

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Castle Rise Dental Practice

Madford Lane, Launceston, PL15 9EB

Tel: 01566772911

Date of Inspection: 24 March 2014

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Cleanliness and infection control**



Met this standard

## Details about this location

Registered Provider	Mrs. Esther Spiers
Overview of the service	This is a four surgery practice situated in Launceston town centre which provides treatment for adults on a private basis and has an NHS contract for the treatment of children.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Castle Rise Dental Practice had taken action to meet the following essential standards:

- Cleanliness and infection control

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 24 March 2014, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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When we visited Castle Rise Dental Practice we met with the registered person and two staff on duty and looked at the facilities for decontaminating instruments used in dentistry. We looked at documents supporting infection control including the policies and procedures, staff training records and equipment maintenance records. Staff showed us how they maintained good practice in infection prevention and control.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Cleanliness and infection control

✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

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### Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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### Reasons for our judgement

Our inspection of 12 March 2013 found that people may not be protected against risks of acquiring an infection because some of the processes we observed were not entirely in accordance with professional guidance. We saw good practice with respect to infection control within the treatment rooms. The registered person sent us an action plan.

On 28 May 2013 the registered person informed us that a new sink had been installed in the decontamination room to provide separate hand washing facilities for the staff. On 7 October 2013 she let us know that the old X-ray developing equipment had been removed from the decontamination room.

When we arrived for this visit, we looked at the infection prevention and control (IPC) policy which had been drawn up using guidance from the British Dental Association. It had been updated on 04/07/2013 by the registered person. All staff had signed to demonstrate they had read and understood it. It gave comprehensive guidance to staff. A senior nurse took responsibility as IPC lead for the practice, while the registered person maintained responsibility for ensuring staff training was up to date.

We saw records showing that in-house training in IPC had been provided for all nurses, dentists and hygienists on 13/11/2013 by a professional training provider, to ensure all were up to date with principles and methods of good practice.

The Department of Health published in November 2009 a document called Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM:01-05). It set out in detail the processes and practices essential to prevent the transmission of infections and provide clean safe care. Staff showed us their processes for cleaning reusable instruments.. A dedicated worker carried out these tasks each day.

We saw the hand wash basin that had been installed at the beginning of the work cycle, beside the door of the decontamination room. There was a clear work flow (clockwise)

from dirty to clean. There was a disposable glove dispenser above the delivery area. The clinical waste and paper waste bins, both foot operated, were below this hand basin. This was good design, to avoid dirty items coming into contact with instruments later when they had been cleaned.

We saw a nurse wearing protective apron, gloves and mask bringing used items from a treatment room in a lidded box. She put the instruments into an enzyme bath to await processing. Staff working on this process described for us how items were rinsed in the small sink, put into the ultrasonic cleaner for a six minute cycle, then scrubbed in a large sink and rinsed again. She checked them under the magnifying lamp and if there was any visible dirt they would be scrubbed again. She told us that the long handled brush used for scrubbing was sterilised at each cycle. The dentist's hollow hand pieces were sprayed when they first arrived, then scrubbed, rinsed in new water, then oiled in a machine provided for that purpose.

We saw that the magnifying lamp was clamped to a shelf above the rinsing sink. This meant that items were taken back into a 'dirty' area to be examined, which was not in accordance with the guidance. The registered person told us that the magnifying lamp would be moved to the right position when refurbishment of this room was carried out. After examination, staff put instruments on a perforated tray then into the autoclave to be sterilised. Staff told us they did not use the vacuum cycle of the autoclave, so they pouched the instruments after sterilisation in accordance with the guidance. We saw that sterilised instruments were stored in accordance with the guidelines.

Staff showed us the materials used for the weekly protein tests on the ultrasonic cleaner and told us they carried out the autoclave steam test each morning. These tests made sure equipment was clean and effective.

We saw the extractor fan was over the autoclave which meant that dirty air was drawn towards the area where sterilised instruments were brought out of the autoclave. The guidance advised that air flow was managed so that dirty air was drawn away from clean areas. We also saw cracks were developing at the seams in the old flooring. The registered person told us about the practice's plans for refurbishing the decontamination room. This was due to be carried out in the month following this inspection, and would deal with the remaining shortfalls. New worktops and flooring with sealed edges would be fitted. The position of the extractor fan, currently over the autoclave, would be reconsidered. Depending on the final positions of the machinery, the extractor would be positioned in order to draw air away from the clean area where sterilised instruments were in order to avoid re-contaminating them.

The registered person showed us the written cleaning plan and schedule for environmental cleaning to ensure all areas were cleaned. The practice employed a cleaner who started work at 4:30pm while the practice was open. The registered person could therefore maintain regular communication and supervision.

We saw the current contract with the licensed agency who collected the clinical waste, demonstrating that it was disposed of legally.

We saw the maintenance records for equipment used in the decontamination process. Autoclaves had been inspected professionally at six monthly intervals. We saw documents showing the new autoclave had been installed in February 2014 and checked and approved by an engineer on 11/03/2014. The other autoclave had its six monthly service

and test on 24/01/2014.

The IPC lead had carried out audits on the whole system at six monthly intervals. We saw the most recent audit which had been completed in December 2013. This showed high achievement in maintaining compliance with professional guidance. We found that staff maintained a thoughtful appraisal of their own work in order to maintain effective cleaning and infection control.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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