Inspection Report

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

Bristol 7

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Date of Inspection: 11 September 2014

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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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oasis Dental Care (Central) Limited
Registered Manager	Mrs Deborah Taynton
Overview of the service	Oasis Bristol 7 is also known as Hollway Dental Practice. It provides general preventative and restorative dentistry, dental implants, tooth whitening treatment and some tooth alignment treatments. The practice provides treatment for NHS and private patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

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'.

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 11 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

The purpose of this inspection was to find out answers to five key questions. Is the practice safe? Is the practice effective? Is the practice caring? Is the practice responsive? And Is the practice well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection when we sought information about patient's experiences and gained views from patients, the staff who supported them and from looking at records.

We spoke with six patients on the day of our visit. They described staff in the practice as "friendly and pleasant to talk to", having a "kind and positive attitude" and being "courteous". One patient said "I think they are brilliant" and another said the practice is "outstanding". This patient told us they had remained registered with the practice in spite of having moved a considerable distance away.

We spoke with the practice manager, dentists, self-employed hygienist, dental therapist and dental technician. In addition we spoke to the reception team of three staff and five dental nurses including the trainee and senior practice nurse. Staff described the practice as "friendly". They spoke about the good team working and positive relationships in the staff group. We sat with a group of staff who were having lunch together. There was good conversation and interaction in the group. One of the receptionists referred to the "nice working environment".

Is it safe?
Staff had training in safeguarding vulnerable adults and child protection. The dentists followed approved guidelines in relation to the frequency of appointments use of antibiotics and in relation to the provision of conscious sedation. Guidance had been followed in respect of infection control and the decontamination of dental instruments.

Is it effective?
Patients were supported by staff who were suitably trained. We saw records which showed

staff received appropriate training and continuing professional development. The practice manager had devised an action plan that included carrying out audits to ensure consistency in record keeping, infection control and the quality of x-rays.

Is it caring?
Patients told us they were happy with the treatment they received. They told us the dentist always explained treatment options to them and offered choice.

Is it responsive?
The practice was committed to ensuring the welfare and safety of patients. Staff told us they would report any suspicions of abuse. A patient told us they had an appointment on the same day as they contacted the practice for emergency treatment. The practice was accessible to patients who used wheelchairs. There were arrangements in place to deal with medical emergencies. Patients were consulted about their treatment and the practice took notice of the response to surveys. Actions arising from an independent audit of the practice had been addressed.

Is it well led?
Staff told us they felt supported. Meetings were held and there was a system for staff appraisal. This enabled the practice manager to ensue that staff were working according to the practice policies and procedures and to ensure staff development. This meant patients would receive a consistent service. Patient records showed the practice took care to ensure all treatment processes were recorded.

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.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

People's diversity, values and human rights were respected. We saw the fair and accessible care policy referred to equality, diversity and human rights which indicated the practice strived to meet the needs of all it's patient. The practice was accessible with a ramp to the front door and level access through the waiting area and to the treatment rooms and wheelchair accessible toilet.

People who used the service were given appropriate information and support regarding their care or treatment. There were a range of information leaflets in the waiting area. These related to the treatments available, how the practice dealt with patient information and the dental insurance payment plan available. The costs for NHS and private treatments were displayed in the reception area.

Patients were able to view animated educational videos on the television monitor in the waiting area. This explained how various treatments were carried out and gave patients some idea of what treatment involved.

We looked at the patient information folder that included the practice 'code of practice'. It stated "We try to ensure that all patients are pleased with their experience of our service and we take any concerns a patient may have very seriously". The code outlined the timescales for responding to complaints and gave the contact details for the Clinical Director at Oasis Healthcare Ltd.

It also gave details of the Parliamentary and Health Service Ombudsman, Dental Complaints Service and Care Quality Commission. In addition to the formal complaints process the receptionists also kept a log of comments made by patients to them.

We saw responses were recorded and if patients were happy with the response they were given this was also recorded. If they were unhappy the comment would be escalated to the formal procedure.

There were patient survey questionnaires at the reception desk for patients to complete and a suggestion box for other comments.

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.

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare.

Reasons for our judgement

The self-employed hygienist and dental therapist/hygienist spoke positively about the practice. They referred to it being a "nice, well run practice", "best working standards" and patients being "well cared for".

The practice was an extended domestic property with four treatment rooms and a consulting room on the ground floor and a further two treatment rooms upstairs. There was a welcoming reception and waiting area and a second waiting area to the rear of the practice. The consulting room had oral health education materials displayed and was used to educate children about good oral and dental hygiene.

The opening hours for the practice were displayed at the entrance to the practice along with the names of dental practitioners who worked in the practice.

The practice provided general, preventative and restorative dentistry, dental implants and whitening treatments. Single visit crowns where the crown pieces were 'milled' on the premises were also available. Self-employed dental therapists and hygienists worked in the practice and there was a dental technician one day each week. The dental technician was also self-employed and focussed on making dentures for patients for their convenience.

Patients were sent reminders for appointments. Some patients received them by email, others by text message and a few by letter. One patient told us they had been able to have an appointment on the day they telephoned the practice and a parent who was attending with their child said the receptionist had telephoned them to advise them the dentist was "running late".

People's care and treatment reflected relevant research and guidance. The practice followed guidance produced by the National Institute for Health and Care Excellence (NICE) in relation to the re-calls for appointments. This was where patients returned fort dental checks between three monthly and every two years according to the condition of their oral and dental health. This meant patients only attended the practice as necessary. The practice also followed NICE guidance in relation to the use of antibiotics to avoid over-

prescribing.

The information leaflet for patients "Your information – How we deal with your personal information" explained that the practice needed to keep comprehensive and accurate personal data about its patients in order to provide continuing high quality dental care. It outlined how the practice held a dental health record for each patient that recorded appointments, treatment and results, personal details and x-rays, clinical photographs and study models.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four patient records. They had patient's personal details along with relevant notes to show special risks such as allergies. There were charts that recorded past and present dental treatments and x-rays. Clinical records showed appointment details including reason for the appointment, treatment carried out including any anaesthetic or materials used. There were photographs stored within the record when these were taken. Medical history forms were scanned into the record to ensure the practice staff had easy access to up to date information.

One of the records we looked at was that of a patient who had conscious sedation to check that guidelines were being followed. The record showed the reason for their appointment, recorded vital signs and that they had been given a 'test' dose of the sedation used to ensure it was safe to use. The dentist had recorded the dose given, that the sedation was successful and treatment given. The patient had signed to agree to consent for the administration of conscious sedation and this was scanned into the record. The dentist maintained a separate log of when they used conscious sedation for auditing purposes. We checked arrangements for providing conscious sedation with the dentist who used that technique. The dentist answered questions and signed to confirm that all arrangements as recommended by the Society for the Advancement of Anaesthesia in Dentistry (SAAD) were followed for patient safety.

Another record we looked at was for a patient who had undergone dental implants. They had signed an agreement to consent to the dental implant treatment and this was scanned into the record to show the dentist was acting in accordance with the patients wishes. The type of anaesthetic used was recorded along with the depth of drilling and implant process. The dentist recorded that the patient had been given verbal and written post-operative instructions to ensure the best healing process. A patient told us they had changed to this practice because they particularly wanted dental implants and they were not available where they were registered previously. They told us their treatment was on-going and they were pleased with the results.

Patients told us their dentist explained various dental treatment options available and the costs involved so they could make an informed choice about the treatment they wanted. They told us the dentist explained what they were doing as they carried out treatment. Patients confirmed their medical history was checked so that the practice had up to date information about the medicines they were taking and any changes to their health..

The radiation protection file contained the practice declaration of safety and identified the person with legal responsibility and the external radiation protection advisor. In addition it set out the arrangements for service and maintenance arrangements for each of the x-ray machines. It also listed the staff who were authorised to use the equipment and showed risks associated with the use of the equipment had been assessed and minimised to ensure the safety of patients and staff. The local rules for operating x-ray equipment were

displayed alongside the x-ray machines. The practice had an orthopantomogram x-ray machine (OPG) to enable the dentists to take panoramic images of a patient's mouth. The x-ray and photographic equipment used in the practice was digital so patients x-rays and photographs were stored in patients computerised records. this meant the dentist was able to show patients the x-rays and photographs which assisted in explanations of treatment.

There were arrangements in place to deal with unforeseeable emergencies. The procedure to follow in the event of a medical emergency was displayed in each of the treatment rooms. The practice held the medicines, oxygen and automatic external defibrillator (AED) as recommended by the Resuscitation Council UK for use in emergency situations. There was a list of the medicines which showed the expiry date and these were checked by the lead nurse weekly. We checked the medicines and found them to be in date. For the medicine near to its use-by date a replacement stock had been obtained. We saw the oxygen was in date and defibrillator was functioning. This meant that if needed the practice could respond appropriately to any emergency.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The practice had child protection and safeguarding vulnerable adult's policies and procedures. They gave definitions of abuse and staff responsibilities along with, requirements in relation to record keeping and follow up. The safeguarding vulnerable adult's policy gave a definition of 'vulnerable adult'.

Staff confirmed they had received training in child protection and safeguarding vulnerable adults. In conversation with them they demonstrated an understanding of abuse and their responsibility to report concerns. None of the staff had identified concerns about a patient.

We saw the whistle blowing policy outlined the arrangements for the protection of staff who reported poor practice. All of the staff we spoke with confirmed they would report a colleague if they had concerns about their behaviour or working practices.

Patients told us they felt "safe" in the practice. They attributed this to the "relaxed atmosphere", being "made to feel welcome" and staff making "you feel comfortable". One patient told us they found the staff to be "reassuring".

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.

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

Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The practice followed guidance produced by the Department of Health in the form of Health Technical Memorandum 01:05 (HTM01:05). We saw the infection control policy referred to single use dental instruments and the decontamination, inspection and sterilisation of multi-use instruments. There were sections of the policy dedicated to the wearing of personal protective clothing and equipment (PPE) and hand hygiene.

There were infection control procedures to be followed at the start of each day, during and after treatment and at the end of the day. We saw there were some cleaning tasks to be completed periodically but at least weekly. One of the dental nurses described to us how they cleaned the room between patient appointments. They said there were 'dirty' and 'clean' areas in the treatment room. After each appointment they put used 'dirty' instruments into a designated box for transfer to the decontamination area. They then cleaned all surfaces including the chair and spittoon. All of these processes demonstrated the practice commitment to patient and staff safety.

The practice had a dedicated room for the decontamination and sterilisation of dental instruments. The room was recently upgraded and included the installation of air conditioning to control air borne virus. We saw there was a clear flow for the decontamination process from 'dirty' to 'clean'. Used, dirty instruments were transported to the decontamination room from treatment rooms in dedicated 'dirty' boxes where they were set down in the dirty area. There was PPE available for staff to use during the process. Instruments were scrubbed before being placed in the ultrasonic bath to remove debris. They were transferred to the rinsing sink before being placed on trays prior to sterilisation. The instruments were then examined under a lit magnifying glass to ensure they were clean and placed in pouches to be used within one year. If they were not clean at this point the process was repeated to ensure they were safe to use. The decontamination room had a wash hand basin for hand washing and central storage for dental instruments.

We looked at the records kept to demonstrate the efficiency of the equipment used during the decontamination and sterilisation process. There were weekly protein tests of the ultrasonic baths and records of the draining of the baths at the end of each session (morning and afternoon). The autoclaves were tested daily and during each cycle. These tests showed the processes carried out to ensure dental instruments were safe to use were effective.

The solution used for dental impression storage was tested weekly and the temperature of hot water supplying the scrubbing and rinsing sinks was tested twice daily. We saw there was a checklist completed daily for cleaning and other tasks in the decontamination room.

We saw hand washing guidance displayed in the treatment rooms.

The practice had arrangements for the disposal of clinical waste and blood spillage packs were available.

All six of the patients we spoke with were happy with the standard of cleanliness in the practice.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff told us they felt supported by their line manager. One of the receptionists told us they "feel valued".

We saw the training and development policy stated "Oasis is committed to developing the skills of its employees". It outlined how new staff were subject to a 12 week induction period, reviewed every four weeks.

The dentists were associates of the practice and other clinicians such as, the hygienist/therapist and dental technician were self-employed. They maintained their own continuing professional development requirements (CPD). Other, employed staff used the Oasis 'Academy' for on-line CPD. This ensured patients were treatment was effective because staff had up to date information.

Staff received appropriate professional development. A random selection of staff files showed staff had completed training in dealing with medical emergencies, information governance, child protection, safeguarding, infection control and radiography. Some staff had trained as fire wardens and we saw one member of staff had a certificate to show they attended training in taking oral impressions. The newly appointed manager had identified staff needed refresher training in child protection and we observed staff completing on-line training during our visit. The staff we spoke with told us they had regular CPD updates.

Staff spoke about the "smooth takeover" and positive changes since being part of the Oasis group of dental practices. Two of the staff told us about the increased opportunities available with Oasis.

We spoke with a trainee dental nurse who was positive about their apprenticeship with Oasis. They told us the training included observation of their performance by an external assessor and examination. They told us that in addition to their course work they also attended CPD events in the practice.

The practice provided vocational training (VT) for newly qualified dentists. A VT dentist had started in the practice recently and was being mentored by one of the associate dentists.

As part of their contract with Oasis we saw staff were required to read and sign the companies policies and procedures and we saw this in progress.

Staff meetings were held. The notes of the meeting held in September 2014 recorded those present and details of the business discussions. The practice manager told us future meeting would include health and safety, safeguarding and information governance as standing agenda items.

Oasis had an appraisal system referred to as 'Developing Performance and Potential' (DPP). Each member of staff had an initial DPP meeting with the manager and plans would be reviewed six monthly. this meant that staff performance could be monitored and training needs identified to ensure the practice continued to be effective in meeting patients needs

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

We met the newly appointed manager who had transferred from another Oasis practice. They had applied for registration with the Care Quality Commission as required and were awaiting the outcome of their application.

The practice was established 18 years ago and was acquired by Oasis in March 2014. Since their appointment the practice manager had devised an action plan to address certain aspects of the management of the practice. The action plan highlighted the need to conduct audits of patient records, infection control and radiographs once the practice had been running for an appropriate length of time.

An independent assessment of the practice was carried out in May 2014 by an external company to identify any shortfalls in compliance with the 16 essential standards of quality and safety. It rated the practice in relation to all aspects of the management of the practice and recognised the practice achievements and identified shortfalls. Where there were shortfalls these were collated into a separate action plan for the practice. We saw actions were being or had been addressed.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted upon. The patient satisfaction survey was on-going and analysed monthly. The results of the survey for July 2014 were highlighted in the waiting room showing 100% satisfaction for patient involvement in decisions about oral health care and quality of treatment. 97.3% of patients who completed the survey questionnaire in July said they would recommend the practice to a friend or relative.

The provider took account of complaints and comments to improve the service. Since registration the practice had received one formal complaint in July 2014. It was non-clinical and related to the disruption of appointments during the refurbishment of the practice and was resolved to the patient's satisfaction.

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.

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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