

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

## Oxon Dental Care

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5AH

Tel: 01743343030

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2013

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>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Oxon Dental Care Limited
Registered Manager	Mr. Jonathan Lampard
Overview of the service	Oxon Dental Care provide a range of private and NHS dental treatment to patients of all ages.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

*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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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 19 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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We spoke with five people who attended the practice on the day of our inspection. They told us that the service they received was, "Very good". Everyone was satisfied with the treatment they received.

People who received a service commented that the practice was, "Small and friendly". Everyone told us that their privacy and dignity was maintained at all times. People said that they were supported to feel relaxed while receiving treatment and some very young patients told us that their dentist was, "Very nice".

People were involved in making decisions about their dental care and treatment options. They told us that they were given clear information that enabled them to make informed choices. We saw detailed records that supported this process.

Staff told us they were well supported in their work. They said they received regular training opportunities and ongoing support in order to carry out their jobs effectively.

We saw that the practice had procedures in place for the management and control of infection. Staff had received training to reduce the risk of cross infection. People who received a service commented that they always found the practice to be, "Very clean".

People we spoke with were not aware of the formal complaints process but said that they would be confident to speak with staff if they had a worry or concern. Information was readily available to support this process. Staff were knowledgeable of the complaints policy and procedure.

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 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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Everyone we spoke with told us that their views and wishes were taken into account in relation to the treatment that they received. They said that they felt fully involved and consulted. Dental staff told us how they explained all possible options to people to enable them to make informed choices about treatments available. We saw that records documented treatment options discussed and agreed.

One person told us, "They are good at explaining things". Another person said, "They explain the options and the processes".

We met a number of very young patients on the day of our visit. They showed us charts that they had been given by the dentist to help them to remember to brush their teeth. Parents told us how the dentist had showed them how to brush effectively. The dentist showed us records of how they had given advice and support to patients in relation to good oral hygiene.

The dentist told us how they always checked that people had understood what they had been told and gave them time to ask questions. We also saw records that showed a patient had had an extraction and been given written information about their aftercare as well as having it explained to them.

People who received a service said that their privacy and dignity was always maintained. Staff shared positive examples of how they made sure this happened.

**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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We spoke with five people who had received a service. We also chatted generally with four very young patients. Everyone told us that they were very happy with their care and treatment.

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. People who received a service told us that they were aware of their treatment plans although most people said that they did not require treatment following their examination.

We saw records that showed people's oral health had been assessed and treatment planned in response to the findings. People also told us that they visited regularly and dental staff told us how they recalled people dependent upon their needs.

People said that the dentist had a record of their medical history and of any medications they were taking. They said that these were regularly updated and we saw records that reflected this.

Dental staff said that people were treated as individuals. They told us how they supported people with a range of needs. Staff gave examples of how they adapted their approach to support people effectively. We spoke with a person who had been very nervous about visiting the dentist. They told us how they had been reassured and were now much more confident.

The dentist referred people for specialist treatment when required. They explained the circumstances when this would be appropriate. We spoke with a patient who had been referred to an orthodontist. They said that they had been very happy with the process and that their dentist had worked with the orthodontist to ensure continuity of care.

There were arrangements in place to deal with foreseeable emergencies. Medication kept on site was recorded and checked regularly to ensure it remained in date and suitable to use. Dental staff were confident that, as a team, they had the knowledge and training to manage emergencies and administer first aid should the need arise. We saw certificates that showed training had taken place for everyone.

**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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People received their treatment in a clean, hygienic environment. People who received a service told us that all areas of the practice always looked clean. They said that they felt confident that equipment used was sterile and hygienic. This reflected our findings during a tour of the practice.

We saw the procedure for decontaminating and cleaning instruments used during dental work. We spent time with the staff member who had responsibility for this and they showed us the process. They also told us how equipment was monitored to ensure it worked efficiently. We saw records that showed checks had been carried out.

The practice carried out decontamination procedures in the surgery. They had designated 'zones' for each part of the process. They had sought advice from specialists in infection control procedures to ensure that they were operating effectively. We saw two reports of inspections that had been carried out by such specialists. The practice had taken actions following each visit to improve their procedures. We found that dental staff were knowledgeable about the processes to follow and the reasons for following them. Policies and procedures were seen to reflect practice.

People who received a service confirmed that dentists, hygienists and nurses wore personal protective equipment. They told us how staff wore disposable gloves and masks. We saw staff using these effectively thus protecting patients and themselves from the risks of cross infection.

Staff told us they had received training for the decontamination of instruments and infection control. We saw certificates that demonstrated this. Staff said that they were confident that infection control procedures were effective.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People who received a service told us that staff were, "Very good". They said that staff were "Welcoming", "Gentle" and "Kind".

The practice was supported by a very small team of staff who told us that they enjoyed their jobs and felt well supported. The dentist told us that they operated an 'open door' policy and staff said that this worked well for them. We saw that team meetings were organised to discuss issues and successes.

Staff were confident that they had all the resources that they needed to do their jobs effectively. In discussions staff demonstrated a good understanding of their roles and responsibilities. They told us that they had the knowledge and skills to carry out their jobs effectively.

We saw that dental staff were registered with the General Dental Council, where appropriate. They told us that they received appropriate continued professional development (CPD). Records seen reflected this. We were told how training was accessible and relevant to individual roles. Dental staff explained how they maintained their skills and knowledge. Staff felt that they received, "Good" training opportunities.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People who received a service said that they had never had a complaint about the service they received.

Everyone we spoke with told us that if they had a worry or a concern they would speak with a member of staff. They said they were confident that they would be listened to. They were, however, not aware of the formal complaints process. We saw a poster on the notice board that said, "One of the ways that we can continue to improve is by listening to you". The dentist told us that listening to feedback was important and they had implemented a number of ways that people could share their views.

We saw that the practice had a complaints policy and procedure for both NHS and private patients. We saw that they provided information on how to raise a complaint and how it would be managed. We also saw that information identified which external agency to contact if the complainant was not satisfied with the outcome. Information about the complaints process was seen readily available in the reception room.

The practice had a book available for people to use to make comments and suggestions.

Records showed that there had been no complaints received about the service provided at Oxon Dental Care.

## 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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