

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

Oasis Dental Care Southern - Sevenoaks

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Date of Inspection: 13 December 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oasis Dental Care (Southern) Limited
Registered Manager	Mrs. Charlotte Gallagher
Overview of the service	<p>The Oasis Health Care Dental Practice provides both NHS and private treatment to adults and children.</p> <p>The practice is based in Sevenoaks with on site parking . The practice is accessible and benefits from ground floor treatment rooms.</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
<hr/>	
Summary of this inspection:	
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	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 13 December 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

Patients were given appropriate information and support regarding their care or treatment. Patients we talked with were very complimentary about the staff, the service and the treatment they had received. Patients said "The treatment was consistently good", "their dentist was very competent" and they "always felt at ease"

We saw that patient's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. Patients spoke positively about the practice. One patient said "There were no problems getting an appointment." Another patient said "The reception staff were good and manage to get your appointments sorted out." The atmosphere within the practice was relaxed and friendly and we observed staff were caring and supportive in their approach to patients.

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

We found that the registered person had effective infection control procedures in place; Policies and procedures covered all areas of infection control from the decontamination process of the dental instruments to the practice environment to staff uniforms and personal protective equipment (PPE).

We found that the service regularly assessed and monitored the quality of the service provided. Patients and their representatives were regularly asked for their views on "How was your visit?" Reception staff encouraged patients to complete the surveys during their visit. Each month the comments were analysed and reviewed. A poster would be placed in the reception area, to inform patients and their representatives of the outcome of the previous months completed surveys.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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

Reasons for our judgement

Patients were given appropriate information and support regarding their care or treatment. As part of our inspection we spoke with four patients. They were very complimentary about the staff, the service and the treatment they had received. Patients said "The treatment was consistently good", "their dentist was very competent" and they "always felt at ease". All of the patients we talked with were happy with the care and treatment they received at the practice.

We observed a consultation between a dentist and a patient. We saw that the dentist put the patient at ease, discussed treatment options, asked about their general and oral health and checked medical records were up to date. This information was then recorded onto an electronic system for the dentist to view prior to commencing treatment. The dentist checked before commencing treatment that the patient understood the treatment that was to be provided and gained consent to proceed. This meant that patients could be confident that their views would be taken into account about any recommended treatments.

We looked at the care records for eight patients. We saw that the records contained up to date medical histories and treatment plans for each patient. We heard evidence from a patient that they were able to exercise choice over their treatment. One patient said "The dentist explained that I needed an extraction along with the advantages and disadvantages of having this done. I have decided not to have it done at present and the dentist has agreed that we will discuss it again at future consultations. I am happy with this decision" This demonstrated that patients who used the service were given appropriate information and support regarding their care and treatment which shows that patients are being involved in the decisions regarding their treatment.

The practice had wheelchair access to the premises and all the treatment rooms were on the ground floor. This allowed access to the full range of services available to patients with

mobility problems or for disabled people.

The practice facilities were well designed and maintained, modern and comfortable with the reception area separate to the waiting area which helped to support the confidentiality of patients. We saw that computer monitors were positioned so they faced away from public areas. A confidentiality policy was in place and this was confirmed by staff who were able to demonstrate a good understanding of confidentiality and how this was maintained. This meant that patients could be assured that their information was kept securely and confidentially.

We saw that the service had a range of patient information leaflets that patients could take away with them. These included information about the different treatments the service could provide and the associated costs, the practice opening times, emergency treatment and information on how to raise a concern or complaint. This meant that patients had access to appropriate information in order to make informed decisions about their oral health.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

Patients spoke positively about the practice. One patient said "There were no problems getting an appointment." Another patient said "The reception staff were good and manage to get your appointments sorted out." The atmosphere within the practice was relaxed and friendly and we observed staff were caring and supportive in their approach to patients. We saw that reception staff encouraged patients to take information update forms that were on display on the reception counter. Newly referred patients were sent forms to complete which detailed their medical histories prior to their first appointment.

We looked at the care records for eight patients, a mixture of both NHS and private patients. We saw that the records contained up to date medical histories and treatment plans for each patient. We saw evidence of written confirmation letters detailing the planned treatments, such as x-rays, cannulation and scale and polish procedures and the associated costs, allowing patients to make a decision which best suited their needs. All relevant forms (NHS- FP17DC) and letters describing treatment plans were dated and signed by the dentist before being given to the patient for their signature. One patient told us that their child had been referred to the Queen Victoria Hospital at East Grinstead to have an extraction. This showed that the appropriate referrals were being made to ensure that care and treatment was being delivered around patient needs and that patients' safety and welfare were being considered. The practice has reflected the needs of children by providing a children's room designed in the theme of a space rocket. This room is used by the dental nurses to encourage good dental health for children through learning about their teeth, diet and good brushing techniques. This meant that children were involved in developing good dental practices to secure a healthy dental future. We saw evidence that there were arrangements in place to deal with patient emergencies. For example, staff told us that there was an answerphone message explaining how patients could seek help out of surgery hours and the costs of the treatment.

There were arrangements in place to deal with emergencies within the practice. For example, we saw staff had access to emergency equipment such as oxygen, emergency

medication and a defibrillator. Records confirmed that equipment was kept in a good state of repair and is checked regularly. We saw evidence that the staff were regularly trained in medical emergencies, such as first aid and cardio-pulmonary resuscitation (CPR) and staff records confirmed this. This meant that patients would be supported by trained and informed staff in an emergency situation. The provider might like to note that the cupboard within the children's room that stores medical supplies and emergency drugs would be assessable to the public; this meant that people were not protected from risk.

We saw that the practice had policies for emergencies, these included fire, equipment and utilities failure. This meant those peoples' needs would be met before, during and after an emergency.

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.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Policies and procedures covered all areas of infection control from the decontamination process of the dental instruments to the practice environment to staff uniforms and personal protective equipment (PPE).

We saw that the practice was clean and well maintained with hand sanitizers available in the reception area for people entering the practice. In all areas, including the examination rooms, the surfaces and floors were covered in easy to clean materials which allowed high levels of hygiene to be maintained throughout the working day. We were shown a cleaning rota that was being implemented within the practice and this was signed by the staff. The cleaning equipment was colour coded; this ensured that the appropriate cleaning equipment was used in the appropriate areas within the practice. We saw that general and clinical waste bins were covered and that appropriate signage was used. We saw that waste was stored safely, in a locked container, fixed to the wall outside the practice, until collection. We were told by the registered manager that waste was collected by an approved provider; every week. This meant that the registered person was taking reasonable steps to ensure patients and staff were protected from the potential risk associated with waste products.

We saw that the practice had a dedicated decontamination room for the decontamination and sterilisation of the dental instruments. We observed a dental nurse who demonstrated the decontamination process undertaken to sterilise re-usable dental instruments. A chart displayed on the wall confirmed that the autoclaves used for sterilising equipment were tested each morning and a book containing print outs from each sterilising cycle was kept to confirm the autoclave was working at the appropriate temperature. During the demonstration the nurse was appropriately protected from any threat of infection because they wore personal protective equipment such as eye protection and undertook the procedure as detailed in the provider's decontamination room policy which was clearly displayed in the decontamination room wall. The decontamination room was clearly segregated into dirty and clean areas along with a separate area for staff hand washing.

Hand washing technique posters were displayed at all the hand washing sinks throughout the practice along with liquid soap and paper towels. Clean, clearly marked plastic boxes were visible in the clean area to store the sterilised instruments ready for use or placing into pouches for future use. A good supply of aprons, gloves, masks and eye protection was available; ensuring that staff were protected during the procedure and high levels of infection control were being maintained.

In the two examination rooms we visited, clean and dirty areas were clearly marked. We saw that the Registered Dentist and Dental Nurse wore clean uniforms and that personal protective equipment (PPE) was available for use for both staff and patients, for example masks and eye protection. A separate hand washing basin, hand wash and sanitizer were used in the treatment room. Staff we spoke to were able to describe good infection control and hygiene practices before, during and after a consultation. We observed that staff were strict about changing their uniforms when they left their surgeries at lunch time. This demonstrated that staff practised good standards of hygiene.

We saw records that demonstrated all staff had received Occupational Health checks including receiving vaccinations against Hepatitis B. This helped to ensure patients would be protected against the risk of infection.

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

Our judgement

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

Reasons for our judgement

We spoke with three staff, of differing job roles, about their experience of the support they received to enable them to carry out their roles. Clinical staff told us that they had opportunities for continuing professional development (CPD) and were allowed time to undertake this during their working week. Mandatory and CPD training is undertaken electronically with clinical staff attending certified training days to keep their clinical skills up to date and develop new skills. Staff felt supported by the management team in being able to develop their skills. We looked at a sample of staff files and saw that staff undertook training to meet their ongoing professional development to keep their registration with the General Dental Council.

One member of staff told us that the support was "Good and they always get updates" and another said it was a "Supportive organisation around development". We were told that across the Oasis group, systems were in place to spread good practice through "cluster meetings" with other practices and a peer review process within practices to support clinical staff in continually improving the quality of care they deliver. We were told nursing staff underwent annual performance reviews with the registered manager who set objectives for staff to attain to support their development and to keep their clinical skills up to date and relevant.

Nursing staff were supervised by their dentist on an on-going basis. The registered manager told us that dental nurse training roles were supported by college based learning, in house training and mentoring. The registered manager told us that in January a new nurse training role was commencing which showed that the practice was planning for future workforce needs. After gaining general dental council registration we were told there was a continuous training programme which included First Aid, Cardio- Pulmonary Resuscitation and Infection control training. We talked with staff and they told us that the registered provider was very supportive of staff training needs and regular staff meetings allowed staff to stay up to date with company policies and practices. We saw that staff records contained details of the training they had completed which supported the continued professional development of the staff.

An induction programme was in place for new staff. We were told this was split between

electronic and practical training. Areas of training included emergencies and company policies and procedures .A mentor was assigned to new staff members to support them through the induction period. One member of staff told us that everyone was "Very supportive."This meant that the provider was supporting staff through induction which prepared them adequately for working at the surgery.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

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.

Reasons for our judgement

We found that the registered manager regularly assessed and monitored the quality of the service provided. Patients and their representatives were regularly asked for their views on "How was your visit?" Reception staff encouraged patients to complete the surveys during their visit. Each month the comments were analysed and reviewed. A poster was displayed in the reception area, to inform patients and their representatives of the outcome of the previous months completed surveys. We saw that the outcomes of the surveys were discussed in team meetings to inform staff and involve them in improving the quality of the care provided. We also saw that there was an accident policy in place. Accidents were recorded and these were sent to head office where the safety lead would analyse and take any actions required. This meant that the provider was responsive to reducing the risk of situations happening again.

We observed that posters and leaflets within the practice had information for patients about how to complain. The registered manager told us about the complaints policy and how a timeline exists to manage the complaint effectively. If the complaint cannot be resolved within the practice team the complaint will be sent to head office. Comments will be anonymised and will be discussed at staff meetings to discuss how lessons can be learnt and similar incidents will not happen in the future. This meant that the provider was responding effectively to complaints and comments made about the service.

We saw records that the practice held regular staff meetings. Staff we spoke with told us that they felt comfortable to discuss all subjects. The minutes for the staff meeting of the 26th November 2013, covered topics such as medical histories, National Institute for Clinical Excellence (NICE) Guidelines, safety alerts and child welfare and protection. This shows that the provider is responsive to continually improving the quality of care provided.

We looked at the risk assessments for the service and saw that these included, but were not limited to the management of hazardous substances, Slips, trips and falls, fire risk and

that these assessment had been reviewed recently. This meant that patients could be assured that the appropriate assessments had been completed in order to help maintain a safe environment.

We saw that management audits were undertaken to support continually improving standards of treatment and care. We were told that dentists "audit each other" and through this process treatments and clinical practices can be changed to improve quality through peer review. This shows that there is a culture of openness between clinical staff that will support improving standards of care.

We found that all equipment in the service was regularly serviced and maintained for example the autoclave, x-ray equipment and portable appliance testing (PAT) for all electrical equipment. We saw that staff had received training in the proper use of equipment such as radiographs. This meant that the provider had taken adequate steps to identify, monitor and manage risks that affect the health, welfare and safety of both patients and staff within the practice.

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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