

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

Oasis Dental Care Southern - Fleet

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Date of Inspection: 20 June 2013

Date of Publication: July 2013

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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Oasis Dental Care (Southern) Limited
Registered Manager	Mrs. Petro Henning
Overview of the service	Oasis Dental Care – Southern - Fleet practice provides a full range of preventative and restorative dental care for adults and children on a private basis. The practice also provides dental care to a small amount of NHS patients including children for whom they hold a NHS contract.
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 announced 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 20 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service and talked with staff.

Own questionnaire

What people told us and what we found

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

Six people told us they were provided with good information about the treatments and the cost of the different treatments. One person told us, "The staff are always polite and helpful". One person wrote, 'I have been using this practice for many years and I am very happy. The staff respects me and they listen to what I have to say about my treatment'. Another person wrote, 'The staff are wonderful, they provide me with all the information for after care'. Another person wrote, 'Excellent service with caring staff'.

People told us the dentist made sure they understood their treatment and choice by giving information in a way they could understand. People said a range of treatment was discussed with them, but they made the choice of treatment they wanted. One person said "I had a full and thorough discussion regarding my medical and dental health and I had x-rays taken".

We found people were involved in making decisions about their care, treatment and support. They experienced effective, safe and appropriate care. People were cared for in a clean well maintained environment and they were protected from abuse. They had their comments listened to and acted on effectively. We found the provider did not have an effective recruitment process in place to ensure suitable staff were employed.

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

What we have told the provider to do

We have asked the provider to send us a report by 31 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

People who used the service were given appropriate information and support regarding their care and treatment.

We observed the staff to be friendly and very helpful to people who visited the practice. We saw staff greeted people politely and amicably. The practice was very busy on the day of the inspection site visit, but we saw two dentists' treatment rooms and one hygienist's room where we observed people were offered their consultation and treatment in private, thereby upholding people's Equality Diversity and Human Rights (EDHR).

We observed in the reception area, a number of dental accessories suitable for maintaining oral health on display. Some were for sale and some were free of charge.

We observed the practice had arrangements in place for disabled and wheelchair entrance. We were told by one person who used the practice, "My dental work is carried out on the ground floor, where one surgery is based. This allows easy access for people with mobility problems. The practice also provides higher chairs to enable me to sit and rise more easily".

This meant the practice demonstrated they had due regard to eliminating discrimination, advancing and fostering good relations when carrying out their work as part of their duty of care and obligations under the Equality Act 2010

As part of the process of the inspection we sought the views and experiences of people who used the practice by asking them to complete our questionnaire. Six people

completed the questionnaire. People told us they had been using the practice from twelve to thirty-five years and they were very happy with the service they received. One person wrote, 'I have been using this practice for a number of years and I am very happy. The staff respects me and they listen to what I have to say about my treatment.' Another person wrote, 'As far as it is possible the staff make visiting the dentist a pleasurable experience.' Another person wrote, 'Excellent service with caring staff'.

Six people who used the service told us that they were 'provided with good information about the treatments and the cost of the different treatments'. People told us that they found the written information provided helpful and informative. They wrote, 'The staff are always polite and helpful.' People said that staff were good at discussing all their treatment options and they felt they had realistic expectations of the procedures they were having.

This meant the provider respected and involved people in decisions relating to their care and treatment.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

We reviewed three people's care files and saw that consent to care and support was signed by the person who used the service. A dentist told us, "People with capacity to make decisions who used the service signed their treatment plans. If we assessed someone as lacking capacity, we would gain permission from the next of kin or the person who knew them best". The practice manager told us, "Only private patients are asked to sign the consent forms which include the type and cost of treatment required. One person said, "The dentist discusses my options with me, but I made the decision and I signed the treatment plans to show I agree to the care and support".

The practice manager told us. "The dentist discusses the care and treatment needed with NHS patients and they sign the treatment forms".

A dentist told us "Consent for children less than sixteen years of age are signed by their parent or guardian. Children over the age of sixteen sign the consent to care if they have the capacity. However we speak with the children and if they are not in agreement for the dental work to be carried out, we respect their decision and book them in again on a different day and time."

We were provided with documented evidence to show staff had been trained to use Deprivation of Liberty Safeguards (DoLS) when dealing with vulnerable people. In discussion with three dentists and one dental nurse, it was evident they were knowledgeable about DoLS and how this impacts upon their practice.

This meant that people were involved in the decision about their care and gave their consent for care to be carried out as documented in their treatment files. Also the staff at the practice were aware of their responsibilities for gaining consent from vulnerable people who used the practice.

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

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

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

We randomly selected and reviewed the care notes of three people who used the practice. We observed the information gathered during the consultation processes formed a baseline for planning the individual's dental care. We saw that people's medical history and dental history had been obtained and these had been updated regularly. We observed that a record of work carried out including examination and or X-Rays was documented.

This meant that people had their assessment of care needs undertaken and documented prior to receiving care.

The practice manager told us all new patients were asked to complete a medical questionnaire. We were told by the dentist "Reviewed patients are asked if there are any changes to their medical history on each visit. People are asked to complete a medical questionnaire yearly if their medical history was out of date". This was verified during random review of selected care notes and in discussions with people who used the practice. We observed that results of tests carried out and consultations were recorded on people's care notes.

The six people whom we surveyed wrote, 'The practice is comfortable and accommodating and that appointments are flexible to meet their needs.' They wrote on the rare occasions when they needed an urgent appointment they were seen on the same day. People told us the dentist asked them questions about their medical health at each visit.

This meant that the provider ensured people received safe and appropriate care and treatment

One person wrote, 'I was given appropriate information and support regarding my care and treatment'. The six people we surveyed told us a range of treatment was discussed with them, but they made the choice of treatment they wanted.

A dental nurse told us, "Children are positively encouraged to be involved in the decision making of their treatment." This was supported during discussions with the dentist who informed us, "Children are given verbal information in a way they could understand and they are always asked if they agree to the treatment".

This meant that the provider made arrangements to ensure the welfare and safety of people who used the practice by involving them in their care.

We were shown a form the practice used for reporting adverse incidents. We saw records which indicated all incidents were fully discussed at staff meetings. This meant people's safety was promoted and measures were put in place to prevent a recurrence.

The practice manager told us all staff were trained in Basic Life Support and medical Emergencies and produced their certificate to substantiate this. We observed the practice had oxygen and emergency medicines in place. We were shown records to demonstrate their emergency equipment was checked on a monthly basis. This meant that staff had been trained and that arrangements were in place to support them in the event of a foreseeable emergency.

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

Our judgement

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.

Reasons for our judgement

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

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

We observed the practice had Child Protection Safety Policy with telephone numbers and the Local Authority Adult Protection Policy in place.

In discussion with the practice manager and a variety of staff they demonstrated that they were knowledgeable about what to do if they suspected child abuse. Staff told us if they had any concerns regarding adult abuse they would discuss this with the practice manager. Staff said they understood that the manager would then report their concerns to Social Services.

This meant that the provider took reasonable steps to identify the possibility of abuse and prevent it before it occurs.

The practice manager told us that all staff had completed the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguarding (DoLS) safeguarding children and adults courses and provided certificates for staff who had completed these courses. The six people we surveyed told us they 'felt very confident in the abilities of the staff' at this practice.

This meant that the provider had ensured that staff working at the practice received training to enable them to understand the aspects of safeguarding vulnerable people that were relevant to their area of work.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

There were effective systems in place to reduce the risk and spread of infection.

The six people whom we surveyed told us they were provided with personal protective equipment such as aprons and glasses before treatment commenced. They said, the dentists and nurses always 'wore gloves and masks and sometimes protective eye wear' when undertaking their dental health care. We saw evidence of this on the day of our visit. We observed the practice had a designated decontamination room. The dentist is the lead infection control person in the practice and is supported by the head dental nurse. A dental nurse told us they followed their infection control policy and procedure to ensure the risks and spread of infection was prevented. For example, each dental surgery was divided into zones. There were clean zone, dirty zone and free zone. We observed the practice's infection control policy and hand washing policies were displayed in the practice. Staff told us they had been trained in Infection control procedures and we were shown certificates of their training.

This meant the provider ensured staff received suitable training to maintain infection control in the practice.

We observed the practice was equipped with two autoclaves. We were told by a dental nurse that they made sure they had sufficient instruments for the morning surgery. Instruments were autoclaved for the afternoon surgery. We observed that at the end of surgery used instruments were soaked in an ultrasonic solution, scrubbed and examined under a magnifying light. These were then placed in the autoclave by the dental nurse who wore appropriate protective clothing, gloves and mask. We were told by a dental nurse that they used a strip in the autoclave which demonstrated that sterilisation had been completed at the correct temperature. The dental nurse said the autoclaves were cleaned daily. We saw cleaning records of the autoclaves were kept, which demonstrated that cleaning took place daily. The practice manager told us, "We make sure all our procedures

are safe, and we place a high emphasis on patients' safety."

This meant the provider ensured decontamination of reusable instruments took place in appropriate facilities designed to minimise the risks that were present.

The practice manager said. "All clinical areas are cleaned daily by clinical staff and that the practice employed a person to do domestic cleaning to other areas of the building". We saw cleaning materials were colour coded to prevent cross contamination when cleaning. The practice manager said clinical waste and sharps were collected weekly by a private contractor who was skilled in handling clinical waste.

This meant the provider ensured cleanliness of the practice was in line with their infection control policy and clinical waste was removed from the premises in accordance with their health and safety guidelines.

We were shown the quarterly infection control audits completed by the practice in line with the requirements of the Health Technical Memorandum (HTM) 01-05 Essential Quality Requirements. We saw their action plan had dates when identifiable actions were carried out. Review of staff training records demonstrated all staff had received training in Infection control. People told us, 'They found the practice very clean and tidy on each of their visits'. This meant people were protected from the risk of cross infection and received care in a clean environment.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider had failed to ensure that all the information specified in Schedule 3 of the Essential standards of quality and safety, regulations of the Health and Social care Act 2008 was available for each person employed for the purpose of carrying on a Regulated Activity.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

Effective recruitment and selection processes were not in place.

We observed from the three staff files we reviewed that the provider had failed to obtain all the required information under Schedule 3 of the regulations of the Health and Social Care Act 2008. For example staff were working without references having been obtained.

We had been shown satisfactory documentary evidence of staff qualifications. We saw evidence which demonstrated staff had relevant and up to date training to enable them to perform their duties.

We had not been shown any evidence that the provider had carried out disclosure and barring service (DBS) checks for staff except for one staff newly employed by the service. We also saw in the personal file of one staff newly employed that they had not declared their fitness to carry on the duties they were employed to do. However, they had provided a full employment history.

We reviewed a further two staff files and found they had not contained the information required under Regulation 21. We spoke with one member of staff who told us, "I have been working here for over twelve years and I was not required to furnish references or history of employment or a photograph of myself. These things were not required back then".

This meant the provider did not have an effective selection process in place to ensure suitable staff were employed.

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

The practice is currently without a registered manager. However, we saw evidence which suggested a manager's application to the Care Quality Commission (CQC) was in progress.

There were systems in place to ensure people's comments and complaints would be listened to and acted upon, without the fear that they would be discriminated against for making a complaint.

We observed the practice had a complaints book in place. We observed that a copy of the service complaints policy and guidelines was displayed on the notice board in reception. The dentist told us they had not received any complaints and we saw that none had been recorded in their complaints record log.

The practice manager told us, "The dentists are always available in the practice, so that people could speak with them on a one-to-one basis." This they said, "Reduced the need for complaints". The dentist told us the service encouraged and supported a culture of openness where individuals felt confident that their complaints or concerns would be listened to and acted upon.

The six people who completed our questionnaire informed us they knew how to make a complaint if they were unhappy with any part of the service they received. However, they all said they had never had to make a complaint. One respondent wrote, 'I personally would ring or call into the practice in person'.

This meant that the provider had processes in place to handle complaints received by the service and people knew how to make a complaint.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers How the regulation was not being met: The provider failed to ensure the information specified in Schedule 3 of the Care Quality Commission Essential standards of quality and safety regulations of the Health and Social Care Act 2008, was available for each person employed at the service. Regulation 21.
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 31 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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