

Castlegate Dental Centre

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Inspection Report

Castlegate Dental Centre

1 Castlegate

York

North Yorkshire

YO1 9RN

Tel: 01904 653284

Website: www.castlegatedental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 23 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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 not providing well-led care in accordance with the relevant regulations.

Background

Castlegate Dental Centre is located in York town centre and provides private treatment to adults and children, which includes dental implants, intravenous sedation, oral surgery, restorative and cosmetic dentistry.

The practice is located on the first and second floor, access is via a set of stairs which has handrails. Wheelchair users and patients who find the stairs difficult are informed of access to the practice prior to an appointment. Car parking spaces are available in the town or a local park and ride service offers easy access.

The dental team is comprised of four dentists, four dental nurses, two dental hygienists, one dental hygiene therapist, one practice manager and two receptionists working within four treatment rooms.

On the day of inspection we received 39 CQC comment cards providing positive feedback.

The practice is open: Monday to Friday 8:30am – 5:00pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- The practice appeared clean and well maintained.

Summary of findings

- Infection control procedures practice followed published guidance but validation of decontamination equipment required improvement.
- Not all appropriate life-saving equipment was available as set out in current guidelines.
- Staff were trained to respond to medical emergencies.
- There was no effective practice fire risk management process in place.
- There was no effective practice environmental cleaning process in place.
- A sharps management risk assessment was required to mitigate associated risks.
- Staff understood and received safeguarding training and knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Safe recruitment of staff was in place.
- Treatment was well planned and provided in line with current guidelines.
- There was no effective quality assurance process for Cone Beam Computed Tomography (CBCT) imaging equipment in place.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Staff felt involved and supported and worked well as a team.
- The practice sought feedback from staff and patients about the services they provided.
- Complaints were responded to in an efficient and responsive manner.

We identified regulations that were not being met and the provider must:

- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000 and take into account HPA-CRCE-010 guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment.
- Ensure the practice is in compliance with its legal obligations under Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure the practice has availability of medicines and equipment to manage medical emergencies and take into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

You can see full details of the regulation not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the practice's procedures for the examination of electrical appliances and equipment to ensure they are safe to use.
- Review the practice's environmental cleaning policy and take into account the Department of Health guidance, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05) paying particular attention to patched and carpeted treatment room flooring, damaged areas on the dental chair and aging cabinetry which is difficult to clean.
- Review the practice's fire risk management systems.
- Review its audit protocols to ensure infection control audits are undertaken at regular intervals and where applicable the action plans are implemented.

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.

We found areas where improvements should be made relating to the safe provision of treatment.

The practice had systems and processes in place to ensure care and treatment was carried out safely but some areas required improvement, for example, the practice carried out intravenous sedation and had one medical oxygen cylinder in place and guidance refers to holding a spare cylinder. We found no portable suction in the medical emergency equipment.

All emergency medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines with the exception of the emergency medicine glucagon.

We identified expired relative analgesia equipment used for sedation treatment which required decommissioning.

There was no risk assessment to manage the safe use of sharps or latex.

Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were suitably qualified for their roles and the practice had undertaken the relevant recruitment checks to ensure patient safety.

A more effective environmental cleaning process was required to comply with current guidelines, in relation to the treatment room flooring, aging cabinetry and damaged dental chair covers.

We reviewed the legionella risk assessment dated January 2017. We saw that water testing was being carried out in accordance with the assessment.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made in house referrals for specialised treatment or investigations where indicated.

No action



Summary of findings

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and the British Society of Periodontology (BSP).

We saw the process of providing intravenous sedation was in line with guidance set out by the Society for the Advancement of Anaesthesia in Dentistry (SAAD).

We saw the process involving the provision of dental implants was in line with the Faculty of General Dental Practice document 2012 'Training Standards in Implant Dentistry',

Staff were encouraged and supported to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

The practice liaised with the external referring practitioners effectively to keep them informed of treatment decisions which had been made and also any after care which would be required.

Are services caring?

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were 39 responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely in locked cabinets behind the reception desk and computers were password protected.

We observed patients being treated with respect and dignity during interactions at the reception desk, over the telephone and as they were escorted through the practice. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed staff to be welcoming and caring towards the patients.

No action



Are services responsive to people's needs?

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

The practice had dedicated slots each day for urgent care and every effort was made to see all emergency patients on the day they contacted the practice. Patients confirmed that the system was effective.

There were clear instructions for patients requiring urgent care when the practice was closed.

No action



Summary of findings

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had taken into account the needs of different groups of people and put reasonable adjustments in place for people with disabilities, for example assisted access and hand rails.

Are services well-led?

We found that 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 Notices at the end of this report).

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The principal dentist was responsible for the day to day running of the practice.

The practice audited clinical and non-clinical areas of the practice but improvements were required.

Quality assurance measures involving dental radiography, including CBCT were not completed. The infection prevention and control audit had no action plan or learning outcomes in place.

We found environmental cleaning, management of sharps instruments and fire safety required improvement.

We saw that Portable Appliance Testing (PAT) was last carried out in 2013 and no visual checks had been completed since.

The practice conducted patient feedback surveys and collected patient testimonials. There was also a comments box in the waiting room for patients to make suggestions to the practice.

Staff were encouraged to share ideas and feedback as part of their appraisals and personal development plans. All staff were supported and encouraged to improve their skills through learning and development.

The practice held quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues.

Requirements notice 

Castlegate Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

During the inspection we spoke with, two dentists, three dental nurses, one dental hygienist, and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures in place to report, investigate, respond and learn from accidents, incidents and significant events. Staff were aware and understood the process for reporting. Staff understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The principal dentist was aware of the notifications which should be reported to the CQC.

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

Since we announced the inspection the principal dentist had registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. No alerts had been reviewed since registration. We asked to see if any historical alerts being actioned and they had not. Supporting evidence was sent to the inspector to ensure all relevant alerts had been reviewed and actioned if required.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse.

We saw evidence all staff had received safeguarding training in vulnerable adults and children. Staff could easily access the safeguarding policy held in the staff room. Staff demonstrated awareness of the signs and symptoms of abuse and neglect and the procedures they needed to follow to address safeguarding concerns.

We spoke with staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A safe sharps system was not in use at the practice. We reviewed the sharps policy dated January 2017, which stated that dentists had full responsibility for handling sharps and all staff were aware of the practice sharps policy. We found no risk assessment in place for the safe use of sharps within the dental practice.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reason is recorded in the dental care records giving details of how the patient's safety was assured.

An alert system was used on the computer system to identify a patients' allergy to latex. We were told the practice was moving towards being latex free.

The practice had a whistleblowing policy and staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months. Two dentists were trained in workplace first aid.

The emergency medicines, emergency resuscitation kits and medical oxygen were stored in an easily accessible location. Staff knew where the emergency kits were kept.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Records showed weekly checks were carried out on the emergency medicines, medical oxygen cylinder and the AED. These checks ensured the oxygen cylinder was sufficiently full and in good working order, the AED was charged and the emergency medicines were in date. We saw that the oxygen cylinder was serviced on an annual basis. We found areas for improvement relating to the management of emergency medicines and equipment, for example, no portable suction was found on the inspection day. In line with relevant guidance, practices' providing

Are services safe?

intravenous sedation hold a spare medical oxygen cylinder, a spare cylinder was not available. Emergency medicine glucagon had been removed from the medicines fridge and its expiry date had been incorrectly modified. Evidence of ordering a new portable suction pump, an additional medical oxygen cylinder and glucagon was seen within 24 hours.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included advertising the job through an agency, a job application form, an interview process, seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of recruitment files and found the recruitment procedure had been followed.

The principal dentist told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We reviewed a sample of recruitment files and these showed that all checks were in place.

All clinical staff, as appropriate, were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

All clinical staff were supported by another member of the team when providing treatment to patients.

The practice had maintained a detailed Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. If any new materials were implemented into the practice a new risk assessment was put in place.

We were told there had been a fire risk assessment completed for the premises in 2011 but it could not be located on the day of inspection. Smoke alarm and fire alarm tests were not being carried out and no fire

evacuation drill had been undertaken within the last 12 months. We highlighted this to the practice manager and principal dentist who contacted the local fire authority immediately to arrange a fire risk assessment which was arranged for March 2017. We were told that a fire safety management check would be implemented immediately. Fire extinguishers were in date and were serviced annually.

Infection control

There was an infection prevention and control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection prevention and control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We spoke with dental nurses about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw the daily and weekly tests were being carried out by the dental nurses to ensure that sterilisers were in working order. We were told the newer vacuum autoclave data logger was not downloaded for analysis. We informed the principal dentist and practice manager of our findings and we were told that this would be addressed.

The practice had carried out an infection prevention audit in December 2016 in accordance with the Department of Health's guidance on decontamination in dental services (HTM01-05). This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. We saw that the audit action plan was not completed.

We inspected the decontamination and treatment rooms. The drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

Records showed the practice had completed a Legionella risk assessment in January 2017. The practice undertook processes to reduce the likelihood of Legionella developing which included running the dental unit water lines in the

Are services safe?

treatment rooms at the beginning and end of each session and used purified water. Legionella is a term for particular bacterium which can contaminate water systems in buildings.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaning contractor to carry out environmental cleaning. We saw no evidence of appropriate cleaning schedules and found cleaning equipment was stored inappropriately.

We saw three treatment rooms had flooring that could not be cleaned effectively. There were carpeted areas and patched flooring in the treatment rooms, we saw damage to dental chair covers and aging cabinetry. There was no cleaning policy in place to ensure effective measures were employed in these areas of concern. The principal dentist and practice manager were made aware of this and they contacted the cleaning company on the day of inspection to set up appropriate records and processes.

Equipment and medicines

We saw evidence that servicing of all equipment and Portable Appliance Testing (PAT) was last carried out in 2013. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). The practice was not conducting visual checks on electrical appliances and equipment to reduce the risks.

Checks were carried out in line with the manufacturer's recommendations and guidelines.

There was a system in place for prescribing, administration and storage of medicines.

We saw two medical oxygen and two medical nitrous oxide cylinders connected on site, as used for inhalational sedation. All four cylinders expired in 2014. We brought this to the dentist's attention and were assured that inhalational sedation was no longer carried out. The cylinders were immediately identified as unserviceable and we were told that action would be taken to remove them from the premises.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only.

The practice demonstrated compliance with current radiation regulations; this included information stored within the radiation protection file.

We saw a justification, a grade and a report were documented in the dental care records for all X-rays which had been taken. We saw all the staff were up to date with their radiographic continuing professional development training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out assessments in line with recognised guidance from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) and the British Society of Periodontology (BSP). This was repeated at each examination if required in order to monitor any changes in the patient's oral health.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease. The practice also recorded the medical history information within the patients' dental care records for future reference. In addition, the dentists told us they discussed patients' lifestyle and behaviour such as smoking and alcohol consumption and where appropriate offered them health promotion advice, this was recorded in the patients' dental care records.

We saw patient dental care records had been audited to ensure they complied with the guidance provided by the Faculty of General Dental Practice. The audits had action plans and learning outcomes in place. This helps address any issues that arise and sets out learning outcomes more easily.

The practice provided dental implants. The dentist explained the process which patients underwent prior to implant treatment. This included using X-rays and CBCT scanner imaging technology, to assess the quality and volume of the bone and to identify important structures close to where the dental implant was being placed. We saw that patients gum health was thoroughly assessed prior to any dental implants being placed. If the patient had any sign of gum disease they underwent a course of periodontal treatment. After the dental implant placement we were told the patient would be followed up at regular intervals to ensure that it was healing and integrating well.

We saw the provision of intravenous sedation was in line with the guidance from Society for the Advancement of Anaesthesia in Dentistry (SAAD). Patients were assessed for their suitability for intravenous sedation at an initial consultation. Prior to the induction of intravenous sedation

the patient's blood oxygen saturation, blood pressure and heart rate (basic observations) were checked to ensure that they were medically suitable for intravenous sedation. Throughout the procedure these observations were regularly checked and documented in the sedation record. We saw the dose of sedative medicines was titrated to effect to ensure that the patient was not over-sedated. These doses were documented in the sedation records. We saw that a reversal agent to the sedative medicines was readily available if needed. We were told this had never been needed. After the procedure the patient's escort would be suitably informed with regards to post-operative care.

It was evident the skill mix within the practice was conducive to improving the overall outcome for patients. The dentists would have informal chats during the day to get each other's opinions about cases. Dental nurses were trained in dental radiography.

Health promotion & prevention

The practice focused on preventative care and supporting patients. For example, fluoride varnish was applied to the teeth of all children who attended for an examination and high fluoride toothpastes were prescribed for patients at high risk of dental disease in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Staff told us the dentists would always provide oral hygiene advice to patients where appropriate or refer to the dental hygienist or dental hygiene therapist for a more advice.

The practice had a selection of dental products and health promotion leaflets to assist patients with their oral health.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice was given to patients who smoked. Patients would also be made aware if their alcohol consumption was above the national recommended limit. There were health promotion leaflets available in the waiting room to support patients.

Staffing

Are services effective?

(for example, treatment is effective)

New staff to the practice had a period of induction and a training programme was in place. We confirmed staff were supported to deliver effective care by undertaking continuous professional development for registration with the GDC.

Staff told us they had annual appraisals where training requirements were discussed at these. We saw evidence of completed appraisals. Staff also felt they could approach the principal dentist and practice manager at any time to discuss continuing training and development as the need arose.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist.

Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under

the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks. Referral audits were also carried out to ensure referral processes were of suitable standards.

The practice received referrals for dental implants, oral surgery and intravenous sedation.

Consent to care and treatment

We spoke with staff about how they implemented informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Patients informed us they were given information and appropriate consent was obtained before treatment commenced.

Staff were clear on the principles of the Mental Capacity Act and Gillick competency. The act is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain the treatment options.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We were told staff would take into account the needs of people's diversity, values and human rights.

Feedback from patients was positive and they commented they were treated with care, respect and dignity. We observed staff were always interacting with patients in a respectful, appropriate and kind manner and to be friendly towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality was maintained for patients who used the service on the day of inspection. The layout of the waiting areas was conducive to maintaining confidentiality as conversations at the reception desk could not be overheard by those in the waiting area.

We were told if patients wanted to talk in private a room this would be sought.

Patients, who were nervous about treatment, commented they were supported in a compassionate and empathic way. There was male and female dentists so patients could choose who they saw.

Dental care records were not visible to the public on the reception desk. Patients' electronic care records were password protected and regularly backed up to secure storage. Any paper records were securely stored in a locked cabinet in accordance with the Data Protection Act.

Music was played within the practice treatment rooms for patients; magazines and cool drinking water were available.

Information folders, patient comments and testimonials were available for patients to review.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing private treatment costs were displayed in the waiting area. The practice's website provided patients with information about the range of treatments which were available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We were told the patients were given sufficient time during their appointment so they would not feel rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity to any patient group such as assisted access to the first floor if requested and an accessible toilet with hand rails. The practice had completed an audit as required by the Equality Act 2010. Due to the age of the building there were limitations on building alterations, new patients were made aware of potential access problems prior to their appointment.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent staff told us patients would be seen the same day so that no patient was turned away. The patients told us when they had required an emergency appointment this had been organised the same day. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed in accordance with the Local Authority Social Services.

The practice manager was responsible for dealing with complaints when they arose. Staff told us they would raise any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially.

We reviewed comments, compliments and complaints the practice had received and found they were responded to appropriately and outcomes were shared with staff to prevent, learn and improve services.

Are services well-led?

Our findings

Governance arrangements

There was an effective management structure in place. Staff were supported, managed and were clear about their roles and responsibility. We saw that staff met their professional standards and followed their professional code of conduct.

The practice had areas to improve in relation to identifying where quality or safety was being affected and addressing any issues. For example, treatment room flooring, dental chair damage and aging cabinetry prevented effective cleaning processes. Medical emergency equipment was absent, there was no practice latex policy in place and infection control equipment validation tests were not being carried out effectively.

Health and safety and risk management policies were in place but fire safety management checks were not carried out. A current fire risk assessment was not seen and no risk assessment was in place for the handling of sharps. Electrical testing of equipment had not been carried out for three years and no record of in-house visual checks was in place.

Leadership, openness and transparency

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

All staff were aware of whom to raise any issue with and told us the principal dentist and practice manager were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings and it was evident the practice worked as a team and dealt with any issue in a professional manner.

The practice held meetings to ensure staff could raise any concerns and discuss clinical and non-clinical updates. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.

Learning and improvement

There was no evidence an intra oral X-ray audit had been completed until six months ago. The audit and the results were in line with current guidance. We saw no evidence that quality assurance on the CBCT scanner was being carried out. Ionising Radiation (Medical Exposure) Regulations 2000 and HPA-CRCE-010 Guidance on the Safe Use of Dental CBCT Equipment require a comprehensive quality assurance program to be in place. We discussed this with the principal dentist who assured us they would consult relevant guidance and implement quality assurance measures as required.

All staff had annual appraisals at which learning needs, general wellbeing and aspirations were discussed. We saw evidence of completed appraisal forms in the staff folders.

Staff told us they had access to training which helped ensure mandatory training was completed each year; this included medical emergencies and basic life support. Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice had systems in place to involve, seek and act upon feedback from staff and people using the service. These systems included carrying out annual patient satisfaction surveys, comment card in the waiting rooms and verbal feedback. We confirmed the practice responded to feedback.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Castlegate Dental Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered provider had failed to ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• The registered provider had not ensured checks of all medical emergency medicines and equipment are established to manage medical emergencies, by not taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.• The registered provider had failed to implement quality assurance measures for the use of the Cone Beam Computed Tomography scanner (CBCT) to comply with Ionising Radiation Regulations (IRR) 99 and the Ionising Radiation (Medical Exposure) Regulations 2000 and to take into account HPA-CRCE-010 guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment. <p>Regulation 17 (1)</p>