

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

Oxford DentalMed

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Date of Inspection: 31 May 2013

Date of Publication: October 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
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	M&F Dental Clinic Limited
Registered Manager	Mr. Marcos Antonio Machado
Overview of the service	Oxford Dental Med offers private dental and orthodontic treatment for patients of all ages. NHS treatment is available for people under the age of 18.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

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 31 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We met with the registered manager and the dentist during our visit to Oxford DentalMed. We spoke with two members of staff and with the four patients' who attended for treatment.

Patients told us they had sufficient information to make decisions about their treatment. A patient told us the dentist "Explained the things I needed". Another patient said "Of course my treatment is explained before it starts". The four patients we spoke with said they had a choice of appointments to suit them.

Patients received treatment that met their needs and followed their treatment plans. We saw detailed treatment plans in patients records. A patient told us their treatment was "Very fine". A second patient said "I'm never bothered about seeing the dentist. I'm very happy". One patient had travelled from a neighbouring county because the dentist had been recommended to them.

The practice was clean. Many appropriate cleaning and control of infection regimes were in place. However, we found that not all of the control of infection guidance expected in the Department of Health "Decontamination in primary care dental practices" was being followed. For example control of infection audits had not been carried out.

Both staff said they were happy working at the practice. We saw that adequate training for staff was in place.

The practice did not have robust systems in place to monitor the quality of service delivered. Patient questionnaires were available but not completed.

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 19 October 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.

Patient's privacy, dignity and independence were respected.

Reasons for our judgement

Patients' diversity, values and human rights were respected. We spoke with four patients during our visit to Oxford DentalMed. All four had received orthodontic treatment or assessment on the day of our visit. They had chosen the practice to receive their treatment because Portuguese or Spanish was their first language and the dentist, and their staff, spoke Portuguese. The practice was located on the ground floor with adequate access for people with mobility difficulties. The surgeries had wide doors which would allow wheelchair access if required. There were no steps to the front door and entry to the reception desk was open and uncluttered.

The practice was open between the hours of 09:00 hours and 17:00 hours each weekday. We were told that patients requiring a later appointment could be seen as special arrangements would be made to stay open until 19:00 hours. The registered manager told us that patients' were given the mobile phone number of the dentist to call if they had a dental emergency outside of normal opening hours. This was confirmed by the dentist. All four patients' we spoke with told us they found it easy to make appointments that suited their daily routines. Patients' were able to access dental and orthodontic treatment and advice when they needed it because they were given adequate contact information.

We saw that patients' attending for treatment were dealt with in a friendly and professional manner. Only one dentist was in attendance at any time. This meant that there was usually only one patient waiting. The patient was therefore, able to check in at reception without being overheard by other patients. One patient told us "They treat you like family" another patient said "Oh yes the receptionist is polite and friendly". The receptionist told us, and the registered manager confirmed, that if a patient asked to speak about their treatment or fees in private they could speak with the manager in their office. When patients were receiving their treatment the door to the surgery was closed. This meant that patients were treated with dignity and respect and with regard to their privacy.

The practice maintained manual treatment records. These were held in lockable cupboards immediately behind the reception desk. Appointments were booked in a diary which was held under the reception counter. Patients' personal information was, therefore,

not accessible to others.

Patients' knew the fees for their treatment. The patients' we spoke with all told us that their fees had been explained to them before treatment commenced. The fees for treatment were clearly displayed on a notice board to the side of reception. We looked at six patient records. Four were for patient's receiving orthodontic treatment. They contained a detailed treatment plan with a contract for treatment signed by the patient. The contract contained details of the fees associated with the treatment proposed. The other two records were for patients receiving general dental treatments. These contained details of the treatment proposed and set out the fees for treatment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Patients' needs were assessed and treatment was planned and delivered in line with their treatment plan. The patients' we spoke with were happy with their treatment. One patient told us "Yes of course my treatment is explained. I also ask lots of questions as I go along". They also said "The dentist explained that they will review my elastics (used in orthodontic treatment) next time". Another patient told us "I know roughly how much time left to go. The treatment runs to the end of the year". The same patient said "I'm not always told what's happening during my treatment". We spoke with a patient who had attended for their first assessment. They told us "The dentist explained the things I wanted to know. They told me how to clean my teeth properly to prepare for a brace". The fourth patient we spoke with said "She (the dentist) is excellent. She explains everything correctly and I don't worry because she talks to me so I can be calm. I used to be afraid" We looked at the treatment records of the four patients' we spoke with. All contained details of the treatments they told us they had received and entries setting out what would be undertaken at their next appointment. The treatment records matched the descriptions of treatment given to us by the patient.

We observed that a patient registering for treatment for the first time was asked to complete a medical history form. The registered manager told us that patients' were asked to update their medical history every six months. The dentist told us they ask the patient if there has been any change to their medical history before they commence any treatment. We looked at six treatment records which showed this had taken place. We asked to look at a treatment record for a patient with a significant medical issue. This contained a prominent red cross sticker on the front of the record to alert the dentist to the problem. The practice held a medical emergency box containing drugs. These were checked by the registered manager and we saw evidence of the checks having taken place. The expiry date for one of the drugs coincided with the day of our visit. The replacement was delivered whilst we were present in the practice. The emergency box was held in a locked room not accessible to patients. We did not find any emergency oxygen cylinder or defibrillator available on the day of our visit. The provider may wish to note the guidance published by the Resuscitation Council in June 2011, "Medical Emergencies and Resuscitation" specific to dental practices. Page 12 of the recommendations advises that dental practices hold oxygen and a defibrillator to support dealing with emergency resuscitation. We observed that there were arrangements in place to deal with foreseeable

emergencies.

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

Our judgement

The provider was not meeting this standard.

Patients' were not fully protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate 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 provider held an up to date control of infection policy. This was displayed for patients on the main notice board at the side of the reception and kept in their policies file. We asked the dental nurse to show us the process for decontamination of dental instruments. This took place in a dedicated decontamination suite consisting of a "dirty room" and a "clean room" connected by a hatch through which instruments ready for sterilisation were passed. The process we observed largely followed the most recent guidance on decontamination issued by the Department of Health (DoH) in April 2013. However, the dental nurse did not wear a disposable apron during the first stage of the decontamination process as recommended in the DoH guidance. The dental nurse told us that aprons were not available in the practice. The practice had not completed the required quarterly audits of infection control in 2012. The DoH guidance for 2013 requires these audits to be carried out every six months. We looked at the records of tests of the steriliser carried out since January 2013. These were comprehensive and showed the steriliser had passed all the operational tests required. The dental nurse told us she carried out weekly and monthly tests of the functioning of the ultrasonic bath used to dislodge debris from dental instruments. There were no records of these tests having taken place. The DoH guidance requires test data for ultrasonic baths to be kept and logged. This meant the provider did not have effective systems in place to reduce the risk and spread of infection.

We observed the cleaning process carried out in the surgery room between patients. This followed the DoH guidance. However, the dental nurse did not wear a disposable apron during the process.

Clinical waste was disposed of appropriately. We saw that clinical waste was segregated from the general waste in colour coded bags. Sharps bins were kept out of reach of patients and in a position where they could not easily be knocked over. We saw that full clinical waste bags were held in a locked container to the rear of the practice. The provider held a current contract for collection of clinical waste by a licensed carrier. Consignment notes detailing the collection of clinical waste were held in accordance with environmental law.

The practice was clean and tidy. Colour coded mops and buckets were used to reduce the risk of cross infection between clinical and non-clinical areas of the practice.

The practice had not been subject to a hot water test for legionella and did not possess a legionella risk assessment.

The hepatitis B status for the dentist and dental nurse were held on file.

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.

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

Reasons for our judgement

Two staff were employed, a dental nurse and a receptionist. We spoke with both of them and looked at their personnel records. The dental nurse had been employed since August 2012. They told us and we saw evidence in their personnel file that they had completed a thorough induction programme. A copy of the programme was held in their personnel record. They had not had an annual appraisal because they had not been in post for a year. They said "It's very good working here. If something crops up we talk about it before we go home". They also told us that a monthly staff meeting was held on the last Friday of the month. Records of the staff meetings were not kept. There was evidence in the dental nurse's personnel file that they had attended training in basic life support, control of infection and radiation protection during the last year. They also told us "They are very encouraging to get us on courses".

The receptionist had joined the practice in mid May 2013. They told us that they were still learning the job. They described their induction programme in detail and told us that a checklist had been used to ensure all relevant topics were covered. The checklist was not available in their personnel file. They said "I have not done a job like this before. They are very patient with me and they support me a lot".

Assessing and monitoring the quality of service provision

✕ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that patients' received.

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

Patients' who used the service were asked for their views about their treatment but they were not followed up or used to influence the way treatment was delivered. The provider had patient satisfaction questionnaires available. These covered many useful aspects of care and treatment that patients' could offer comment on. However, the questionnaires were not prominently available and patients' were not encouraged to complete them. We saw two completed questionnaires. Both contained very positive feedback on the service received. We suggested to the registered manager that questionnaires could be left on the reception desk and the receptionist would ask patients' to complete them. The registered manager took action on this suggestion immediately. There was no comments box or book available for patients to make specific comments if they did not want to complete a full questionnaire. The provider could not take account of complaints and comments to improve the service as very few were recorded.

We found no evidence of monitoring audits having been completed. The control of infection audits required by DoH guidance had not been completed.

The registered manager told us he had dealt with one verbal complaint during the last year. This had been dealt with to the patient's satisfaction. There was no record of the complaint or action taken.

There were no accidents or incidents recorded since the practice opened in late 2011.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Cleanliness and infection control</p> <p>How the regulation was not being met:</p> <p>Regulation 12 (2) (1) was not being met in full. The provider did not hold disposable aprons for staff to wear during decontamination and cleaning processes, infection control audits were not carried out, tests to ensure correct functioning of the ultrasonic bath were not recorded and a legionella risk assessment had not been undertaken.</p>
Regulated activities	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The requirements of regulation 10 (1) (a) were not being met. The provider did not regularly seek the views of patients and did not undertake any service reviews.</p>

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 19 October 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

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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