

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

Oasis Dental Care - Preston

25 Beech Drive, Preston, PR2 3NB

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Date of Inspection: 18 December 2012

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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
Cleanliness and infection control	✓	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	Miss Deborah Anne Simpson
Overview of the service	The Beech Drive Dental Practice has three dental surgeries, two of which are situated on the ground floor. The surgery is wheel chair accessible and has off street parking. The surgery treats private and NHS patients and offers a wide range of dental services. It is situated in a residential suburb of Preston city.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 18 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The patients we spoke with felt the staff treated them in a friendly and respectful manner. One person said, "The staff are very friendly and professional".

Patients told us they were very satisfied with their dental treatment. One said, "I'm very happy with my treatment, I never feel rushed".

We discussed infection control and the sterilisation of equipment and instruments with a dental nurse. The nurse told us "All the staff are trained in decontamination procedures." We were told staff prepared and cleaned the surgery between patients.

The records we saw showed staff had Criminal Records Bureau checks completed. Staff we spoke with told us about their induction, one member of staff told us, "I was mentored by an experienced nurse." We saw staff records showing ongoing training had been completed.

The people that we spoke with told us they had never needed to complain. One person said, "I have no complaints about my treatment." There was evidence in individual patient records complaints were taken seriously and dealt with to patient satisfaction. However there was no record made in the practice complaints log of actions that had been taken to resolve a concern raised.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's rights to respect and dignity were upheld and they understood the treatment choices available to them.

Reasons for our judgement

Patients were treated with respect and their right to privacy was upheld. The patients we spoke with felt the staff treated them in a friendly and respectful manner. One person said, "The staff are very friendly and professional".

People's right to private discussions was upheld, and there was another room, other than the surgery, where private discussions could take place.

Patients told us they were given enough information about their treatment options, and the relevant fees, which enabled them to make choices. They said the dentist discussed these things in detail with them. One patient said, "My visit today is just to discuss my treatment and the costs". We observed staff treating people in a respectful and friendly way.

The practice was accessible to people with physical disabilities. There was a ground floor toilet but this was not wheelchair accessible. This information was provided to patients prior to visiting.

Patients were asked on a regular basis to give their views about the service in a patient questionnaire survey. We looked at the results from the surveys and saw that the views of people who use the services was listened to and acted upon.

The practice offered evening appointments and provided an on call service for out of hours emergencies. There was information provided in a pack given to patients and information was also available on the website.

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

Our judgement

The provider was meeting this standard.

People experienced treatment and support that met their needs.

Reasons for our judgement

We found patients' treatment was planned and delivered safely according to their needs. The practice offered a wide range of services to meet these needs. These services included general and cosmetic dental treatments and dental hygiene work.

The records we looked at had a recorded medical history which for the majority of patients was reviewed at every visit. The records also contained a treatment plan which detailed all the treatment required.

These treatment plan records included the fees for the treatment, and were updated and signed by people at every visit. Patients told us they were very satisfied with their dental treatment. One said, 'I'm very happy with my treatment, I never feel rushed'.

The survey results from patient questionnaires showed that overall patients felt their treatment was at the least 'good'.

The staff we spoke with told us that the dentists were trained to use emergency equipment and emergency drugs. We saw there were policies and procedures in place for emergency situations and regular checking of the equipment was undertaken.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because the correct guidance and procedures were followed.

Reasons for our judgement

On the day of the visit we found the practice to be bright, clean and well maintained. We saw necessary personal protective equipment, for example gloves and masks, being used as required.

We discussed infection control and the sterilisation of equipment and instruments with a dental nurse. The nurse told us "All the staff are trained in decontamination procedures." We were told staff prepared and cleaned the surgery between patients.

The practice had a separate room for the decontamination and sterilisation of reusable instruments. This room had all the necessary cleaning and sterilisation equipment advised in the Department of Health (DH) guidance document on decontamination. We observed the correct procedures were followed which were also in accordance with DH guidance. These systems ensured used and contaminated equipment and instruments were cleaned, sterilised and fit for use.

We saw written policies and procedures that underpinned these processes. There were written records of the checks made on the equipment this would assist in the auditing of the decontamination processes. This would ensure vital equipment was in working order and that instruments were always sterilised properly before use.

All dental staff wore uniforms and were provided with protective equipment such as disposable gloves, aprons and masks. There was a designated room for staff to change in. Staff told us that they are responsible for the cleaning of their uniforms. One member of staff told us, "The company has a policy on changing at work."

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 supported by suitably qualified, skilled and experienced staff

Reasons for our judgement

We found that staff employed were suitably qualified, skilled and experienced. We reviewed staff records showing that most staff had been recruited some time ago. We saw that a recruitment and selection policy was in place.

Original recruitment records were held at the company's head office. The provider might wish to note that when suitability checks are completed these records should be available to the practice. Staff employed had completed national qualifications and were registered with the GDC.

The records we saw showed staff had Criminal Records Bureau checks completed. Staff we spoke with told us about their induction. One member of staff told us, "I was mentored by an experienced nurse." We saw staff records showing ongoing training had been completed.

We saw that staff had been issued with staff handbooks and information about their individual roles and responsibilities. There were records showing staff had received regular supervision and appraisals.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system in place. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given information on how to complain and who to. This information was provided on notices in the waiting area and in patient information leaflets. We saw policies and procedures about complaints handling. The practice manager and other external bodies were identified as the people to support patients with their complaints. We saw records of complaints. There had been five complaints recorded since June 2012. These had been dealt with in line with the company's policies and procedures.

The people that we spoke with told us they had never needed to complain. One person said, "I have no complaints about my treatment." There was evidence in individual patient records complaints were taken seriously and dealt with to patient satisfaction. However there was no record made in the practice complaints log of actions that had been taken to resolve a concern raised.

The team meeting records showed that complaints if received were discussed and solutions to resolve them recorded.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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