

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

## Oasis Dental Care Southern - Bristol 1

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BS7 8NR

Tel: 01179424044

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

## Details about this location

Registered Provider	Oasis Dental Care (Southern) Limited
Overview of the service	Oasis Dental Practice provides a broad range of general cosmetic and restorative dentistry treatment, together with a full preventative service by qualified hygienists. The service is for NHS and private patients, including those with dental insurance. The practice is situated on Gloucester Road, Bristol.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Oasis Dental Care Southern - Bristol 1 had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 January 2013, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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We undertook an inspection on 23 May 2012. We found the provider was not meeting two of the 'Essential Standards of Quality and Safety'. The inspection identified concerns regarding the following outcomes:

- Care and welfare of people who use the service
- Cleanliness and infection control

The provider was required to provide a report that stated what action they were going to take to achieve compliance with these essential standards. The provider submitted an action plan on 29 June 2012. The purpose of the inspection was to check that the necessary improvements had been made to ensure compliance with the essential standards.

We found that the practice had emergency equipment available that was kept in a central place and was accessible to all staff. The equipment was fully operational and contained all the required elements and medicines.

Since our inspection we found that the practice had introduced quarterly infection control audits. The practice had implemented records to evidence that cleaning routines were completed.

In order to prevent the spread of infection all floors were sealed and dental chair mechanics were boxed. In one of the surgeries we viewed, we noted some areas that required further attention and these were highlighted with the practice manager.

We found that the appropriate action had been taken to ensure that the provider was now meeting the two outstanding outcomes of the 'Essential Standards of Quality and Safety'.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The purpose of this visit was to see what action had been taken following the previous inspection conducted on 23 May 2012. We received an action plan from the provider which set out the action they would be taking following our last inspection. We returned to the practice on 29 January 2013 to see what improvements had been made.

During our inspection of 23 May 2012, we found that the emergency equipment was not well ordered. It was identified that it would be potentially difficult to find specific pieces of equipment which would delay the appropriate support in an emergency. The equipment was not fully operational and did not contain all the elements and medicines as recommended by the Resuscitation Council UK guidelines for dental emergencies. There were no records to demonstrate that the equipment was checked regularly in accordance with recommended guidelines. We also found that there were no recent checks to show that the drugs were in date and safe to use.

We spoke with the practice manager about the measures that the service had put in place since the previous inspection to ensure that they were compliant in this outcome area.

The practice manager showed us that the emergency equipment was available in a central place in the practice and was accessible to all staff. We examined the equipment and it was fully operational and contained all the elements and medicines as recommended by the Resuscitation Council UK guidelines for dental emergencies. The equipment was well ordered and the emergency drugs were clearly labelled in their individual pouches. We found that the emergency drugs were in date and safe to use. There were monthly records to demonstrate that the equipment and drugs were checked and considered safe to use.

During our previous inspection antibiotic treatments for prescription were not safely managed or dispensed in accordance with storage and dispensing guidelines. We found that the antibiotics had been removed from the practice and dispensing had ceased.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During the inspection conducted on 23 May 2012 we observed that there were no infection control audits and there was no evidence that cleaning routines were completed. This contravened the Health Technical Memorandum (HTM) 01-05 guidelines. The HTM is guidance that all dentists must follow in order to ensure their practice is safe and minimises the risk of cross infection.

During our most recent visit we found that infection control audits were conducted quarterly. The practice also produced records that demonstrated that daily cleaning routines were recorded and completed.

We noted in our previous inspection that there were no records of testing, or service maintenance agreements for the third autoclave and the ultrasonic bath. During our recent visit we found that there were records to demonstrate that the third autoclave had been tested when used and the service maintenance agreement was valid until June 2013. The practice no longer uses an ultrasonic bath.

The previous inspection identified that floors had been fully sealed around the edges to ensure the surgery could be fully cleaned to prevent the spread of infection. In three of the surgeries, the box housing the dental chair mechanics were broken and were an infection and safety hazard. We found in our recent visit that the floors were fully sealed around the edges and the dental mechanics had all been repaired to a satisfactory standard. The provider may wish to note that one of the surgeries we viewed required further improvements in its standards of maintenance and cleanliness. We raised this issue with the practice manager and he agreed to take this issue forward.

The actions taken demonstrate that appropriate steps have been taken to ensure that people are protected from the risk of infection

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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