

Oasis Dental Care Limited

Oasis Dental Care - Cleveleys

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 October 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

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

Background

Oasis Dental Care - Cleveleys offers both NHS and private treatment and provides a comprehensive range of dental treatments. The practice has four surgeries and provides

a dental service to both adults and children. There is an access ramp at the front of the building for people who have mobility needs and a hearing loop is available for people with hearing needs. There are two fully equipped surgeries on the ground floor so that patients who are unable to use the stairs have ease of access for assessment and treatment. The main waiting area is located on the ground floor with a smaller waiting area upstairs.

The practice is open 8:00am to 7:00pm Monday to Thursday, 8:00am to 4:30pm on Friday and on Saturdays 8:00am to 2:00pm. The practice has five dentists and two dental therapists who work a variety of hours. The staff team also comprises seven qualified dental nurses, a trainee dental nurse and two receptionists.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

During the inspection we received feedback from one patient and we also received feedback through 13 patients completing feedback cards prior to the inspection. All feedback was positive and patients commented that the quality of care was very good. Comments about the service suggested patients were treated with care, respect and dignity.

Summary of findings

Our key findings were

- The practice manager was proud of the practice and how the team worked well together.
 - Staff said they were well supported and showed a commitment to providing a quality service to their patients.
 - There were sufficient numbers of suitably qualified staff to meet the needs of patients.
 - The practice had systems and resources in place to assess and manage risks to patients and staff including, infection prevention and control, health and safety and the management of medical emergencies.
 - Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
 - The practice was visibly clean, clutter-free and well maintained.
 - Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
 - The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding vulnerable adults and children.
 - Staff reported incidents and kept records of these that the practice used for shared learning.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
 - Feedback from patients gave us a completely positive picture of a friendly, professional service.
 - The practice took into account any comments, concerns or complaints from patients and used these to help them improve the practice.
 - All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.

There were areas where the provider could make improvements and should:

- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance

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?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had robust arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays).

The equipment used in the dental practice was well maintained.

Staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

There were sufficient numbers of suitably qualified staff working at the practice.

Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

We noted the water temperature checks for Legionella had been below that recommended in the risk assessment for a period of six months. This had not been addressed after the first temperature check.

No
action


Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Dental care provided was based on current best practice and focussed on the needs of the individual patient.

The team worked well together and there was evidence of good communication with other dental professionals.

The staff received professional training and development appropriate to their roles and learning needs.

Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

No
action


Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We collected 13 completed CQC patient comment cards and obtained the views of a patient on the day of our visit. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff, and said the dentists were good at explaining the treatment or tests that were proposed.

No
action


Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The service was aware of the needs of the local population and took those these into account in how the practice was run.

Patients could access routine treatment and emergency care when required.

The practice provided patients with written information in language they could understand and had access to telephone interpreter services.

No
action


Summary of findings

The practice had a ground floor treatment room and ramp access into the building for patients with mobility needs.

Are services well-led?

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

The practice manager was responsible for the day to day running of the practice.

There was a clearly defined management structure in place and all staff felt supported and in their roles. Staff said there was an open culture at the practice and they felt confident raising any concerns.

The practice held regular staff meetings, which provided an opportunity to openly share information and discuss any concerns or issues at the practice

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, X-rays and dental care record audits.

**No
action**


Oasis Dental Care - Cleveleys

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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The inspection was carried out on 18 October 2016 and was led by a CQC Inspector, a specialist advisor and a second CQC inspector.

We informed NHS England area team and Healthwatch that we were inspecting the practice; we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with two dentists, two dental nurses, the practice manager and a receptionist. We also spoke with a patient who was attending the practice for a dental appointment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The health and safety policy for the practice outlined the process for managing significant events and major incidents. Standard reporting forms were in place for staff to complete when something went wrong. Both the practice manager and staff told us learning from incidents was discussed at staff meetings. Learning from incidents that occurred in other practices within the company was shared across the organisation through the 'Weekly Check Up' bulletin circulated to practice managers on a weekly basis. At the time of inspection, there were no recent significant events. The practice manager was knowledgeable about RIDDOR (the reporting of injuries, diseases and dangerous occurrences regulations) and how it applied in practice.

The practice received national and local alerts relating to patient safety and safety of medicines through the 'Weekly Check Up'. The practice manager said that they discussed any urgent actions with the team immediately. A copy of the 'Weekly Check Up' was available for staff.

The practice manager told us that patients would be informed when they had been affected by something that went wrong. They would be given an apology and informed of any actions taken as a result. They were aware of when and how to notify CQC of incidents which cause harm.

Reliable safety systems and processes (including safeguarding)

Child and vulnerable adult safeguarding policies and procedures were in place. The practice manager was the safeguarding lead for the practice and had a good understanding of issues relating to abuse and neglect. Staff were knowledgeable about abuse and were aware of how to report and concerns in relation to abuse. Safeguarding contact numbers were displayed for the various local authorities the practice covered. All staff had undertaken either level one or two safeguarding training.

A whistleblowing policy was in place for the practice. Staff said they were confident they could raise concerns with the practice manager or external agencies without fear of recriminations. Staff also had the option to raise a concern anonymously by using the company 'Speak Up line'.

Dentists routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, as the practice was latex free they used latex free rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had systems in place for sharps and sharps waste that was in accordance with the EU Directive with respect to safe sharp guidelines to protect staff against blood borne viruses. These included managing sharps in a safe way and guidelines about responding to a sharps injury. It was practice policy that the re-sheathed of needles was the dentist's responsibility. Staff provided a good overview of what they would do in response to a sharps injury.

Medical emergencies

Arrangements were in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED); a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. An oxygen cylinder along with other related items were in place, such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely in a central location known to all staff.

The expiry dates of medicines and equipment were monitored using a monthly check list that enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions annually so the staff team could maintain their competence in dealing with medical emergencies. All staff had received update training in 2016.

Staff recruitment

Are services safe?

The practice had a policy and procedures in place for the safe recruitment of staff, which included a proof of identity, a check of relevant qualifications and confirmation of professional registration. Personal records were stored securely in the practice manager's office.

The practice manager told us that all staff had been checked by the Disclosure and Barring Service (DBS). The three recruitment records we looked at confirmed this. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. One recruitment record contained no references from the previous employer. The practice manager advised us that the employee had been employed at the practice in the past so references were not sought when the employee was re-employed. The practice manager said they would review recruitment process to ensure all recruitment checks were completed at the recruitment stage.

Qualified clinical staff working at the practice were registered with the General Dental Council (GDC). The practice manager told us they checked every month the status of GDC registration for staff to ensure registration was current. The staff that required personal indemnity insurance had this in place; insurance professionals are required to have in place to cover their working practice. In addition, there was employer's liability insurance which covered employees working at the practice.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure when absences occurred cover was available wherever possible for their colleagues, including contacting other practices in the company for support.

Monitoring health & safety and responding to risks

A range of assessments had been undertaken to identify and manage risk at the practice. They included, a sharps risk assessment, environmental risk assessment and risk assessments in relation to the use of specific items of equipment. Where risks had been identified, control measures had been put in place to reduce the risk. We observed damage to the access ramp that could present as a trip hazard. We highlighted this to the practice manager who said they would arrange for it to be fixed.

Procedures were in place to reduce the risk from fire. A fire risk assessment for the building was undertaken in

September 2015. The practice manager told us two members of staff carried out checks of the fire systems and equipment each Friday, and fire drills were organised by the two fire marshals every six months.

The practice maintained a file relating to the Control of Substances Hazardous to Health (COSHH) 2002 regulations, including substances such as disinfectants, and dental materials in use at the practice. The file was regularly reviewed by the practice manager particularly if new COSHH products were introduced. Staff were advised of any changes at staff meetings.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. There was an infection prevention and control (IPC) policy and procedures in place. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. One of the dental nurses was the lead for infection control. It was demonstrated through direct observation of the decontamination process, discussion with a dental nurse and a review of practice protocols that HTM 01-05 (national guidance for decontamination in dental practices) requirements for infection control were being met.

Sharps bins were wall mounted and located appropriately in all surgeries. Clinical waste was stored in a cupboard during the day and transferred to a locked garage in the evening. A contract was in place with an external organisation for the collection of clinical waste each week.

The staff records we reviewed with the practice manager provided evidence to support that relevant staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We looked around the premises and noted that all areas were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working

Are services safe?

was observed. Staff were responsible for the cleaning of the premises and equipment. Cleaning schedules and checklists to confirm cleaning had taken place in accordance with the schedules on display.

The practice had carried out an Infection Prevention Society (IPS) self-assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM 01-05). This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards and all actions had been addressed. The practice manager provided evidence to demonstrate that hand hygiene audits and personal protective equipment audits were undertaken every three months.

A Legionella risk assessment had been completed for the practice. The dental water lines were flushed to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. Water temperatures were checked monthly to ensure they were within the correct range to minimise the risk of Legionella contamination. We observed that for six months the water temperatures were marginally lower than they should have been. This had not been reported and had not been identified. We discussed this with the practice manager at the time of the inspection.

Equipment and medicines

The service had maintenance contracts and recorded routine checks in place for the equipment used at the

practice, including the three autoclaves and the compressor. Portable appliance testing (PAT) had been completed and the practice manager told us this was completed annually. PAT testing confirms that electrical appliances which can be moved about are routinely checked to ensure they are safe to use.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place. We found that the practice stored prescription pads securely to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid or mercury spillage.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and Radiation Protection Supervisors in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file in line with these regulations was in place. It included the local rules, critical examination packs, acceptance tests, notification to the Health and Safety Executive and radiation risk assessments.

A copy of the most recent X-ray audit was available for inspection, which demonstrated that a high percentage of radiographs were of a high standard of quality. Dental care records where X-rays had been taken showed the dental X-rays were justified, reported on and quality assured every time. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The dentists we spoke with described how they carried out assessments including, taking a patient's medical history and their current medication. The assessment also included details of the patient's dental and lifestyle history. The dental records we looked at showed that the medical history was refreshed at subsequent visits.

The dentist advised us that the assessment was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following this, the diagnosis, treatment options and costs were discussed with the patient. The dental records we looked at confirmed this process.

We saw that dentists used NICE guidance to determine a suitable recall interval for individual patients. This guidance takes into account the likelihood of the patient experiencing dental disease based on a range of risk factors.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentist told us preventative dental information was given in order to improve the outcome for patients. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures, such as brushing techniques or recommended tooth care products. In addition, fluoride varnish was applied if appropriate to minimise the risk of tooth decay and high fluoride toothpastes were prescribed for patients at high risk of dental decay. The practice was proactive with offering and providing health promotion in local nurseries, schools and residential care homes. For example, the practice manager told us they would often visit local schools and nurseries to provide oral hygiene instruction

and dietary advice to children. We were shown a display highlighting the different amounts of sugar in various soft drinks. The practice manager told us this display was very popular with the children at the schools and nurseries.

Staffing

An induction process was in place to inform new staff about the way the practice operated. The induction process included making new members of staff aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the personnel records we looked at.

Staff were required to undertake routine and regular training. This included training in managing medical emergencies, basic life support, infection control and safeguarding. We saw this training was up-to-date. Staff said they had good access to on-going training to support their skill level and they were encouraged and supported to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC).

Staff told us they had an annual appraisal and we saw evidence in the personnel files that these had taken place. Professional development and training needs were discussed at appraisal. Staff said training and development was promoted at the practice and training was available if they requested it.

Working with other services

The practice manager explained that dentists could refer patients to other health care services if the treatment required was not provided by the practice. This included referral for sedation, oral surgery and orthodontics. Each dentist was responsible for monitoring the progress of the referrals they made. The practice had a process for urgent referrals for suspected malignancies that included contacting the patient within 24-hours to check they had received an appointment.

Consent to care and treatment

Patient records showed clear evidence that treatment options and costs were discussed with each patient. Patients were provided with relevant verbal and written information to support them to make decisions about the treatment available.

Are services effective?

(for example, treatment is effective)

Staff had a good awareness of the principles of the Mental Capacity Act (2005) and how it was applied when assessing whether patients had the capacity to consent to their dental treatment. Staff had completed training in relation to mental capacity. They described how valid consent was

obtained for all care and treatment, and the support patients may need with understanding and making decisions about treatment. The dental records we looked at showed consent was always recorded.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. Thirteen comment cards were completed and we obtained the views of one patient on the day of our visit. All feedback was positive and patients commented that the quality of care was very good. Patients provided positive feedback about the service. Comments about the service suggested patients were treated with care, respect and dignity.

We observed staff treating patients in a respectful and appropriate way at the reception area. Staff told us that if a patient wished to speak in private then an empty room would be found to speak with them. Longer appointments could be made for patients who needed it, particularly patients who may be anxious about their dental care. Staff confirmed that a nurse always worked alongside the dentist.

Personal confidential information, including dental care records were handled securely. Patient's electronic care records were password protected and regularly backed up to secure storage. Paper records were securely stored in a lockable facility.

Involvement in decisions about care and treatment

The patients who provided feedback about the service said they were involved in planning their treatment. They said treatment options and costs were fully explained to them and they were provided with information to support with making informed choices. Staff described to us how they involved the relatives or representatives of patients in treatment planning if appropriate, and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

A range of dental health and treatment information leaflets were available in the waiting room for patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system in place to respond to patient's needs. The practice manager told us routine appointments could be arranged within two to three weeks. Specific appointment slots were allocated for both check-ups and for treatment. We observed the practice ran smoothly on the day of the inspection and patients were not kept waiting.

Feedback from patients suggested they were fully aware of and satisfied with the arrangements for appointments. They were aware of how to access the out-of-hour's dental service. Patients commented they had sufficient time during their appointment and they were not rushed. Patients said the dentists took their time to discuss their treatment needs in detail and explained the treatment options in a way they understood.

The practice displayed treatment costs adjacent to the ground floor waiting area. A file was located in the first floor waiting area that included information for patients about the practice. We saw that the practice had a comprehensive website. This gave details of out-of-hours care and the types of care offered. This ensured that patients had access to appropriate information in relation to their care.

Tackling inequity and promoting equality

The practice operated to the company's equality and diversity policy. A disability and discrimination audit was completed in June 2016. The premises had adapted where possible to accommodate the needs of all patients. Full

wheelchair access was available via an access ramp. Two surgeries located on the ground floor could accommodate patients unable to use the stairs. There was a lowered reception desk to accommodate wheelchair users.

The practice had access to telephone translation services for those whose first language was not English and information leaflets could be translated or enlarged if required. The practice also had a hearing loop for patients who had auditory needs.

Access to the service

The practice provided extended hours to meet the needs of patients unable to attend during the working day. The practice displayed its opening hours in the premises, in the practice information leaflet and on the practice website.

Each dentist kept two appointment slots free each day to cater for emergencies. If the emergency appointments had already been taken for the day then the patient was invited to come to the practice and wait for an appointment. If the practice was closed the practice answer machine directed patients to the out-of-hour's services.

Concerns & complaints

A complaints policy was in place for the practice. It provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for handling complaints. The practice manager showed us documentation for two complaints that had been addressed and resolved to the complainant's satisfaction.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day-to-day running of the service. They were supported by senior managerial input provided from head office. Staff confirmed there was an effective management structure in place. They told us that they felt supported and were clear about their role, responsibilities and accountability. One of the dentists told us that Oasis provided good governance networks, which allowed the clinical team to focus on addressing patient's needs.

Oasis owns a chain of dental practices throughout the UK and had developed a robust on-line clinical governance system that we were shown by the practice manager. Managers and staff were able to access a wide range of regularly reviewed policies and protocols covering all aspects of clinical governance, information governance and human resources in relation to dentistry. Audit activity at the practice was up-loaded to this on-line system.

Underpinning this governance system was a comprehensive range of risk assessments covering all aspects of clinical governance. These included control of substances hazardous to health (COSHH), fire and Legionella; these were well maintained and up to date. We saw examples of monthly staff meeting minutes that provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients.

A comprehensive business continuity plan was in place and it outlined the action to take if there was an impact on day-to-day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies, practice staff and company head office support staff.

Leadership, openness and transparency

Staff told us there was an open culture within the practice that encouraged candour, openness and honesty to promote the delivery of high quality care, and to challenge poor practice. From the minutes of meetings and from discussions with staff, it was evident the practice worked as a team and that staff were comfortable raising matters. It was also evident the practice responded to any matters in a professional manner.

All staff were aware of with whom to raise issues and told us the practice manager was approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice.

Learning and improvement

The practice audited areas of practice as part of a system of continuous improvement and learning. This included audits, such as dental care records, X-rays and infection prevention and control. Any issues identified from an audit translated into an action plan, which was checked at the next audit or earlier if urgent, to ensure the actions had been addressed. The audits we looked at showed the practice was performing well.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a systems in place to involve, seek and act upon feedback from people using the service including carrying out continuous patient satisfaction surveys. We reviewed feedback received and it was all positive.

The practice manager also routinely reviewed feedback submitted to the NHS Choices website. There was some negative feedback and the practice manager had reviewed this feedback with the staff team to determine how improvements could be made.