

Oasis Dental Care (Central) Limited

# Oasis Dental Care Central - Netherfield

## Inspection Report

12-16 Victoria Road  
Netherfield  
Nottingham  
Nottinghamshire  
NG4 2HE

Tel: 01159 876020

Website: [www.oasisdentalcare.co.uk](http://www.oasisdentalcare.co.uk)

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### Overall summary

We carried out this announced inspection on 5 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

#### **Background**

# Summary of findings

The Oasis Dental Practice in Netherfield is located in Nottingham. The practice provides mostly NHS dental treatment (95%) to patients of all ages.

The practice is located on two floors with level access to the front door. There are five treatment rooms, four of which are located on the ground floor. There is a pay and display car park behind the practice, with the first two hours free.

In January 2016, the Department of Health (DH) announced the launch of a prototype process as the next stage in the reform of NHS dentistry. Oasis – Netherfield was one of the practices in England selected to take part in the Dental Prototype Agreement scheme. The practice has been testing new ways of providing NHS dental care with an emphasis on preventing future dental disease.

The dental team includes five dentists; two dental hygienists/ therapists; five qualified dental nurses; one trainee dental nurse, three receptionists and one practice manager.

The practice is owned by an organisation and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Oasis – Netherfield Dental Practice is the practice manager.

On the day of inspection we collected 18 CQC comment cards filled in by patients and spoke with two other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, two dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday, Tuesday and Thursday: 8:30 am to 7 pm, Wednesday: 8 am to 7 pm,

Friday: 8:30am to 5pm and Saturday: 9 am to 1 pm

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- The practice asked staff and patients for feedback about the services they provided, and received positive feedback.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes. Staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took measures to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice dealt with complaints positively and efficiently.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements and equipment for dealing with medical and other emergencies.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as very good, helpful and understanding. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, compassionate and friendly. Patients also said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice had an accident reporting policy and procedure. There had been no accidents recorded in the 12 months up to this inspection. The practice manager had a system where accidents were discussed annually in a full staff meeting to review any themes or trends.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There was clear analysis and action and learning points were recorded.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Records showed the practice received regular alerts.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the identified lead for safeguarding in the practice. They had completed safeguarding training during April 2017.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. A copy of the whistleblowing policy was available for staff.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. All COSHH information including a risk assessment and copies of manufacturers' product data sheets were stored in a designated COSHH file.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and a recognised system for safe handling of needles. In addition it was practice policy that only dentists handled needles. The dentists used rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. A copy was also available off site. The policy had last been updated in May 2017 to reflect changes at the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with training booked for all staff on 13 September 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), medical oxygen and portable suction.

The practice had a first aid box which was located centrally. One member of staff had completed first aid at work training.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at six staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had a system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

### Monitoring health & safety and responding to risks

# Are services safe?

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 31 October 2017.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. The practice had appointed fire marshals and designated staff had completed fire training within the practice. The fire risk assessment had been reviewed in July 2017.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed an annual update in infection prevention and control with the most recent training having been completed in January 2017.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit was completed in April 2017. Records showed when necessary the practice had produced action plans and was able to demonstrate the steps taken to address the identified issues from the audits.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated in February 2017.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. There were records within the practice to demonstrate that equipment had been serviced regularly.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

The practice had five intraoral X-ray machines, and rectangular collimation was available for all five machines. The practice did not have an orthopantomogram X-ray machine (OPG) therefore if patients required this service they were referred to the local hospital or another dental practice. The practice used digital X-rays which delivered a lower level of radiation to patients.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice manager said X-ray audits for each dentist were being introduced going forward.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Clinical notes were held electronically with records for consent and treatment plans scanned into the records. The digital X-rays were automatically put into the patient record and medical histories were scanned into the record at reception. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention'. We saw evidence this was being used in the practice and staff were committed to preventative oral health care. As part of the Department of Health's Dental Prototype Agreement scheme, the practice has been testing new ways of providing NHS dental care with an emphasis on preventing future dental disease.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child based on risk. Information for patients about fluoride applications was available in leaflet form in the waiting room.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available in treatment rooms.

### Staffing

The practice had five dentists; two dental hygienists/therapists; five qualified dental nurses; one trainee dental nurse, three receptionists and one practice manager. We checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. The practice manager used a tracker to monitor staff training needed to meet GDC requirements (known as CPD) and reviewed other training on a regular basis.

Staff told us they discussed training needs at annual appraisals. We saw evidence of appraisals for staff with personal development plans and personal objectives completed by each staff member.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a consent policy which referenced the Mental Capacity Act (MCA) 2005 and Gillick competence. We discussed consent with a dentist and a dental nurse who both showed a clear understanding and knowledge of the MCA and Gillick competence. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.

# Are services effective?

(for example, treatment is effective)

Every patient was given a copy of their treatment plan and the practice recorded consent within the patient dental care records.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with reception staff who were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, welcoming and compassionate. We saw that staff treated patients with respect, were friendly, approachable and professional at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Dentists told us that they had control of their appointment book and could book extra time for seeing patients who were nervous.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Information posters and leaflets were available for patients to read together with a television in the waiting room which provided positive oral health messages and detailed the different treatment options available.

### **Involvement in decisions about care and treatment**

The practice mostly offered NHS dental treatments (95%) The costs for NHS and private dental treatment were displayed in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We received feedback from 20 patients who told us staff were helpful and understanding when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments including cosmetic dentistry and dentures provided by this practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Several patients commented on the ease of getting an appointment that suited their needs. Patients told us they found it easy to get an appointment and staff were helpful and understanding when making appointments. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff told us that they texted patients who had signed up for the service 24 hours before an appointment was due.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing an induction hearing loop for patients who used a hearing aid. There were four treatment rooms situated on the ground floor and therefore accessible to patients who used wheelchairs and families with pushchairs. The practice had completed an access audit to formally assess patients' mobility access needs.

Staff said they could provide information in different formats such as large print to meet individual patients' needs on request. The principal dentist said there were arrangements for accessing an interpreter or translation service if and when required.

### Access to the service

The practice displayed its opening hours outside the practice. This included the different options for access to

emergency treatment outside of opening hours. The practice was open until 7 pm Monday to Thursday to allow patients access to the service outside of normal working hours.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was closed. This included access to the NHS 111 service and an emergency out-of-hours dental service in the city. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had been kept under review. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received nine complaints in the 12 months prior to this inspection. We saw that the complaints had been handled in line with the practice complaints policy and actions and learning points identified.

# Are services well-led?

## Our findings

### Governance arrangements

The practice manager had responsibility for the management and leadership of the practice together with the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The provider was an organisation and provided additional management and support to the practice.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. We saw that policies and risk assessments had been reviewed regularly at different times throughout the calendar year.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. There was a duty of candour policy which directed staff to be open and honest in their dealings with patients. The policy had been discussed at a staff meeting in March 2017. Discussions with staff identified they understood the principles which underpinned the duty of candour.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. If staff had any concerns these were discussed at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Meetings were taken and were available to all staff. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, infection control and hand hygiene which had all been completed on regular basis. The practice manager was new to the practice and was reviewing and developing quality assurance processes to ensure improvements. They had clear records of the results of these audits and the resulting action plans and improvements. The practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed essential training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used a range of means including patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on, for example they had increased the number of leaflets and provided more information within the practice.

The practice gave feedback forms to patients on an informal basis. This was usually after they had completed a course of treatment. The findings were discussed in staff meetings and if there were any action points identified they were shared with staff.

Patients were encouraged to complete a feedback form which followed the NHS Friends and Family Test format. There were comment cards and a response box in the

## Are services well-led?

waiting room to allow them to do this. However, the practice had not provided formal feedback data to NHS England for some time. The practice manager said this would be implemented following the inspection.

There were three patient reviews recorded on the NHS Choices website since November 2015. Two had provided positive comments. The practice had not responded to the comments contained in any of the reviews.