of adrenaline and there were no paediatric pads available for use with the Automated External Defibrillator.

The principal dentist told us that there were procedures in place to check medicines and equipment to make sure these were available, within their expiry date, and in working order. Staff kept did not records of these checks and we noted that one medicine, Glucagon was past its use by date.

The practice sent us evidence that immediately after the inspection additional adrenaline, Glucagon and paediatric AED pads were purchased and received at 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 five staff records. These showed the practice followed their recruitment procedure and that the appropriate checks had been carried out before new staff started work at the practice. Employment references, where applicable and proof of identity were sought as part of the recruitment process.

Clinical staff were qualified and registered with the General Dental Council (GDC) and 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. 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.

Are services safe?

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.

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

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 and staff safe.

The staff 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 had a process for carrying out infection prevention and control audits. Improvements were needed so that these were carried out twice a year as recommended in current guidance and that the findings from the audits were shared to maintain and improve infection control practices.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There were procedures for flushing and

disinfecting dental waterlines. Improvements were needed so that these procedures followed current guidance such as undertaking a legionella risk assessment, checking hot and cold water temperatures.

We saw cleaning schedules for the clinical and non-clinical areas within the premises. The practice clinical areas were clean when we inspected and patients confirmed this was usual. Patients told us that the practice was always clean and hygienic.

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 and storing medicines.

The practice stored and kept records of NHS prescriptions securely.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the X-ray equipment. Improvements were needed so that these met current radiation regulations. For example the practice did not use a collimator and there were no local rules available to instruct staff on radiation protection.

The dentists usually recorded the justification and the results of radiographs taken although not all the dentists recorded the quality grade.

X-ray audits were carried out in respect of the grading of X-ray images. Improvements could be made to review, share and act on the results of these audits in line with current guidance and legislation. Records and discussions with staff showed that all clinical staff had 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 dentists assessed patients' treatment needs and recalled patients for reviews in line with recognised guidance. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The content and detail contained within these records varied between dentists and some records did not demonstrate that the dentists recorded the necessary information. The principal dentist explained that the practice were in the process of moving to a computerised record keeping system with templates and tabs to enhance reporting. We were assured by the practice that regular record keeping audits would be carried to help ensure that records were complete and accurate.

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 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 all children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed with patients where appropriate smoking cessation, alcohol consumption and diet in relation to promoting good oral health. The practice had a selection of dental products for sale. A range of health promotion leaflets and posters were available and displayed within the waiting area to help advise patients on maintaining good oral health.

Staffing

Staff new to the practice had a period of induction based on a structured programme which included mentoring and support so that they could become familiar with the practice policies and procedures. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us that they were supported to carry out their roles and responsibilities within the practice. They said that they had opportunities to discuss their training needs at annual appraisals. We saw evidence of completed appraisals for staff. These appraisal records included personal development plans and these were used to monitor and support staff development.

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. This 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 dentist told us that improvements to the referrals system were introduced following our inspection visit so that referrals were more robustly monitored to ensure 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 this and said their dentist listened to them and gave them clear information about their treatment. They told us that their dental treatment was explained in a way that they could understand before they gave their consent to 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. The practice had policies and procedures in place around respecting patients and treating them with dignity and compassion.

Patients commented positively that staff were caring, kind and respectful; they said that they were treated with compassion and understanding. We saw that staff treated patients sensitively, respectfully, and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were caring and understanding and that the dentists were calm and helped to alleviate their fears. Some patients commented that the dentists were very understanding and caring when treating children.

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

There was a range of information leaflets, magazines and a video screen in the waiting room.

Involvement in decisions about care and treatment

The dentists described the information they gave to patients to help them make informed choices. Patients confirmed that their dentist listened to them, did not rush them and discussed options for treatment with them. They also said that they were given concise and relevant information to help them make decisions about their dental care and treatment.

The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. Improvements could be made to ensure this information was consistently recorded in the patients' dental care records.

Patients told us staff were understanding, kind and helpful 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 dentistry and treatments for gum disease and preventive treatments.

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 could access appointments easily and 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 a very small number of patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access. The size and layout of the practice did not allow for the provision of disabled access toilet facilities. The principal dentist told us that they were due to carry out an assessment to determine if further improvements could be implemented to meet the needs of their patients.

Staff working at the practice spoke Urdu, Chinese and Romanian. The practice staff told that they could also access to external telephone interpreter and translation services should these be required.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and there were dedicated emergency appointments available between 2pm and 2.30pm each day. The practice also offered additional emergency appointment on each Friday before Bank Holiday weekends for patients who required urgent dental care.

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 also advised patients how to make a complaint and how patients could escalate their concerns should they remain dissatisfied. 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 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.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service. Staff knew the management structure and arrangements.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Improvements could be made so that all the policies and procedures were bespoke to the practice, were up to date and were reviewed to ensure that they were accurate and reflected current guidance.

The practice had arrangements to monitor the quality of the service. A number of audits were carried out to including infection control, X-ray and record keeping audits. Improvements were needed so that these audits were carried out at recommended intervals and the outcomes from these were shared and used to reinforce good practice and make improvements where identified.

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 told us there was an open, no blame culture at the practice. They said the dentists 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 dentists were approachable.

The practice held regular meetings where the day to day issues in relation to the management of the practice were discussed.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. The outcomes from risk assessments, audits and reviews where these were carried out was not routinely shared or action plans implemented to maintain and improve quality and safety within the practice.

Staff had annual an appraisal of their performance. 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.

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

The practice used patient's verbal comments and a suggestion box to obtain staff and patients' views about the service.

Patients commented that they were requested to provide feedback and encouraged to make suggestions about how the service could be improved. 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 results of these surveys from the previous four months and these showed that 100% of patients who participated were either 'extremely likely' or 'likely' to recommend the dental practice to their family and friends.

A number of patients told us that they had recommended the dental practice to their friends and families; others said that the practice had been recommended to them.