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 - Trowbridge

28 St Georges Terrace, Trowbridge, BA14 9AA

Tel: 01225777170

Date of Inspection: 11 June 2014

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

Consent to care and treatment	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Oasis Dental Care Limited
Registered Manager	Mrs Maxine Caine
Overview of the service	Oasis Dental Care Trowbridge provides NHS dental treatment for adults and children. Private treatment is available for adults.
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 unannounced 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 June 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

We spoke to eight people who used the dentist, one dental hygienist, two dental nurses, the practice manager and three dentists.

Patients spoke positively about the service. One person said "I've been coming for years, and they are all very nice here and always put you at your ease." The provider kept a suggestions and comments book for patients in reception. We saw six comments for May and one for June which were all very complimentary and positive about care and treatments received.

Patients told us they were involved with their treatment plans and permission was always sought before any treatment commenced. We looked at treatment plans and found detailed clinical records of assessments completed and what treatment options had been discussed. We saw patients had a detailed plan for each course of treatment. Each plan was signed by the patient to consent for the treatment and costs. The provider demonstrated they understood how to support patients with impaired capacity appropriately following guidance from the Mental Health Act 2005.

The provider worked effectively with others for the benefit of patients. Referrals to specialist dentists or doctors were made promptly and included sufficient clinical detail for others to establish the priority of the referral and what actions to take next.

The provider had systems in place which ensured the correct medicines were available to respond to medical emergencies. Staff had appropriate training to deal with medical emergencies. All staff knew where the emergency medicines and resuscitation equipment could be located on the premises.

The provider had effective recruitment and selection processes. This ensured prospective staff were suitable and appropriate for their clinical or administrative roles. Appropriate checks were made with external agencies and others to ensure staff were of good character and fit for the post.

The provider had appropriate systems to receive, respond to and monitor complaints. The patients we spoke with were all complimentary about the care and treatment they received. Patients said if they had to make a complaint they would not hesitate to talk with staff and felt they would be listened to and responded to appropriately.

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

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

The provider had systems in place to ensure patients consented to treatment. Patients told us they were involved with their treatment plans and permission was always sought before any treatment commenced. They said the dentist explained the benefits and risks of each treatment option. Patients said this helped them to choose what treatment to have. One patient told us "the dentist showed me my x-rays and did give me two or three options to resolve a problem I was having". Another patient said "my dentist always gives me choices, they give their opinion about what is best for me but it's my decision". We spoke with two new patients who told us they believed the dentist had been thorough initially assessing their teeth and gums. Both patients said they had signed to consent for their current dental treatment plans.

The provider supported patients to make informed choices and consent. We saw information about some treatments and the costs of all NHS treatments was available in the patient waiting areas. The three dentists we spoke with all had various models and pictures of teeth and gums. They said these resources were used with patients to enhance explanations of individual issues and treatments. This enabled patients to be fully involved with their treatment and give informed consent.

Staff followed the Mental Capacity Act 2005 guidance on consent. The three dentists and one dental hygienist we spoke with demonstrated an understanding of best interest decision making. This nationally recognised guidance is used to support patients with impaired mental capacity. We were told these patients usually attended with a carer or family member who knew the person well. If a patient attended independently and staff had concerns about capacity, then the patient was asked if family or a carer could support appointments. Staff said they looked for ways to maximise understanding by involving carers and using models, mirrors, pictures or other resources from the internet. Treatments only proceeded if patients demonstrated they were agreeable. Staff said depending upon clinical risk, if patients became anxious, treatments were postponed, abandoned or referred on for specialist dental care.

We looked at eight patient records and saw each treatment plan was recorded and patients had signed to consent. Staff understood if a patient had a lasting power of attorney, this person would be involved with treatment plans in line with guidance from the Mental Capacity Act 2005. The provider might like to note, carers of patients with impaired capacity who do not have lasting power of attorney should not sign to consent on the patients behalf. Carers should sign to say they agree with decisions made with clinical staff that treatment plans are in the patients best interests. The provider should refer to the legal guidance by the Department of Health in the Reference guide to examination or treatment 2009.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The provider worked cooperatively with others for the benefit of patients. The dentists showed us the referral template letters stored on their computers. These were accessed promptly when patients needed referring on to specialists. All the dentists we spoke with told us referrals were made based on clinical need and were sent within 48 hours of the patient's appointment. Those patients requiring urgent referrals had letters faxed to other specialities. One dentist told us they also followed up urgent referrals with telephone calls.

Information provided to specialists enabled the patient journey to others to be effective. We looked at examples of referral letters to specialists. These included sufficient detail regarding the patient's medical history, existing treatments, clinical observations and advice required. This enabled specialists to appropriately prioritise referrals and establish what other actions to take. Follow up information from specialists was reviewed by the provider and used when planning further treatments for patients.

Information was appropriately shared to reduce risks for patients. We were told GPs were always consulted if a patients medicines had the potential to increase risks to the person during dental treatment. Information about treatment was shared with the patients GP so that medicines could be temporarily altered. This enabled dental treatments to be planned and completed with the least risks or side effects to patients.

Clinical staff told us they talked through the possible side effects of any treatments which had the potential to lead to emergency admission to hospital. Patients were provided with written information about their treatments, advice to follow and emergency contact details.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had appropriate medicines available to treat patients in an emergency. The dental practice did not keep any medicine on site other than those for use in an emergency. Oasis Dental Care Trowbridge operated from a two storey building. One clinic room was on the ground floor and all others on the first floor. Emergency medicines were stored on both floors of the building.

The ground floor clinic room had a small kit of emergency medicines. Staff said this would enable any emergency treatment to be provided immediately whilst the main emergency medicine kit was retrieved from the first floor of the building. We observed the small medicine kit was cluttered with excess bandages which had to be removed to access the medicines. The provider might like to note, staff told us the small medicine kit was audited every week. These audit records could be produced during our visit.

The provider had systems in place which ensured the correct medicines were available to respond to medical emergencies. One dental nurse had responsibility for maintaining and auditing the main emergency medicines. On the first floor of the building, we observed the emergency medicines were stored together in an emergency storage container. The container was cluttered with excess bandages which had to be removed to access the medicines. The emergency storage container included a written list of all the medicines within it. The medicine stocks were appropriate and conformed with guidance recommended for dental practices in the British National Formulary. Records showed weekly audit checks were made to review the amount and expiry date of medicines. The provider might like to note, we observed the main emergency medicines were stored in an accessible location for all staff. This location was not secure and could be accessed by patients.

Oxygen was stored on both floors of the building. We observed there were a range of oxygen masks suitable for children and adults. We observed one of the oxygen tanks showed appropriate levels of oxygen were available for emergency use. Staff said weekly checks were made of the oxygen levels and the operational effectiveness of the cylinder.

Staff had appropriate training to deal with medical emergencies. All staff knew where the

emergency medicines and resuscitation equipment could be located. The practice manager told us 12 of the 15 staff had recently completed basic life support and resuscitation training. The staff training matrix confirmed this. The practice manager said plans were being made for the three staff with outstanding training needs. These staff would attend a training session in an alternative location, or access training via the providers intranet service.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had effective recruitment and selection processes. This ensured prospective staff were suitable and appropriate for their clinical or administrative roles. The practice manager explained the recruitment process. Applicants were shortlisted for interview based on essential and desirable experience and qualifications for each job role. Interview questions were decided in advance and records of responses were kept. Two people interviewed candidates. The practice manager said this enabled the provider to demonstrate the process had been fair and why one person had been selected over another.

Appropriate checks were made with external agencies and others to ensure staff were of good character and fit for the post. We reviewed the personnel files of four staff. Successful applicants were required to provide evidence of their identity and which included photographic evidence such as a passport or driving licence, relevant qualifications and two references. References were reviewed and any employment gaps verified. We observed staff had enhanced Disclosure and Barring Service checks (formerly known as the Criminal Reference Bureau CRB). Checks had been made to ensure staff employed had the necessary work permits and qualifications required for their roles.

New staff were given a three month probation contract during which they were expected to complete induction training. This included becoming familiar with all the providers policies, procedures and mandatory training. The lead dentist and lead nurse worked closely together to ensure new clinical staff were fully supported and to assess the ongoing suitability and performance of new staff. Staff were 'buddied up' with more experienced staff to learn how to provide appropriate care and treatment for patients. New staff were supervised and the probation period could be extended until deemed to be competent.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had systems in place to listen to the views of patients and respond to them. We observed a suggestion box was placed in the waiting room for patients to provide confidential feedback. The suggestion box was empty on the day of our inspection. The practice manager told us the box was checked by reception staff every week but there were rarely any comments received. On one notice board there was information and contact details of the local NHS patient and liaison service (PALS) and how this service could provide support to patients with complaints. Information in the patient waiting room identified how concerns could be raised with the clinical director or external services.

The patients we spoke with were all complimentary about the care and treatment they received. None of the patients we spoke with were aware of any formal methods to make a complaint. Patients said they would not hesitate to raise a complaint with any staff if they had any cause to. Patients told us they felt confident they would be listened to and responded to appropriately. On the reception desk, a comments and feedback book was left for patients. We saw six patient comments for May and one for June which were all very positive about care and treatments received.

The provider had appropriate systems to receive, respond to and monitor complaints. The practice manager told us the provider did not get many complaints. We looked at records which showed six complaints had been received during 2012. One complaint was received during 2013 and this was the last complaint received. Records showed clear audit trails of actions taken by the provider in response to the complaints. We saw the complaints policy included timescales for investigating and responding to complaints, and how information should be communicated. The practice manager said they sent a log of all complaints to a clinical director within the company. This person was responsible for monitoring and reviewing complaints for potential trends or staff learning.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk