

Oasis Dental Care Limited

Bupa Dental Care Morecambe

Inspection report

75 Yorkshire Street
Morecambe
LA3 1QF
Tel: 01524410070
www.morecombedental.co.uk

Date of inspection visit: 03/08/2023
Date of publication: 30/08/2023

Overall summary

We carried out this announced comprehensive inspection on 3 August 2023 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 specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements should be made to the systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, 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 practice had information governance arrangements.

Background

Bupa Dental Care Morecambe is part of Bupa Dental Care a dental group provider. The practice is in Morecambe in Lancashire and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. The practice is located close to local transport routes and car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 4 dentists, 9 dental nurses including 2 trainees, 2 dental therapists, 2 practice managers (1 of whom is also a dental nurse) and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental therapists and the 2 practice managers. We also spoke with an area manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 8am to 7pm

Friday from 8am to 5pm

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

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular ensuring where risks are identified, prompt action is taken to mitigate those risks.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure audits of radiography are undertaken in accordance with current guidelines. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 appointed a safeguarding lead to oversee safeguarding awareness and training.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead to oversee and maintain standards.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment carried out in March 2023. 9 recommendations were made, including some deemed high priority, however there was no evidence the actions had been completed.

We were shown monthly water temperature monitoring records that indicated that some of the temperatures were outside the recommended parameters between January and June 2023. The practice manager confirmed action had been taken, resulting in an increase in the temperatures recorded in July 2023. Improvements were needed to ensure prompt action was taken to address any risks identified.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. An electrical installation condition assessment (EICR) had been undertaken in March 2021 that highlighted 21 actions were required. We were shown records that indicated 8 of these remedial actions were carried out in August 2022. There was no evidence the remaining required remedial actions had been carried out. The previous EICR from December 2017, also indicated a significant number of improvements were needed, however, there was no evidence these had been actioned.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective. Staff carried out fire safety training and some staff members were trained fire marshals.

The practice had the required radiation protection information and the X-ray equipment was serviced and maintained in accordance with current guidance. We noted from the installation records for 1 X-ray unit from October 2022, that a recommendation had been made in relation to the safe use of the equipment. There was no evidence action had been taken to address this.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. We discussed the importance of ensuring any staff risk assessments undertaken, are suitably adjusted to consider the risks to the individual in question. For example in relation to the management of dental sharps before staff have received appropriate vaccinations and that the effectiveness of the vaccination was checked.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Are services safe?

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The practice manager confirmed they would ensure information was available for all materials.

Information to deliver safe care and treatment

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

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. NHS prescription pads were kept secure, and a log was in place to monitor and track their use. Improvements should be made to the tracking system; we saw records that indicated 3 prescriptions between February and July 2023 could not be accounted for.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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.

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. They 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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took and the practice carried out six-monthly radiography audits. We were shown recent audits and noted a limited of dental X-rays had been assessed and there were no reflective outcomes or action plans, where appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Dental nurses had undertaken post registration qualifications in fluoride application and impression-taking.

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 caring?

Our findings

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

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

On the day of inspection, we saw patient feedback from June and July 2023. Of the 155 patients that responded, 97% scored the practice positively. Comments included "I was very pleased with all aspects of dental treatment.", "they couldn't have improved the service, it was excellent". A number of patients had made suggestions and the practice manager confirmed these were reviewed and acted on where appropriate.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including a ground floor surgery, accessible toilet, Makaton communication cards and reading glasses for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

During the inspection, staff were open to discussion and feedback. Systems and processes on the whole were embedded; however, the inspection highlighted a number of issues and omissions. For example, in relation to risk management. The practice manager confirmed they had escalated outstanding actions to the relevant departments and were waiting for external contractors to carry out the work.

We noted improvements should be made to the oversight of the leadership team to ensure that risks were managed appropriately.

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

Staff 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 discussed their training needs during annual appraisals, practice team meetings and ongoing informal discussions. They also discussed learning needs, general wellbeing and aims for future professional development.

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 governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The practice also used an internal electronic dental compliance tool to assist in the management and oversight of the service.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

Feedback from staff was obtained 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 where appropriate.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, antimicrobial prescribing and infection prevention and control. We discussed the benefits of ensuring clinicians did not assess their own records as part of the antimicrobial prescribing audits, to identify possible areas of improvement.

The practice carried out dental care record audits and we also discussed the benefits of increasing the number of records reviewed to identify possible areas of improvement. The practice carried out radiography audits; however these were not in accordance with current guidance.