

Oxforce Limited

Oxforce Limited

Inspection report

69-71 Banbury Road
Oxford
Oxfordshire
OX2 6PE
Tel: 07868346821
Website: none

Date of inspection visit: 9 May 2018
Date of publication: 12/07/2018

Overall summary

We undertook a focussed follow up inspection on 9 May 2018 to check whether improvements to the service had been made. We found a continued breach of regulations.

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 24 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive

and well-led? We found the service was not meeting regulations and issued a requirement notice. We checked these areas as part of this follow up focused inspection and found this had not been resolved.

The premises are leased and shared with an orthodontic practice. The services are provided on the second floor.

There is a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We did not speak to patients as part of this inspection.

Our key findings were:

- Some risks associated with the provision of services were well managed. However, there was not a full assessment of the potential risks posed by infection control.
- There were not adequate governance arrangements in place in aspects of the service. Specifically there was a lack of systems to identify and deliver staff training. This led to a lack of support for staff and a lack of monitoring in relation to their skills and knowledge.

We identified regulations that were not being met and the provider must:

Summary of findings

- The registered person must ensure systems and processes are established and operated effectively to ensure they assess, monitor and mitigate all risks to patients and others who may be at risk.

You can see full details of the regulations not being met at the end of this report

There were areas where the provider could make improvements and should:

- Review systems for checking staff records for any vaccinations required to deliver care available for monitoring purposes.

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 service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action. You can see full details of this action in the enforcement section at the end of this report.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care.

- The provider identified, assessed and mitigated some risks to patients since our last inspection. However, there were risks associated with infection control and equipment which had not been identified, assessed and mitigated.

Are services effective?

We found that this service was not providing effective care.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care.

- Monitoring of staff training needs was not in place to ensure they had the necessary skills and awareness to deliver care safely.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care.

- Governance arrangements were not sufficient to enable the non-clinical oversight required for the service. Leadership was not always in place to ensure tasks and monitoring processes were undertaken.

Oxforce Limited

Detailed findings

Background to this inspection

Oxforce Limited provides patients with oral and Maxillofacial surgery (Maxillofacial care is related to the diagnosis and treatment of patients with diseases affecting the mouth, jaws, face and neck). Patients can receive assessments during consultations and x-rays where necessary from shared services with an orthodontist practice on the same premises. Surgery is undertaken in the provider's own room and using their own equipment. A dental nurse and personal assistant are employed. In addition a consultant anaesthetist is sub-contracted when conscious sedation is required (a form of anaesthesia that is an alternative to general anaesthetic). Surgery and consultations are provided five to seven days a month.

Services are provided from:

69-71 Banbury Road

Oxford

Oxfordshire

OX2 6PE

The provider is registered to provide the following regulated activities: Diagnostic and screening, procedures, treatment of disease disorder and injury and surgical procedures.

We inspected Oxforce Limited on 9 May 2018. A dental nurse specialist adviser and a lead inspector undertook the inspection.

We spoke with staff who worked for the service. We spoke with the registered manager who is also the registered person. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service.

The premises are leased and shared with an orthodontal practice. The services are provided on the second floor.

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 well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

At our previous inspection in November 2017 we identified risks associated with infection control, storage of prescriptions and staff checks which had not been identified, assessed and mitigated. The premises and equipment were not monitored appropriately to ensure they were well maintained and safe to use. Patient information was not stored securely.

At this inspection some improvements had been made to providing safe services. However, some risks remained and had not been acted on.

Safety systems and processes

The service did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

The provider had sought proof that staff had the necessary professional registrations, indemnity and background checks since the November 2017. This included Disclosure and Barring Service checks (DBS). However, the registered manager who was also the surgeon did not have any proof of vaccinations which may be required to undertake clinical work, such as hepatitis B vaccination or immunity.

Risks to patients

Some risks to patients were assessed and managed. However, there were risks we identified with infection control:

- Since the last inspection the provider had implemented servicing on sterilisation equipment to ensure it was maintained appropriately.
- There was no clear process for fully identifying, assessing and mitigating risks related to infection control. An infection control audit had been implemented but this did not assess the adherence to all standards within the Health Technical Memorandum 01-05 (HTM01-05) which provides the standards and guidance required for decontamination in dental care settings. As a result we identified areas of practice which did not meet HTM01-05 requirements.
- We spoke with a member of staff who undertook decontamination of dental and surgical instruments.

The staff member informed us they used chlorhexidine when cleaning instruments prior to sterilisation. HTM01-05 states that this detergent should not be used for cleaning dental instruments. The staff member informed us they did not have a face mask specifically designated to undertake decontamination as part of their personal protective equipment. This posed a risk the mask may also be used in the surgery as well as in the decontamination area, posing a risk of cross-contamination or that the staff member may not have used a mask during decontamination of instruments.

- We observed the decontamination room within the premises. There were no clearly marked areas for designating where contaminated, clean and sterilised instruments should be placed. This is a requirement of HTM01-05 and the lack of the designated areas posed the risk of cross contamination.
- We saw latex gloves were stored in the premises and the provider confirmed they were used when delivering care to patients. There was no risk assessment regarding the potential impact on any patients who were at risk of an adverse reaction when in the proximity of latex. The provider informed us after the inspection they verbally asked patients if they had a latex allergy

Information to deliver safe care and treatment

Patient records were stored securely. They had been moved to a secure area of the premises where only authorised staff could access them.

Safe and appropriate use of medicines

Blank prescription forms were stored securely and a system of logging them had been implemented. This reduced the risk of prescription misuse.

Lessons learned and improvements made

The evidence regarding risks to patients and others reported in this section of the report showed that the provider was not responding to risks identified by CQC at our previous inspection in November 2017. This indicated there was not a culture of learning and improvement in terms of risks related to the provision of services.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in November 2017 the monitoring of staff training did not assure the provider that staff had necessary skills and awareness.

At this inspection we found that the provider had not rectified the concerns we identified at the last inspection.

Effective staffing

There was not an adequate system to identify what training was required periodically by staff to ensure they had the skills and awareness required to deliver regulated activities.

- We asked to see staff training records and proof of qualification for an anaesthetist who undertook anaesthesia at Oxforce Limited. This was not available to the provider and they informed us they had not sought proof of the professionals training or

qualifications. A record of continual professional development was sought by the provider and sent to CQC on 14 May 2018. This did not identify any specific anaesthesia training since the professional's original qualification (subsequent evidence submitted to CQC showed the professional had qualified in 1984).

- The provider had not ensured the anaesthetist had maintained the skills and awareness required to provide care safely.
- A member of support staff had not had any training in health and safety or information governance, although they had independently sought guidance on General Data Protection Regulation (GDPR).
- Staff did receive fire safety and basic life support training. The dental nurse who supported the provider maintained their continuing professional development as required for them to remain registered with their professional body.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At our last inspection in November 2017 we found governance arrangements were not sufficient. Leadership was not always in place to ensure tasks and monitoring processes were undertaken.

At this inspection we found that risks identified by CQC had not been assessed and mitigated by implementing appropriate governance systems.

Leadership capacity and capability

It was evident that the leadership within the service had not identified the non-clinical systems and processes required to run services safely. There was not sufficient management resource in place to enable effective governance processes such as infection control and staff training. The registered manager attended the premises to

provide care to patients for only a few days a month. This limited their ability to manage non-clinical aspects of the regulated activities provided onsite and there was no one allocated to deputise on these management functions.

Governance arrangements

The service did not have suitable governance frameworks with which to support the delivery of services. Specific procedures were often not in place to manage regulated activities. For example,

- The infection control processes were not supported by a full policy or audit. Therefore guidance related to infection control was not always followed.
- There was no monitoring system for staff training.
- Risks identified by CQC had not been fully considered or acted on in order to reduce risks to patients.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure systems or processes were established and operated effectively to ensure compliance with the requirements of the Act. The provider did not assess, monitor and mitigate all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities.</p> <p>In particular:</p> <ul style="list-style-type: none">· The provider had not implemented governance procedures to ensure appropriate standards of infection control were maintained in regards to Health Technical Memorandum 01-05 (HTM01-05) which provides the standards and guidance required for decontamination in dental care settings.· An infection control audit undertaken at the service in 2018 did not assess the adherence to standards within the HTM01-05 and was not in line with the recommended standard of audit stated within this guidance.

Enforcement actions

- Incorrect systems were followed for the decontamination of dental and surgical instrument chlorhexidine when cleaning instruments prior to sterilisation.
- Staff did not have a face mask specifically designated to undertake decontamination as part of their personal protective equipment.
- In the decontamination room there were no clearly marked areas for designating where contaminated, clean and sterilised instruments should be placed.
- There was a lack of system in place for staff training records and proof of qualifications.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.