Inspection Report

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

Oasis Dental Care - Bramhall

233 Bramhall Lane South, Bramhall, Stockport, SK7 3EP

Tel: 01614392360

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard

Details about this location

Registered Provider	Oasis Dental Care Limited
Registered Manager	Mrs. Alison Morris
Overview of the service	Oasis Dental Care - Bramhall provides general dental services to both NHS and private patients as well as those under a dental insurance scheme. It is owned by Oasis Dental Care Limited. The practice is located in a residential area in Bramhall and there is parking both in the grounds of the surgery and on the street outside.
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

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we visited Oasis Dental Care – Bramall we spoke to three people who were receiving treatment at the practice. All of the patients were complimentary of the service and told us that they were involved in their care and that they gave consent to the treatment they received.

We looked at patient's notes, plans of care and records of their medical history and found them suitable for purpose. We assessed the practice's arrangements for dealing with emergencies and found them appropriate.

The practice was clean and hygienic and there was suitable equipment and processes for decontaminating instruments. There were arrangements with a sub-contractor for the disposal of clinical waste and dangerous chemicals.

The equipment used by the practice was maintained by suitable companies. The practice commissioned regular surveys by experts in the safe management of X-Rays and took notice of their recommendations.

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

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

When we carried out our inspection visit we spoke to three patients. Two told us that they had had their medical histories taken and another was not sure. We looked at the notes for this person and we saw that a history had been taken and was up to date. The notes of other patients also demonstrated this.

We asked the patients we spoke to about whether treatment options were discussed with them including costs and all said they had. One said the dentist offered an "unbiased view" and another said they "always knew what to pay". When we looked at the notes of people to whom we spoke we saw that these discussions and agreements had been documented.

We saw that there were a variety of patient information leaflets on display in the waiting areas about a wide range of relevant topics. There was also information about fees and charging bands for both private and NHS patients.

There was also a patient information folder in the waiting area which brought together the most pertinent information and gave explanations as to why certain things, such as the taking of a medical history, was important.

Each of the treatment rooms was separate and we saw that consultations took place with the doors closed meaning they were held in private.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When we visited the practice we spoke to three patients and asked them whether they had consented to the treatment they received and all said they had. It was also clear from these conversations that the patient's consent was informed and that they knew what they were agreeing to.

The patient information file in the reception area contained the practice's consent policy and it was written in suitable language.

When we looked at treatment plans we saw that they noted that discussions had taken place and that treatment had been agreed. We also saw that for NHS patients they had signed an agreed plan when their treatment came under bands 2 or 3 of the fee scale.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke to three patients and asked them about the practice. All were complimentary two saying it was "excellent" and one "very" good. They all said they were happy with the treatment provided and had no concerns.

We looked at the emergency equipment and drugs that were available and saw that they were suitable for the services provided. The provider might wish to note that there were not masks available in children's sizes.

There were records showing that the operation of the oxygen cylinder were checked each month. When we asked about the automated external defibrillator we were told it was checked but no note was made of it. Following this discussion the manager altered the checklist and assured us the checks that took place would be written down in future.

We asked about arrangements for receiving and acting on alerts from, for example the Medical and Healthcare products Regulatory Agency or the National Reporting and Learning System. We were told that the local primary care trust filtered these and sent them the relevant ones which were acted on. We were shown a copy of the most recent alert which was relevant to dental practice.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

People were cared for in a clean, hygienic environment.

Reasons for our judgement

When we carried our visit we saw that the general areas of the practice were clean and tidy and that the treatment rooms were clean to an appropriate standard of hygiene. We asked the patients to whom we spoke whether they ever had concerns about the cleanliness of the practice and they all said not.

We observed that staff were wearing appropriate personal protective equipment such as visors, masks and gloves. We asked the patients we spoke with if this was usually the case and they said it was. We also asked if they were offered protective equipment such as bibs and glasses for themselves and they said this was always the case.

We asked about the arrangements for the disposal of clinical waste and we were told that this was through a contract with a suitable company. We looked at the waste transfer notes and saw that as well as clinical waste and sharps the company also took away waste chemicals from the x-ray processor and dental amalgam.

We saw that there was an appropriate policy covering infection prevention and control and that there was a member of staff who took the lead in these matters.

There was a separate decontamination room for processing instruments and we saw that it met the essential requirements. We observed staff carrying out the decontamination and sterilisation of instruments and when we asked them they knew how and for what period of time sterilised instruments should be stored before use.

The two sterilisation machines had been maintained by an appropriate company in the last year and we were told that this was done as part of a maintenance contract. We saw that the sterilisers underwent daily quality assurance checks to make sure that they were operating effectively and that records were kept of this.

We asked what methods the surgery had for assessing it's adherence to infection prevention and control procedures. We were told audits were carried out using schemes provided by the Department of Health and the Infection Prevention Society. We saw that the last audit had taken place in August 2012.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

When we visited we looked at the treatment rooms where x-rays were carried out and saw there were suitable and effective arrangements in place to prevent people being unnecessarily exposed. We saw that there were local rules for each controlled area and that these were displayed on the wall in each surgery.

We saw that the practice had an ionising radiation policy and accompanying procedures and that there was a person identified as the lead person for these matters. We saw evidence that that person had received appropriate training.

We asked about maintenance arrangements for the practice's x-ray machines and film developer and we saw that they all been serviced by a suitable companies during 2012. We saw maintenance records for the practice's suction system's pressure vessel.

The practice had commissioned a suitable company to act as a Radiation Protection Advisor (RPA) and give them regular advice on quality and safety. We asked to see a copy of the RPA's last report and it noted that all of the machines needed an additional piece of equipment called a collimator to prevent x-ray beam spreading out to the sides.

We were told these had been purchased and we asked to be shown them. It was clear that while available these devices were not being used by some dentists in the practice. When we asked why we were told that some of the dentists judged that to use the collimator increased the number of poor quality and therefore repeated x-rays, and that overall it was better not to use one.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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