DOCS UK Limited

CastleView Dental

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 6 November 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- Improvements were needed to infection control procedures to ensure they reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises but improvements were needed to ensure processes were effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation, but improvements were needed.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

CastleView Dental is in Windsor and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 1 implantologist, 1 periodontist, 1 oral surgeon, 3 dental nurses, 1 dental hygienist, 1 student dental nurse, 1 practice manager and 2 receptionists. The practice has 4 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, the receptionists and the practice manager.

We looked at practice policies, procedures, and other records to assess how the service is managed.

The practice is open:

- 9am to 5pm Monday - Thursday
- 8am to 4pm Friday
- 9am to 1pm Saturday

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulation the provider was not meeting is at the end of this report.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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?	**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?	**Requirements notice** ✗

Are services safe?

Our findings

We found 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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance, but improvements were needed. In particular:

- Local anaesthetic cartridges were stored outside of their blister packs.
- Cotton wool in treatment rooms 2, 3 and 5 were not stored appropriately in an appropriate dispenser.

We have since received evidence which confirms these shortfalls have been addressed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice appeared clean, but improvements were needed:

- Equipment storage did not follow national infection prevention and control standards.
- Evidence of the oversight of the standard of cleaning was not available.

We have since received evidence which confirms these shortfalls have been addressed.

Recruitment checks had not been carried out, in accordance with relevant legislation to help them employ suitable staff, including agency and locum staff.

We reviewed staff recruitment folders and found:

- Conduct in previous employment (reference) had not been obtained for 3 staff.
- A health assessment had not been carried out for 1 staff member.
- A structured induction had not been carried out for 3 staff.
- We noted that a second reference was not obtained for 3 staff; this was not in line with the practice recruitment policy.

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

The practice could not assure themselves that all of the clinical staff had immunity to the Hepatitis B virus. Evidence to confirm the effective of the hepatitis B vaccinations was not available for 3 staff.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

The provider could not evidence that they did not have effective fire safety management procedures. In particular:

- Emergency lighting service records were not available.
- Six monthly fire alarm inspection and servicing records were not available.
- Monthly emergency light testing records were not available.
- The fire extinguishers had not been serviced in the previous 12 months.
- Waste bins were present at the rear of the building. These were neither locked or tethered away from the building to prevent unauthorised interference and potential arson.

Are services safe?

We have since received evidence which confirms these shortfalls have been addressed.

The practice had arrangements to ensure the safety of the intra oral X-ray equipment and the required radiation protection information was available.

The practice had a cone-beam computed tomography (CBCT) x-ray machine. Improvements were needed to the management of this was effective. In particular:

- Monthly quality assurance tests, known as phantom tests, were not carried out.
- The most recent 3 yearly physics test highlighted shortfalls which remained outstanding at the time of our visit.

Risks to staff and patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The emergency medicines kit was stored in a corridor between treatment rooms. This area was not monitored by staff, which placed it at risk of unauthorised interference. We have since received evidence which confirms this shortfall has been addressed.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Storage arrangements required improvement. Specifically:

- Control of Substances Hazardous to Health (COSHH) applicable cleaning products were not stored in a secure way.
- COSHH warning signs were not present.
- The clinical waste bin stored at the rear of the practice was not tethered to a fixed point to prevent unauthorised interference.

We have since received evidence which confirms these shortfalls have been addressed.

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Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

involvement in local schemes

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

Six monthly CBCT radiograph audits were not available.

Effective staffing

Evidence was not available to demonstrate relevant staff had the skills, knowledge and experience to carry out their roles. In particular:

- One out of 8 clinicians did not carry out 5 hours of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training in the previous 5 years.
- One out of 16 staff did not carry out learning disability and autism training.
- One out of 16 staff did not carry out safeguarding children and vulnerable adults training.
- One out of 16 staff did not carry out basic life support training in the previous 12 months.
- One out of 16 staff did not carry out fire safety training in the previous 12 months.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

On the day of inspection, we spoke with 2 patients. Both said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant protocols, in line with current guidance, were not effective. In particular:

- CCTV was present in 2 treatment rooms.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

We have since received evidence which confirms these shortfalls have been addressed.

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

Glass partitioning on the door to a treatment room was clear, which meant it did not fully protect patients' privacy and dignity. We have since received evidence which confirms this shortfall has been addressed.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

Our findings

We found 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access, a hearing and vision aids, for patients with access requirements.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

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

We will be following up on our concerns to ensure they have been put right.

Leadership capacity and capability

We found improvements were needed to ensure the management and oversight of procedures that supported the delivery of care was effective.

Culture

We obtained the views of 7 staff working on the day of our visit. Every member of staff told us that the leaders were approachable, they felt involved, valued and respected and the service was a good place to work.

Governance and management

The practice manager had overall responsibility for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff, but systems were not always routinely followed.

We saw there were clear and effective processes for managing risks, issues and performance but these were not always followed, which resulted in poor risk management at the practice.

The management of fire safety, infection control, training and risks to patients and staff required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through meetings, surveys, and informal discussions.

Continuous improvement

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: **Infection control** • Local anaesthetic cartridges were stored outside of their blister packs. • Cotton wool in treatment rooms 2, 3 and 5 were not stored appropriately in an appropriate dispenser. • Equipment storage did not follow national infection prevention and control standards. • Evidence of the oversight of the standard of cleaning was not available. **Recruitment** • Conduct in previous employment (reference) had not been obtained for 3 staff. • A health assessment had not been carried out for 1 staff member. • A structured induction had not been carried out for 3 staff. **Cone-beam computed tomography (CBCT) x-ray** • Monthly quality assurance tests, known as phantom tests, were not carried out. • The most recent 3 yearly physics test highlighted shortfalls which remained outstanding at the time of our visit. **Risks to patients and staff**

This section is primarily information for the provider

Requirement notices

- The emergency medicines kit was stored in a corridor between treatment rooms. This area was not monitored by staff which placed it at risk of unauthorised interference.
- Control of Substances Hazardous to Health (COSHH) applicable cleaning products were not stored in a secure way.
- COSHH warning signs were not present.
- The clinical waste bin was stored at the rear of the practice was not tethered to a fixed point to prevent unauthorised interference.

Privacy and Dignity

- Glass partitioning on one treatment room door did not fully protect patients' privacy and dignity.

Closed circuit television (CCTV)

- CCTV was present in 2 treatment rooms.
- Information for patients was not available to explain the purpose of recording images.
- The name and contact details of those operating the surveillance scheme were not displayed.

Fire safety

- Emergency lighting service records were not available.
- Six monthly fire alarm inspection and servicing records were not available.
- Monthly emergency light testing records were not available.
- The fire extinguishers had not been serviced in the previous 12 months.
- Waste bins were present at the rear of the building. These were neither locked or tethered away from the building to prevent unauthorised interference and potential arson.

Effective Staffing

- One out of 8 clinicians did not carry out 5 hours of Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training in the previous 5 years.
- One out of 16 staff did not carry out learning disability and autism training.
- One out of 16 staff did not carry out safeguarding children and vulnerable adults training.

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Requirement notices

- One out of 16 staff did not carry out basic life support training in the previous 12 months.
- One out of 16 staff did not carry out fire safety training in the previous 12 months.