

Oracle Dental Limited

Oracle Dental Clinics Stafford

Inspection report

9 Parker Court
Staffordshire Technology Park
Stafford
ST18 0WP
Tel:

Date of inspection visit: 28 April 2022
Date of publication: 01/06/2022

Overall summary

We carried out this announced focused inspection on 28 April 2022 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a second inspector and a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which mostly reflected published guidance. We found that detergent for manual cleaning was not measured in accordance with product guidance, and a log of each autoclave cycle was not kept.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Appropriate pre employment checks were not always carried out. Specifically, employment history and evidence of satisfactory conduct in previous employment was not available. References were not seen for all staff.

Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were not always available as per resuscitation council guidelines, specifically one airway was out of date and some masks were missing. The practice did not have any eye wash equipment or a mercury spillage kit. These were ordered on the day of our inspection.

Background

The provider has five practices and this report is about Oracle Dental Clinics Stafford.

Oracle Dental Clinics Stafford is in Stafford and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes nine dentists, three dental nurses (one a trainee), one dental hygienist, one receptionist and one practice manager. The practice has three treatment rooms.

During the inspection we spoke with one dentist, one dental nurse 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 to Friday from 9am to 5pm, closing between 1pm and 2pm for lunch daily.

There were areas where the provider could make improvements. They should:

- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice, in particular to evidence of satisfactory conduct in previous employment.
- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment and supervision of all staff. In particular, ensuring staff receive appraisals.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance, but these were not always followed. Detergent used for manual scrubbing was not measured in accordance with the product guidelines, and they did not log every autoclave cycle to ensure each cycle has reached the correct temperature.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, but these were not always followed and did not reflect the practice's own risk assessment. For example, monthly temperature checks were not completed or logged.

The practice had infection control procedures which mostly reflected published guidance. The practice had introduced some additional procedures in relation to COVID-19 in accordance with published guidance, the practice was not screening patients for COVID-19 prior to their appointment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedures to help them employ suitable staff which reflected the relevant legislation. We found these procedures were not always applied. We reviewed the recruitment files of two members of staff. We noted that that one dentist had no references from their previous employer.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed and tomography (CBCT).

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were not available or checked as described in recognised guidance. In particular; there was no eye wash equipment or mercury spillage kit. The oropharyngeal size 1 airway had expired, there were no self-inflating bags with reservoir for an adult or a child and no clear face mask sizes 0, 1, 2, 3 and 4. During our inspection the provider submitted evidence that all these items had been purchased.

The monitoring logs for equipment and medicines were completed monthly rather than at the weekly recommended intervals. The Automated External Defibrillator (AED) checks were not included in the practice monitoring log.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice did have systems for referring patients with suspected oral cancer under the national two-week wait arrangements but there were no logs to monitor these.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. The practice had two Glucagon vials, both stored in the fridge, one had expired and one was in date. Fridge temperatures were not measured or recorded. We were advised following the inspection that the in-date medicine had been relocated with the medical emergency kit and the out of date medicine had been disposed of.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Dental implants

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety.

Systems and processes were embedded, and staff worked together in such a way that where the inspection highlighted issues or omissions the provider took immediate action to resolve these.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff did not have regular annual appraisals, or one to one meetings and they had no recorded clinical supervision. There is room for improvement in the frequency and recording of these meetings.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.