

***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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Tel: 01865250404

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Cleanliness and infection control**

✓ Met this standard

**Assessing and monitoring the quality of service provision**

✓ Met this standard

## Details about this location

Registered Provider	M&F Dental Clinic Limited
Registered Manager	Mr. Marcos Antonio Machado
Overview of the service	Oxford DentalMed provides a range of private dental treatments to patients of all ages. The practice does not offer NHS treatment.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Oxford DentalMed had taken action to meet the following essential standards:

- Cleanliness and infection control
- Assessing and monitoring the quality of service provision

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 October 2013 and talked with staff.

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### What people told us and what we found

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Oxford DentalMed is a small family run dental practice. We met with the registered manager, the dentist and receptionist on the day of our visit. We carried out this visit to see whether the practice had taken action to address matters of non-compliance found during our last visit in May 2013.

We were not able to speak with patients because none were booked to attend for treatment at the time of our visit.

In May 2013 we found that the practice had not followed all guidance to reduce the risk and spread of infection. We saw that significant progress had been made. A legionella risk assessment had been carried out and action taken on recommendations contained in the risk assessment. For example, the quality of water going into dental units was being regularly checked.

At the last inspection we found the practice did not have effective quality assurance systems in place. Significant progress had been made. We saw that the practice was undertaking audits to check quality of x-rays. Patient views were sought and acted upon. Patient feedback informed the practice that patients wanted reminders of when their appointment was due. We saw that the system to remind patients of their appointment had been improved to ensure patients were sent a reminder two days before their appointment.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

## Our judgements for each standard inspected

### Cleanliness and infection control

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

During our visit in May 2013 we found that the practice did not have a full range of appropriate systems and procedures in place to minimise the risk and spread of infection. The practice had told us, by submission of an action plan, that they had taken action to address the issues.

We carried out this visit to see whether the practice had completed the action they told us they would take. We found significant improvement. A legionella risk assessment had been carried out in June 2013. We looked at the risk assessment report prepared by a competent person. The report showed the practice to be a low risk environment with regard to risks associated with infection from waterborne bacteria. There were three recommendations contained in the report which we saw the practice had taken action on.

There were records of 'dip tests' (a test for water quality) on the water going into dental units having been carried out on a three monthly cycle. The results of both tests were clear, showing good water quality with no bacteria present. The registered manager had replaced the filter to the water cooler. There was evidence of hot and cold water temperature checks having been taken at various taps throughout the practice. The temperatures we saw recorded complied with the Department of Health (DoH) temperature control guidance. The practice had followed current guidance to reduce the risk of patients contracting infection from waterborne bacteria.

We saw that records were being kept of regular tests that ensured the ultrasonic bath (a piece of equipment used to remove debris from dental instruments during the decontamination process) was working correctly. All the test materials were dated and the practice had a written policy for retention of the test materials for an appropriate period of time. We looked at the test materials and they showed the ultrasonic bath was working effectively. The practice had introduced systems to ensure all equipment used in the process of decontaminating dental instruments was working correctly.

There was a stock of disposable aprons available. During our last visit in May 2013 we saw that staff and the dentist did not have disposable aprons available to use during treatment or the decontamination process. The Department of Health (DoH) issued guidance in March 2013 which included advice on the use of disposable aprons. We could not observe whether staff wore disposable aprons at the appropriate stages of the decontamination process because there were no patients treated during our visit. Consequently no instruments were available to take through the decontamination process. The practice had taken action to provide equipment to meet appropriate current guidance on decontamination.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The practice had an effective system in place to regularly assess and monitor the quality of service that patients receive.

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### Reasons for our judgement

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When we visited Oxford DentalMed in May 2013 we found the practice did not have effective systems in place to monitor clinical quality or seek patient feedback.

The practice had made progress in introducing quality assurance systems and processes. We looked at two audits of infection control which had been carried out at three monthly intervals since our last visit. The results showed the practice achieved high standards in their infection control processes. However, we did not see evidence of an action plan to address any issues the audits had identified. The provider may find it useful to note that there was no evidence of action arising from audits of control of infection.

The registered manager was aware of the frequency that control of infection audits should be carried out. They told us they would conduct a further audit in December and record actions arising from the results before they switched to the recommended six monthly cycle of audits.

We saw an audit of x-ray quality. This showed us that 98 out of 99 x-rays taken since June 2013 had achieved grade 1 high quality status. We saw that the one x-ray that had been graded as level two related to a young person who had moved during taking the x-ray.

We saw a computer based audit of patients who did not attend for their appointment. The receptionist told us that they used the record to prompt a telephone call to the patient to remind them that they should let the practice know in advance when they could not attend for their appointment. We saw that the registered manager had produced a notice, which was attached to the reception desk, reminding patients that they must give notice if they could not make their appointment. The notice mentioned that another patient could have been offered the appointment if it had been cancelled with notice. The practice had introduced quality assurance processes that were appropriate.

We saw that the practice had introduced a comments and suggestions book. There were 10 positive comments recorded in the book. One comment we saw stated 'I recommend this place (the practice) to everyone because they won't perform needless procedures'.

Another patient had included a comment 'I'm overwhelmed with the fantastic results after having my teeth whitened'.

During our last visit in May we saw that the practice had a satisfaction questionnaire available. However, at that time they had not been asking patients to complete it.

We saw that the practice had received an average of 25 completed questionnaires a month since our last visit. The registered manager and receptionist told us they had reviewed the comments and ratings patients had given the service. The registered manager noted that there were two aspects of the service that received more average or poor ratings than others. These related to the time patients were kept waiting for their appointment and reminders for appointments.

The practice took account of patient comments to improve the service. The dentist and receptionist told us that they were working together more closely to ensure that adequate time was scheduled for time consuming complex treatments. They told us that progress was being made to achieve a more realistic scheduling that would reduce the time patients waited.

The receptionist showed us the system they had introduced on their computer to remind patients when their appointment was due. They told us they telephoned or sent a text to patients two days before their appointment.

## 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.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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