

Oasis Dental Care (Central) Limited

Bupa - Market Place, North Walsham

Inspection Report

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Overall summary

We carried out this announced inspection on 12 September 2018 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.

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

North Walsham Dental Care is a well-established practice which provides both NHS and private treatment to adults and children. The dental team includes three dentists, two hygienists, five nurses, three receptionists and a practice manager. The practice has six treatment rooms.

Summary of findings

The practice opens on Mondays and Tuesdays from 8.30 am to 7pm; and on Wednesdays, Thursdays and Fridays from 8am to 6pm. The practice is also open on Saturdays from 8.30 am to 1pm.

The practice does not have its own parking facilities, but there is on street parking nearby. Wheelchair access is available to the rear of the property via a portable ramp, and there are ground floor treatment rooms.

The practice is owned by a company 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 the practice is the practice manager.

On the day of inspection, we collected six CQC comment cards filled in by patients and spoke with four other patients. We spoke with two dentists, three dental nurses, one dental hygienist, one receptionist and the practice manager. One of the provider's area compliance leads was also on site. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice appeared clean and well maintained.
- Infection control procedures reflected published guidance.
- Staff knew how to deal with emergencies, and appropriate medicines and life-saving equipment were available.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had thorough staff recruitment procedures.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Opening times were good and the practice offered evening and Saturday morning appointments.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice was experiencing significant recruitment problems which were adversely affecting the availability of appointments and waiting times for treatment.

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

- Review the practice's sharps procedures and ensure the practice follows the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

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 patients and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

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 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.

Patients told us they were very happy with the quality of their treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals, and referrals were monitored to ensure they had been received.

No action



Are services caring?

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

Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it. Patients said staff treated them in a way that they liked.

Staff gave us specific examples of where they had gone out of their way to support patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Opening times were good and patients could book appointments in the early evening and on Saturdays. The practice offered patients an email and text appointment reminder service.

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

The practice took patients' views seriously. Staff valued compliments from patients and responded to concerns and complaints quickly and effectively.

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.

We found staff had an open approach to their work and shared a commitment to improving the service they provided.

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

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

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. We noted information about reporting procedures in every surgery, the decontamination room and in the staff area, making them easily available to staff. Information about whistleblowing was also available. All staff had received appropriate training in safeguarding people and the practice manager was the named lead for concerns. Safeguarding issues were a standing agenda item at the practice's regular meetings to ensure all staff were kept up to date with any patient concerns.

The provider had a clear policy stating that rubber dams must be used for all endodontic procedures, and staff we spoke with confirmed their routine use.

The practice had a business continuity plan describing how it would deal with events that could disrupt its normal running.

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

We noted that clinical staff were qualified, registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as fire extinguishers were regularly tested. A fire risk assessment had been completed and we noted its recommendations to install emergency

lightening in the disabled toilet and undertake fixed wiring testing had been implemented. All staff rehearsed full evacuations every six months and three staff had received fire marshal training.

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

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

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and all staff received specific video training in the safe use of sharps. We noted that not all dentists were using the safest types of sharps and one sharps box had become out of date for safe use.

Staff were aware of regulations in relation to dental amalgam and only encapsulated amalgam was used in the practice.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. They also undertook regular emergency medical simulations to keep their knowledge and skills up to date.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance, apart from the correct dosage of adult buccal midazolam. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Two staff were trained first aiders, and eye wash and bodily fluid spills kits were easily available.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise potential risks from substances that were hazardous to health.

We noted that all areas of the practice were visibly clean, including the waiting areas, corridors, toilets and staff area. Staff uniforms were clean and their arms were bare below the elbows to reduce the risk of cross contamination. We checked the treatment room and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. We noted that head rest and operating light barriers were not used to prevent cross infection between patients, and some loose and uncovered items in surgery drawers that risk aerosol contamination.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

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

Staff undertook six-monthly audits of infection control procedures and recent results showed the practice met essential quality requirements. As a result of a recent audit, a sealed worktop had been repaired, demonstrating the audit had been effective in identifying shortfalls.

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

recommendations had been actioned and records of water testing and dental unit water line management were in place. However, we noted that staff were not monitoring water temperatures at the correct level. This was because their checklist stated the water temperature must be above 50 degrees Celsius and not the recommended 55 degrees specifically for health care settings.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with clinicians how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible. They were kept securely and complied with data protection requirements.

Safe and appropriate use of medicines

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required. We noted that the fridge temperature was monitored at the same time each day.

The dentists were aware of current guidance with regards to prescribing medicines and prescriptions pads were held securely and tracked.

Lessons learned and improvements

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. We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, we viewed comprehensive documentation in relation to a recent staff injury. The incident had been fully discussed at the following staff meeting and measures had been implemented to prevent it happening again. The practice's lone working policy had been updated and grip tape had been replaced on the stairway.

Are services safe?

The provider's health and safety team also monitored significant events across all its practices so that learning could be shared across the whole organisation. We noted a specific board in the staff room dedicated to health and safety issues, along with the procedure for reporting accidents.

The practice had signed up to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and information about these was also disseminated in the provider's monthly bulletin. Alerts were also a standing agenda item on staff meetings to ensure all were aware of them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice conducted its own patient survey and recent results showed that 97% of respondents were happy with the quality of their treatment. Check-up appointments were 15 minutes long to allow for a full assessment of patients' oral health.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and mostly delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We noted on some occasions that patients' caries risk was not always accurately assessed and there was limited use of bleeding and recession charts.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Two part-time dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One patient described their hygienist as fantastic and reported that they had explained clearly what they needed to do to improve their bleeding gums.

The practice manager told us that two of the practice's nurses had visited a local nursery to offer oral health advice to pupils there.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Smoking cessation information was available in the waiting area making it accessible to patients.

The practice also sold a wide range of dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash, disclosing tablets and toothpaste.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment.

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. We noted that Gillick competence guidelines were discussed at the practice meeting of 12 July 2018 to ensure staff understood them.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The quality of these audits was regularly checked by one of the provider's national compliance leads.

Effective staffing-

At the time of our inspection, the practice was struggling to recruit staff, and although had six treatment rooms available, only employed three dentists. The provider was offering a number of bonus schemes to attract new permanent staff but with little success. Two locum staff had been employed recently and the practice manager was hopeful this would ease the pressure on current staff.

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. Free on-line training was provided for dental staff to support their professional development.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice actively monitored most referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us they were treated in a way that they liked by staff and comment cards we received described staff as caring and understanding of their needs. Staff gave us examples where they had gone out of their way to assist patients. For example, supporting a very frail patient to receive treatment despite them not being able to attend the practice.

We spent time in the reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionists were helpful and professional to patients both on the phone and face to face. Reception staff told us they had to deal with a lot of annoyed patients who could not get an appointment easily due to a shortage of dentists at the practice. We observed one receptionist deal with such a patient helpfully and sensitively during our inspection.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely in a locked area upstairs.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. Blinds were on windows in downstairs treatment rooms to prevent passers-by looking in.

Involving people in decisions about care and treatment

96% of patients who completed the practice's own on-line survey stated that they felt involved in their treatment.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost. Clinicians used models and laminated information sheets to help explained techniques to patients.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

We noted information leaflets available in the waiting area on a range of dental health matters including gum disease, mouth ulcers, dentures and smoking to help patients make informed choices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Good adjustments had been made for patients with disabilities. These included wheelchair access to the rear of the property, two downstairs treatment rooms, a portable hearing loop, and a magnifying glass and reading glasses at reception. Patients had access to translation services and the practice manager told us they had been used twice for one patient who spoke Mandarin.

The practice offered patients a number of private payment plans to help spread the cost of dental treatment.

Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice information leaflet and on their website. Patients told us that getting through on the telephone was easy and they were rarely kept waiting once they had arrived for their appointment. Appointments could be made by telephone, on-line or in person and the practice operated an email, text and telephone appointment reminder service. Specific emergency slots were available for those experiencing pain.

At the time of our inspection the practice was not taking on any new NHS patients due to recruitment difficulties. It was clear that a lack of clinicians had adversely impacted on appointment availability and waiting times for patients.

During our inspection we noted patients being told that no appointments were available for them as their dentist had left. Time to treatment was about six to eight weeks. The provider was acutely aware of the problem and the practice was considered as a 'high priority site'. Additional measures had been put in place to attract staff such as golden handshakes, flexible working hours, and a high UDA rate of pay. The provider had also employed a recruitment specialist to address concerns.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Information about how patients could raise their concerns was available in the waiting rooms and at reception.

The practice kept a detailed log of all complaints which clearly outlined the details of the complaint and the learning outcome from each one. The practice manager was the lead for complaints and logged all complaints received onto the provider's on-line reporting system, where their management was monitored. Complaints were a standing agenda item at the practice's monthly meetings to ensure that any learning from them was shared across the staff team. We viewed evidence of this at the meeting held in July 2018.

We viewed the paperwork in relation to three recent complaints which demonstrated they had been dealt with in a professional and empathetic way.

Are services well-led?

Our findings

Leadership capacity and capability

The practice manager took responsibility for the overall leadership in the practice supported by an area manager, and compliance staff who visited to assist him in the running of the service. The practice manager told us he met monthly with his area manager and with other managers regionally. We found him to be knowledgeable and clearly committed to providing a good service to both patients and staff. He was well prepared and organised for our inspection.

The practice gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to suggest improvements to the service and told us these were listened to and acted upon. For example, their suggestions to improve the management of lab work, to change the practice's external cleaner and to improve the recording of staff training had been implemented.

The practice had effective processes to develop leadership capacity and skills, and staff were encouraged to undertake lead roles and expand their knowledge.

Vision and strategy

There was a clear vision and set of values which were advertised clearly on the provider's intranet. These included putting customers first, keeping information safe and celebrating diversity. These formed a part of staff's appraisals. The practice manager told us his priorities in the coming months were to establish a stable staff team and start to upgrade some of the practice's older treatment and decontamination rooms.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued and were clearly proud to work in the practice. The interaction we observed between them was friendly, co-operative and very supportive.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it.

Governance and management

There were clear and effective processes for managing risks, issues and performance. The practice had

comprehensive 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 looked at several policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example, there were specific leads for infection control, safeguarding and legionella management.

Communication across the practice was structured around regular meetings. Staff told us the meetings provided a good forum to discuss practice issues and they felt able and willing to raise their concerns in them. Minutes we viewed were comprehensive and we noted standing agenda items for business updates, performance, incidents and customer survey results to ensure all staff were kept up to date.

The provider had their own comprehensive clinical governance tool, which practices used to help achieve compliance with all national guidance and legislation.

Appropriate and accurate information

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate.

The practice had produced a specific leaflet for patients outlining how it would handle their personal information which was easily available in the waiting area.

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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services. Patients could leave feedback on the practice's

Are services well-led?

web site and feedback forms were available in the waiting room. Patients were asked about the quality of their treatment, the ease of obtaining an appointment and the friendliness of staff. Results were discussed at the regular staff meetings. We found evidence that the practice listened to and acted upon patients' feedback. For example, patients' requests for balloons to be removed in the waiting area was implemented. Their suggestions for a TV screen and water fountain were being costed at the time of our inspection.

The provider's patient liaison team monitored feedback left on NHS Choices and responded to both positive and negative comments

Continuous improvement and innovation

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements. Results of audits were discussed at practice meetings, evidence of which we viewed for the meeting in July 2018. The provider completed their own comprehensive audit tool of the practice's overall performance.

We were shown a copy of the practice's action plan for improving performance against the dental assurance framework.

Staff told us they received good support to meet the requirement of their continuous professional development, although a nurse told us she would value direct observations of their practice to ensure they were working to the correct guidelines.

All staff received an annual appraisal of their performance. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders which set goals for the coming years and a summary of their performance. The practice manager met with each dentist once a month to discuss any performance issues. Dentists also received additional support from the clinical leads within the company.

Staff had completed training as recommended by General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. All staff had undertaken a range of training including equalities and diversity; information governance, and The Mental Capacity Act.