

Mitrata Ltd

# Blanchard and Castle Dental Surgery

## Inspection report

Gerrards Place  
Kennet Road  
Newbury  
RG14 5JB  
Tel: 0163540781

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### Overall summary

We undertook a follow up focused inspection of Blanchard & Castle Dental Surgery on 17 July 2023.

This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements. The inspection was carried out by a CQC inspector.

We had previously undertaken an inspection of Blanchard & Castle Dental Surgery on 6 March 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

We found the registered provider was not providing well-led care and was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Blanchard & Castle Dental Surgery on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When 1 or more of the 5 questions are not met, we require the service to make improvements and send us an action plan.

We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

#### **As part of this inspection, we asked:**

- Is it well-led?

#### **Our findings were:**

# Summary of findings

## Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breach we found at our inspection on 6 March 2023

## 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 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 the principal dentist.

## The practice is open:

- 9am - 5pm Monday to Friday

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

- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'. In particular, the provision of a separate hand-washing sink for use by staff conducting decontamination, flooring repairs and effective cleaning of waiting room soft furnishings.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

**Are services well-led?**

**No action**



# Are services well-led?

## Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 17 July 2023, we found the practice had made the significant improvements to comply with the regulations:

- The floor covering in the patient toilet room was complete.
- Local anaesthetics were stored appropriately in blister packs.
- A legionella risk assessment had been carried out by someone who could demonstrate competence in legionella management.
- Staff carrying out water temperature testing were aware which taps were sentinel taps.
- Water temperature checks were effective.
- The practice appointed a person responsible for legionella prevention.
- Systems were in place to ensure recruitment checks were carried out, in accordance with relevant legislation to help them employ suitable staff.
- A fire risk assessment had been carried out by someone who could demonstrate competence in fire safety management.
- Emergency lighting was tested appropriately.
- Emergency lighting was serviced.
- A five yearly electrical installation test was carried out appropriately.
- Air conditioning unit servicing was carried out.
- Waste bins (2) at the rear of the property were tethered, away from the building.
- Sharps bins were changed after three months.
- Oxygen face masks 0,1, 2, 3 and 4 were available.
- Glucagon (the medicine used to treat hypoglycaemia (low blood sugar levels)) was stored appropriately.
- COSHH applicable products were stored securely.
- Storage areas were signed appropriately.
- Oxygen warning signage was sited appropriately.
- Dispensed medicines packaging included the practice name and address in line with regulations.
- NHS prescriptions were stock controlled effectively.
- Records of staff recruitment, patient complaints and accidents were stored securely.
- Training was monitored effectively. Evidence was available to demonstrate all staff had the skills, knowledge and experience to carry out their roles.
- A hearing loop was available.

### **We noted areas that remained outstanding which included:**

- The floor covering in the hygienist room was incomplete which made effective cleaning a barrier. We were shown evidence to confirm this is being addressed.
- Patient seating in the waiting area was covered in a fabric material which made effective cleaning a barrier. We were told that the upgrading of seating would be included in the refurbishment of the patient waiting area.
- Arrangements were not in place for staff to wash their hands in the decontamination room. A handwashing sink should be provided for use by staff at the completion of each stage in the decontamination process.