Mitrata Ltd

Blanchard and Castle Dental Surgery

Inspection report

Gerrards Place
Kennet Road
Newbury
RG14 5JB
Tel: 0163540781

Date of inspection visit: 6 March 2023
Date of publication: 31/03/2023

Overall summary

We carried out this announced comprehensive inspection on 6 March 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 practice was visibly clean.
- The practice's infection control procedures were not effective.
- Staff knew how to deal with medical emergencies.
- The provider did not operate effective systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- Staff recruitment procedures were not operated effectively.
- The clinicians provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff training was not monitored effectively.
- The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.
- The practice did not have effective leadership.

Background

Blanchard & Castle, known as Oaktree Dental Practice, is in Newbury and provides NHS and private dental care and treatment for adults and children.

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

The practice treatment rooms are based on the first floor of the practice. New patients are advised of this when they contact the practice.

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

The dental team includes 6 dentists, 2 student dental nurses, 1 dental hygienist and 2 receptionists.

The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 dental hygienist, 2 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:

- Monday 9.00am – 5.00pm
- Tuesday 9.00am – 5.00pm
- Wednesday 9.00am – 5.00pm
- Thursday 9.00am – 5.00pm
- Friday 9.00am – 5.00pm

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.

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 did not have effective management of infection control procedures. Specifically:

- Patient seating in the waiting area was covered in a fabric material which made effective cleaning a barrier.
- A patient chair in the ground floor hallway had a perished covering which made effective cleaning a barrier.
- The floor covering in the patient toilet and hygienist room was incomplete in places.
- Arrangements were not in place for staff to wash their hands in the decontamination room. A wash-hand basin should be provided for use by staff at the completion of each stage in the decontamination process.

Local anaesthetics were stored outside of their blister packs. We have since received evidence to confirm this shortfall has been addressed.

The practice procedures to reduce the risk of Legionella, or other bacteria, developing in water systems was not effective. Specifically:

- A legionella risk assessment had been carried out by someone who could not demonstrate competence in legionella management.
- Staff carrying out water temperature testing were not aware which taps were sentinel taps.
- Water temperature checks were not effective.
- The practice did not have a person responsible for legionella.

We have since received evidence to confirm these shortfalls are being addressed.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. The external cleaner's standard of cleaning was checked but records were not kept. We have since received evidence to confirm this shortfall has been addressed.

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

- Three staff did not have evidence available to confirm their conduct in their previous employment had been obtained. We have since received evidence to confirm this shortfall has been addressed.

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

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.

Fire safety management required improvement. In particular:

- A fire risk assessment had been carried out by someone who could not demonstrate competence in fire safety management. We have since received evidence to confirm this shortfall has been addressed.
- Emergency lighting was not tested appropriately.
- Emergency lighting was not serviced.

Are services safe?

- A five yearly electrical installation test was outstanding.
- Portable appliance testing (PAT) was outstanding.
- Air conditioning unit servicing was outstanding.

We have since received evidence to confirm these shortfalls have been addressed.

- Waste bins (2) at the rear of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.
- Electrical wires in the patient waiting area were seen trailing behind a hot radiator.

We have since been advised that these shortfalls have been addressed.

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

- Radiation warning signs were not present on treatment room doors. We have since received evidence to confirm this shortfall has been addressed.

Risks to 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 but improvements were needed. Specifically:

- A sharps bin in the hygienist room was dated 2021. A sharps bin should be changed after three months. We have since received evidence to confirm this shortfall has been addressed.

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

- Facemasks 0,1,2,3 and 4 were not available.
- Glucagon was stored appropriately but the fridge temperature exceeded the maximum recommended temperature of 8 degrees Celsius on occasions.

We have since received evidence to confirm these shortfalls have been addressed.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvement was needed is areas. These included:

- Corresponding safety data sheets were accessed via a computer which may cause a delay in immediate access in an emergency.
- Control of substances to health (COSHH) applicable products were not stored securely or storage areas signed appropriately.
- Oxygen warning signage was not sited appropriately.

We have since received evidence to confirm these shortfalls have been addressed.

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.

Are services safe?

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but improvements were needed. In particular:

- Dispensed medicines packaging did not include the practice name and address in line with regulations.
- NHS prescriptions were not stock controlled effectively.

We have since received evidence to confirm these shortfalls have been addressed.

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. Improvements were needed to ensure relevant staff had sight of alerts. We have since received evidence to confirm this shortfall has been addressed.

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.

Effective staffing

Evidence was not available to demonstrate all staff had the skills, knowledge and experience to carry out their roles.

We looked at 5 staff training files. Evidence presented to us confirmed that:

- Four out of 5 staff carried fire safety training in the previous 12 months.
- Four out of 5 staff carried out infection prevention and control training.
- Four of the 5 staff carried out learning disability and autism training.
- Four out of 6 staff, who took X-rays, carried out 5 hours of IR(ME)R training in the previous 5 years.
- Training was not kept in an ordered way or monitored to ensure relevant staff had carried out training at required intervals.

We have since received evidence to confirm these shortfalls have been addressed.

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 5 patients. They all confirmed the clinicians were kind, caring and involved them in decisions about their treatment options.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

Improvements were needed to ensure records were stored appropriately. These included records associated with:

- Staff recruitment
- Patient complaints
- Accidents

We have since received evidence to confirm these shortfalls have 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 dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models 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.

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

- A hearing loop was not available. We have since received evidence to confirm this shortfall has been addressed.

Timely access to services

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

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 answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. 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 Notices 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.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals / 1 to 1 meetings / during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Governance and management

The provider had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for ensuring the practice met the required standards. We were told the practice manager managed the practice remotely and visited the practice by monthly.

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 routinely followed.

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

The management of radiography, fire safety, COSHH, infection control, sharps, prescriptions, and legionella required improvement.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice's information governance arrangements required improvement.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and If applicable; innovation.

These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, 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** • Patient seating in the waiting area was covered in a fabric material which made effective cleaning a barrier. • A patient chair in the ground floor hallway had a perished covering which made effective cleaning a barrier. • The floor covering in the patient toilet and hygienist room was incomplete in places. • Local anaesthetics were stored outside of their blister packs. • Arrangements were not in place for staff to wash their hands in the decontamination room. A wash-hand basin should be provided for use by staff at the completion of each stage in the decontamination process. **Legionella** • A legionella risk assessment had been carried out by someone who could not demonstrate competence in legionella management. • Staff carrying out water temperature testing were not aware which taps were sentinel taps. • Water temperature checks were not effective. • The practice did not have a person responsible for legionella. **Recruitment**

This section is primarily information for the provider

Requirement notices

- Five staff did not have evidence available to confirm conduct in their previous employment had been obtained.

Fire Safety

- A fire risk assessment had been carried out by someone who could not demonstrate competence in fire safety management.
- Emergency lighting was not tested appropriately.
- Emergency lighting was not serviced.
- A five yearly electrical installation test was outstanding.
- Air conditioning unit servicing was outstanding.
- Waste bins (2) at the rear of the property were not lockable or tethered away from the building which made them at risk of unauthorised interference and potential arson.
- Electrical wires in the patient waiting area were seen trailing behind a hot radiator.

Sharps

- A sharps bin in the hygienist room was dated 2021. A sharps bin should be changed after three months.

Emergency medicines and Equipment

- Facemasks 0,1,2,3 and 4 were not available.
- Glucagon was stored appropriately but the fridge temperature exceeded the maximum recommended temperature of 8 degrees Celsius on occasions.

Control of Substances Hazardous to Health (COSHH)

- COSHH applicable products were not stored securely or storage areas signed appropriately.
- Oxygen warning signage was not sited appropriately.
- Radiation warning signs were not present on treatment room doors.

Medicines

- Dispensed medicines packaging did not include the practice name and address in line with regulations.
- NHS prescriptions were not stock controlled effectively.

Staff Training

This section is primarily information for the provider

Requirement notices

We looked at 5 staff training files. Evidence presented to us confirmed that:

- Four out of 5 staff carried fire safety training in the previous 12 months.
- Four out of 5 staff carried out infection prevention and control training.
- Four of the 5 staff carried out learning disability and autism training.
- Four out of 6 staff, who took X-rays, carried out 5 hours of IR(ME)R training in the previous 5 years.
- Training was not kept in an ordered way or monitored to ensure relevant staff had carried out training at required intervals.

Data Protection

Improvements were needed to ensure records were stored appropriately. These included records associated with:

- Staff recruitment
- Patient complaints
- Accidents

Equality Act

- A hearing loop was not available.