

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

## Oasis Dental Care Southern - Hove

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Tel: 01273779434

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Oasis Dental Care (Southern) Limited
Registered Manager	Mrs. Anne Rosemary Ward
Overview of the service	<p>Oasis Dental Practice Hove provides general dentistry, periodontal treatment and cosmetic dentistry to NHS and private patients.</p> <p>This practice also has a hygienist and the premises are wheelchair accessible with a surgery on the ground floor.</p>
Type of service	Dental service
Regulated activities	<p>Diagnostic and screening procedures</p> <p>Surgical procedures</p> <p>Treatment of disease, disorder or injury</p>

## 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Cleanliness and infection control	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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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 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 4 February 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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During our inspection we spoke with four patients. We spoke with four staff; these were the practice manager, the deputy manager, a dental nurse and a receptionist.

We also took information from other sources to help us understand the views of people who used the service, which included a patient satisfaction survey and staff meeting minutes.

The patients we spoke with told us they thought they received good dental treatment. One patient told us "I am happy here. I do a 40 minute journey to come here. No complaints." Another patient we spoke with told us "I like my dentist. I recommend my dentist to other people. He's lovely."

The practice was following appropriate guidance in relation to infection control and the staff were well trained and supported. A member of staff we spoke with told us "The amount of time I have worked here shows that I still enjoy it. We all work as a team and the practice manager is brilliant and very approachable."

The practice manager had systems in place to assess and monitor the service and to effectively deal with complaints.

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

**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

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### Our judgement

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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.

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### Reasons for our judgement

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People who used the service understood the care and treatment choices available to them. This is because the four patients we spoke with told us that they were happy with the care and treatment they received. They had been provided with good information and the cost of the different treatments that were available. One patient we spoke with told us "It is a very good service. I have no complaints and I always get an appointment when I need one." The people we spoke with felt that their dignity was maintained and their privacy protected. We were told that all dental treatments were completed in the privacy of the treatment rooms. Staff were careful to discuss patient's treatments in private so they could not be inadvertently overheard.

We saw examples of a range of patient information leaflets relating to the prevention and treatment of dental conditions and a television screen that provided patients with information about the practice. An information board displayed a detailed NHS and private price list which provided choices for patients to make decisions about their care and treatment.

The practice manager told us that the practice had requested the services of Sussex Interpreting Services (SIS) recently as a patient was unable to speak English. This demonstrated that the practice had recognised and respected the diversity of this patient linguistic background and provided the necessary support to ensure that the patient was given care and treatment choices. The practice manager told us "We do not discriminate against anyone. We have an open door policy and we discuss diversity issues at our staff meetings."

Patient satisfaction questionnaires had been placed on the main reception desk and were available to patients. A suggestion box was also available in the reception area which meant that people were able to express their views about their care or treatment.

During our inspection we saw evidence that surveys of patients had been undertaken and

consistently collected and monitored and that the feedback had been acted upon to improve the service. The practice had adopted a policy of ensuring that patients were made aware of the parking restrictions outside the dentist as this was raised as a concern by some patients. This was an example of the service treating people with consideration as it provided peace of mind to patients while receiving treatment.

The patients we spoke with told us that they felt they had received enough time and information to make a decision about their treatment, and that the staff had listened to them and talked through all the different NHS and private treatment options. The practice manager told us "The receptionists are well trained in dealing with patients and understanding dentistry. They are good listeners and are fully trained in handling complaints professionally."

**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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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our inspection at Oasis Dental Care (Hove) patients we spoke with told us they were happy with the care and treatment they had received, and told us that they liked the staff team. A member of staff we spoke with told us "We try and help patients the best we can. The team and the patients have good rapport." This demonstrates that people who use the service can be confident that wherever possible they will know the names of the people who provide their care and maintain continuity in their care.

One patient that we spoke with told us "It's really good. I am pleased with the level and quality of treatment. Everything is well explained, it's clean and the staff are very friendly." Another patient told us "I'm given a treatment plan and the choices are explained to me. I would recommend it to anyone." This means the people who use the service are involved in the treatment and care options and the risks and benefits of each are explained.

We looked at the clinical records of five patients that were held electronically on a dental practice management system. The records contained comprehensive notes relating to treatments and specific advice that had been given regarding oral health and welfare, medical histories and personal information. We saw that patients had been involved in the decision making process and the treatment plan had been planned with their participation.

We were told that staff had been trained in dealing with medical emergencies and we saw staff certificates for annual cardiopulmonary resuscitation (CPR), basic life support and anaphylaxis to demonstrate this. There was a first aid champion and emergency treatment arrangements including emergency medication. The practice had also placed small paper bags in each of the surgeries to support patients who may be afraid of dental treatment and who may experience panic attacks. Breathing into a paper bag is one method of regulating breathing to reduce anxiety and panic attacks. This means the practice has reflected on adverse events that have occurred in the service and ensured the risk of reoccurrence is reduced to a minimum.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening.

The practice manager told us that staff had attended safeguarding training regularly to update and increase their knowledge of safeguarding practices and procedures. Staff training records confirmed this. We saw safeguarding and whistle blowing policies and procedures for both children and adults who used Oasis Dental Care (Hove).

The staff we spoke with were able to tell us how they would recognise safeguarding concerns and that they understood how to report them. One member of staff told us "If I had any concerns in relation to abuse, I would report them to our child protection and vulnerable adult lead immediately."

There was also a procedure in place which related to the Mental Capacity Act 2005 and its relevance to dentistry which all staff had signed to say they had read. Staff we spoke to understood the need to consult with social care professionals so that patient's wellbeing was safeguarded.

We viewed the employment records of two people who worked at the practice. All files viewed contained evidence of an enhanced criminal records check which is an employer's check on staff suitability for working with children and vulnerable adults.

**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. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We saw that the practice and all four surgeries were clean and well maintained. Patients were cared for in a hygienic environment. Staff we spoke with had a good knowledge of hand hygiene and used the appropriate personal protective equipment. Staff followed good hygiene practices these included wearing clean uniforms, washing their hands thoroughly and following a system to ensure that reusable items of equipment were only used for one patient before being cleaned and sterilised.

The infection control champion we spoke with told us "We are top dollar in terms of infection control. We are updated on changes, we have regular spot checks and the practice manager makes sure the practice standards are high. It is important for our patients and for us to have high standards. It is high quality." We saw evidence of a cleaning log and rotas which demonstrated that the practice had been cleaned daily.

We saw that relevant infection control and hand washing information was displayed around the practice. We saw certificates that showed staff had carried out infection control training. We also saw that infection control audits had been undertaken at the practice in line with Infection Prevention Society guidelines.

The practice had a robust infection control policy in place that was audited regularly, and documented that the practice operated in line with the Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices guidelines. These guidelines from the Department of Health provide primary care dental services with best practice on cleaning processes of medical equipment. The practice manager during our visit provided a full description of the layout and processes undertaken in the decontamination area. We saw that sterilised equipment and used items had been kept separate and clean items were stored in hygienic conditions to reduce the risk of recontamination.

We viewed the practice's disposal of waste procedures and saw that the system was robust in its recording and auditing. We saw a body fluid disposal kit and a mercury decontamination kit for use by staff. Clinical waste, hygiene waste and dental amalgam waste was separated in line with best practice guidance. This confirmed that the practice correctly disposed of hazardous and non-hazardous waste.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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Oasis is a provider of NHS and private dental care and has over two hundred dental practices across the UK. The practice manager told us "Oasis works as they train registered managers to be competent managers and subsequently this provides effective and improving clinical governance."

We saw that the practice had regularly carried out audits of many areas of the service, including clinical audits, care planning, infection control, record keeping, missed appointments, waiting times and medical history. There was a record of any issues with action plans in place where needed.

We saw that the practice had environmental risk assessments in place, and evidenced that regular and routine maintenance and testing had taken place of oxygen cylinders, x-ray equipment, water lines and sterilisation equipment. This means that the practice identified, monitored and managed risks to patients.

Staff had the opportunity to be involved in the running of the service including suggesting new ways of working and we saw the minutes of monthly staff meetings to confirm this. Topics discussed at the meetings had included confidentiality, complaints, mercury spillage and child protection. The practice manager told us that training scenarios and quizzes were also undertaken during practice meetings to test staff knowledge and continuously improve the service. This was confirmed by a member of staff who told us that the practice manager had delivered in-house mental health training to the dental team which had incorporated an interactive quiz.

Staff had access to a wide range of policies and procedures to guide them and as a point of reference which all staff had to sign and date to ensure that they had read them. These policies and procedures were up-to-date and accessible to staff.

Oasis Dental Care used its intranet as a knowledgebase of standard information about all their dental practices and services. It is known as The Hub and provides a central point for information on all practices and practitioners. This information is shared across the

organisation to ensure accuracy and consistency.

The practice manager had put in place a clinical record quality assurance system. Each dental practitioner had to check and provide feedback on the clinical notes of other dental practitioners to maintain consistency and accuracy. This means that the practice has a system to continuously identify, analyse and review patient risk or unsafe care or treatment.

We saw that an up-to-date incident reporting system was in place at the practice, as well as a complaints policy. We viewed evidence that incidents and complaints had been recorded and handled appropriately and outcomes were recorded. There had been no reportable complaints from 2010 to 2012 to the Primary care trust and only two general complaints which had been dealt with locally. The investigation of these complaints enabled the practice to better understand risks to people and take corrective action where it had been necessary.

We saw a copy of an independent clinical governance assessment commissioned by Oasis to audit the practice and ensure quality standards were being met. A patient survey completed in December 2012 stated that 90% of patients felt they were listened to if they had made a comment or complaint and 100% agreed that the quality of the treatment was good.

## 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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