

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

Oasis Dental Care Central - Kendal

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

Details about this location

Registered Provider	Oasis Dental Care (Central) Limited
Registered Manager	Mrs. Tracy Almond
Overview of the service	Oasis Dental Care Central - Kendal is located in the centre of Kendal. The practice is set across the ground floor of the building, has three treatment rooms and is wheelchair accessible. The practice treats patients of all ages and provides treatments through the NHS and privately if requested.
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 11 April 2013, 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

On the day of our visit we spoke to four members of staff and three people who use the service (patients).

We found that patients were given appropriate information regarding their care or treatment. One person told us, "I was given the time and the information to decide what treatment I wanted...I was told about how much it would cost."

The provider had effective systems to regularly assess and monitor the quality of service that people received. We found that people were protected from the risk of infection because appropriate guidance had been followed and they were treated in a clean and hygienic environment. Surgical instruments were cleaned and stored correctly and emergency care could be given because staff had been trained and emergency equipment was available.

We found that there were effective recruitment and selection processes in place to ensure people were cared for by suitably trained staff. We saw complaint policies in place that were displayed clearly within the practice. The patients that we spoke to told us they had never needed to complain. One person said, "'If I had to (complain) then I know how to, and I'm happy I would be listened to."

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

We spoke to three people who were patients at the practice who told us that the dentists and dental nurses always explained to them, in ways they understood, what their options were and what treatment was planned.

The staff showed us the computer system where discussions about treatment options were recorded. We were shown signed treatment plans that had been scanned onto the computer system which also included evidence of discussion of costs.

The patients we spoke to felt they were given enough information about their treatment options, and the relevant fees, which enabled them to make choices. One patient said, "I was given time and the information to decide what treatment I wanted...I was told about how much it would cost."

There was a variety of information leaflets available to people both in reception and around the practice. These included information on making a complaint, general oral hygiene, the prevention of tooth decay, smoking cessation and practice information. The price lists for treatments were clearly displayed in the reception and patients were also given further information around dental care and pricing during their assessments.

The staff we spoke to told us that it was important for people to understand their treatment plan and general dental care. The dentist we spoke to explained how they used visual aids including a monitor placed next to the treatment chair and a tooth brushing model. She explained this was useful to explain to children in a way they understood.

Patients were asked on a regular basis to give their views about the service in a patient questionnaire survey. The results of these surveys were displayed within the reception area.

The patients we spoke to told us they had privacy when their treatment was carried out. The staff we spoke to had a good understanding of privacy, dignity and confidentiality and could give relevant examples. Reception staff explained to us that where confidential matters needed to be discussed then they would ensure this was done in the surgery and not in the reception area. This enabled them to maintain confidentiality.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

The practice staff showed us how they assessed patients for treatment. We found that people accessing the service received an initial assessment in which their medical history was obtained and the records were kept on file. The people we spoke to confirmed this. We also observed patients being asked to review their medical history as they arrived for their appointments.

We saw that patients' records were held electronically, with appropriate password protection, and contained details of people's treatment options and treatment plans. The practice was mainly an NHS practice, however if private treatment was required by the patient as a result of their preference, this was documented and any additional costs explained to them by the dentist. People were given a printed treatment plan detailing all costs and the time until the next visit, which was signed by the patient and then scanned on to the system.

The dentist we spoke to told us that the practice was taking part in a pilot scheme whereby each patient received an oral health assessment which included providing preventative advice. This produced a risk assessment which informed the amount of time required until the next appointment.

One person told us, "The staff are really nice. They always talk things through with me and explain what treatment I can have and any consequences there might be of me not having it".

The practice had arrangements in place to deal with foreseeable emergencies. For example, records showed staff were trained in cardio-pulmonary resuscitation (CPR). There were also three appointed staff members for first aid whose details were clearly displayed in the practice.

There was appropriate equipment to support people in the event of a medical emergency. The service had an emergency drugs kit, oxygen and a defibrillator available. The

emergency drugs were stored in an area accessible to all three surgeries. We saw records which showed that these were checked on a monthly basis to ensure that they were appropriate for use.

We were told by staff that an incident had occurred recently which resulted in a medical emergency. We saw evidence that this incident had been investigated, discussed and the resulting recommendations had been implemented.

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 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.

On the day of our visit the practice facilities were clean and well maintained.

During the visit we spoke to staff about infection control including cleanliness and decontamination of medical equipment and instruments. The practice had policies and procedures in place for the prevention of infection and staff were expected to read and be familiar with these.

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.

The lead dental nurse in the practice was also the lead in infection control. We observed the correct procedures were followed; these systems ensured used and contaminated equipment and instruments were cleaned, sterilised and fit for use.

We saw written daily records of the checks made on the equipment which 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. The provider may wish to note that one piece of equipment (a vacuum autoclave) did not produce a print out report. Whilst staff informed us of the daily checks they conducted, a written record (either manual or printed) would provide further evidence of this audit.

There was a light and a magnifying glass available and these were used to examine instruments visually so staff could check that they were clean, functional and remained in good condition.

We saw that all wrapped and sterilised instruments were date-stamped with a use by date. Staff explained to us that this stock was rotated and checked every 21 days to ensure no items went out of date.

We were told and saw evidence that annual service agreements were in place with the suppliers for the maintenance of the equipment.

The dental nurses were responsible for cleaning all equipment at the end of a working day and between each patient. The practice employed a cleaner who was responsible for cleanliness in the communal areas. The patients we spoke to told us they were happy with the cleanliness of the practice. One person said, "It is always really clean here. I've no concerns."

All dental staff wore uniforms and were provided with protective equipment such as disposable gloves, aprons and masks. Staff told us that there were always plentiful supplies of personal protective equipment.

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

We saw there were written policies and procedures in relation to the safe and effective recruitment of suitable staff.

We saw evidence of General Dental Council (GDC) registration and registration numbers for the relevant staff. The GDC registration numbers for the dentists employed by the practice were displayed in the reception area.

The records we saw showed staff had Criminal Records Bureau (CRB) checks completed. We spoke to a new member of staff who told us that while they were waiting for their CRB check that they were not allowed to work unsupervised or in a clinical role. The manager confirmed this stating that a risk assessment had been conducted and as such the staff member would work under supervision in the reception until all relevant checks had been conducted.

The manager also informed us that for each new member of staff two references were required and any gaps in employment history were followed up before they began their employment.

Staff we spoke with told us about their induction. One member of staff told us, "The induction was great. I got lots of support and the chance to bond with the team."

We saw that staff had been issued with staff handbooks and information about their individual roles and responsibilities. We also saw practice charts showing individual responsibilities and working relationships.

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 people receive.

Reasons for our judgement

Regular monitoring had taken place to protect the people against the risks of inappropriate or unsafe care and treatment. The decontamination processes were recorded and these could be assessed as being effective or potential risks identified.

We saw records to show the emergency drugs and equipment were checked regularly by staff.

We saw evidence of a recent radiographic audit which was conducted annually. This showed evidence of discussion between professionals, recommendations for improved practice and plans for review.

The provider may wish to note that while we saw evidence that medical history checks were being conducted we were told by the manager that no audits were currently being undertaken to check this process.

We saw a comments book available in the reception area for patients to read and complete if they wished. We saw evidence of patients' suggestions and the resulting response from the practice. For example, a recommendation had been made to provide children's books in the waiting area. We could see that this suggestion had been noted and subsequently children's books were provided.

We saw that patient satisfaction surveys was completed on an ongoing basis and results were collated monthly by the head office. The result of this survey was displayed in the reception area. The manager explained to us that information from these surveys was passed to staff during staff meetings and areas of learning were discussed. The manager also told us that on the next staff meeting agenda she plans to discuss the recent NHS website comments regarding the practice.

The manager also told us that she used examples of learning and good practice from the other practices that she managed and used these to improve the service at Kendal.

Complaints

✓ Met this standard

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 available

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, in patient information leaflets and on the practice website.

The practice manager and other external bodies were identified as the people to support patients with their complaints. We saw policies and procedures about complaints handling.

We did not see evidence of complaints made during our visit, however the manager told us there have been two complaints made in the last year. The manager explained to us how these complaints were handled in accordance with company policy, and that records were kept of the complaint, discussions, actions and the resulting outcome. We were told that these complaints were resolved at practice level to the satisfaction of the complainant. The manager was able to describe to us how she could escalate the matter and signpost the complainant appropriately should the need arise.

The manager told us how lessons learnt from complaints and feedback was passed to staff at staff meetings.

The people that we spoke with told us they had never needed to complain. One person said, "I have no complaints at all." Another person said, "If I had to (complain) then I know how to, and I'm happy I would be listened to."

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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