Oasis Dental Care Limited

Oasis Dental Care - Sunderland

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 July 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

Oasis dental care, Sunderland was established in 2001 and is part of the Oasis dental care limited group of practices. Situated in a residential complex, the practice provides predominantly NHS treatment to patients of all ages. There are five treatment rooms spread over two floors, a dedicated decontamination room for sterilising dental instruments, a kitchen and a staff changing room. Car parking is available to the side of the building. Access for wheelchair users is possible using the residential ramp outside the building.

The practice is open Monday to Thursday 0800-1915 and Friday 0800-1715.

The dental team is comprised of a practice manager, four receptionists, five dental nurses (two of which are trainees), four dentists and one dental hygiene therapist.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service.

Summary of findings

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 practice is run.

We spoke to three patients on the day of our visit; they were very positive about the staff and standard of care provided by the practice. We also reviewed nine CQC comment cards which supported this. Patients were very positive about the care and attention to treatment they received at the practice.

Our key findings were:

- The practice was well organised, visibly clean and free from clutter.
- Care is provided as part of the NHS prototyping pilot to increase access and improve dental health.
- An Infection prevention and control policy was in place. We saw the sterilisation procedures followed recommended guidance.
- The practice had systems for recording incidents and accidents.
- Practice meetings were used for shared learning.
- The practice had a safeguarding policy and staff were aware on how to escalate safeguarding issues for children and adults should the need arise.
- Staff received annual medical emergency training. Equipment for dealing with medical emergencies reflected guidance from the resuscitation council.
- Dental professionals provided treatment in accordance with current professional guidelines.
- Patient feedback was regularly sought and reflected upon.
- Patients could access urgent care when required.
- Dental professionals were maintaining their continued professional development (CPD) in accordance with their professional registration.
- Complaints were dealt with in an efficient and positive manner.
- The practice was actively working with local schools and nurseries to raise awareness of oral health and provide preventative fluoride treatments.

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.

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately, both for medical emergencies and for regular use and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

No action ✓

Are services effective?

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

The practice provided dental care in accordance with the NHS prototype pilot – a government initiative to increase access and improve dental health for the wider population.

Dental professionals referred to sources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

No action ✓

Are services caring?

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

No action ✓

Summary of findings

We spoke with three patients on the day of our visit that were very positive about the staff, practice and treatment received. We also left CQC comment cards for patients to complete two weeks prior to the inspection. There were nine responses all of which were very positive with one patient in particular commenting on how staff would always provide extra support when required to support access to the services.

Oasis dental care supports a world dental charity by raising awareness and money through sponsor days or events.

Dental care records were kept securely in locked cabinets behind reception and computers were password protected.

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

Are services responsive to people's needs?

No action

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

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice had a range of aids for different disabilities such as a hearing loop, visual aids i.e. glasses of varying prescriptions to enhance reading for long-sighted patients, staircase hand rails of two different heights, access for wheelchair users through a ramp and widened passageways, toilet with safety alarm cord and ground floor surgeries.

Are services well-led?

No action

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

The practice had a well-defined management and staff structure. There were dedicated leads and various policies to assist in the smooth running of the practice.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical and administration work.

Staff were encouraged to provide feedback on a regular basis and the practice is currently undertaking a satisfaction survey. Staff also are encouraged to attend the annual Oasis staff forum "you say, we listen" where their general views can be shared.

Patient feedback is also encouraged verbally and online. The results of any online feedback are transferred to the Oasis intranet system for staff learning and improvement.

Oasis Dental Care - Sunderland

Detailed findings

Background to this inspection

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 14 July 2016. It was led by a CQC inspector and supported by a dental specialist advisor and a second CQC inspector.

During the inspection, we spoke with the registered manager, dentists, a dental hygiene and therapist, dental nurses and receptionists.

We reviewed policies, protocols, certificates and other documents to consolidate our findings.

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong in accordance with the Duty of Candour regulation.

The practice had systems in place for recording accidents and incidents. Staff were clear on what needed to be reported, when and to whom as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 (RIDDOR). We saw records of incidents and accidents were filled out with sufficient detail of what happened and what actions were taken. A copy of all records was kept in the practice file and the originals were sent to the health and safety officer in Oasis Dental Care Limited.

The practice manager showed us they had received recent alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Staff meetings take place every month where any accidents, incidents and alerts are discussed so as to enable staff learning.

Reliable safety systems and processes (including safeguarding)

We spoke to staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The practice had carried out a sharps risk assessment and needle guards were implemented for use in each surgery. This risk assessment is updated on an annual basis to ensure any new updates or equipment was added.

Flowcharts were displayed in the decontamination room and in each surgery describing how a sharps injury should be managed. Staff advised us of their local policy on occupational health assistance.

The dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin sheet -usually made out of rubber -which isolates the tooth and protects patients from inhaling or swallowing anything dangerous during root canal treatment.

We reviewed the practice's policy for adult and child safeguarding which contained contact details of a local nurse and doctor. Staff told us their practice protocol and were confident to respond to issues should they arise. The practice manager was the safe guarding lead and staff training records showed every member had undergone level two training.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the practice manager.

The practice also had employers' liability insurance (a requirement under the Employers Liability (Compulsory Insurance) Act 1969) and we saw their practice certificate was up to date.

Medical emergencies

The practice followed the guidance from the Resuscitation Council UK and had sufficient arrangements in place to deal with medical emergencies. The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (An AED is a portable electronic device that analyses the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept. We noted the first floor medical emergency drugs and equipment was located in an area where it was easily accessible to patients. This was brought to the attention of the practice manager on the day of the inspection whereby there assured us they would move this to a secure location which was easily accessible to staff.

We saw the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked weekly.

Are services safe?

This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates. We checked the emergency medicines and found they were of the recommended type and were all in date.

Staff recruitment

We reviewed the staff recruitment files for six members of staff to check that appropriate recruitment procedures were in place. We found files held all required documents including proof of identity, qualifications, immunisation status, indemnity, references from previous employment and where necessary a Disclosure and Barring Service (DBS) check. The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. This was all in accordance to the practice's own recruitment policy.

Monitoring health & safety and responding to risks

We reviewed various risk assessments (a risk assessment is a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) within the practice.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, the practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance. We saw the business continuity plan from June 2016 had details of all staff, contractors and emergency numbers should an unforeseen emergency occur.

The practice fire risk assessment was last carried out in December 2015. We saw annual maintenance certificates of firefighting equipment including the current certificate from September 2015. The practice has six-monthly fire drills and clear signs are visible around the practice to indicate where fire exits and evacuation points are.

Infection control

We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures. All were in accordance with the 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' published by the Department of Health which details the recommended procedures for sterilising and packaging instruments.

We spoke with five dental nurses (including the lead nurse) about decontamination and infection prevention and control; the process of instrument collection, processing, inspecting using a magnifying light, sterilising and storage was clearly described and shown. We also saw that daily and weekly tests were being carried out by the dental nurses to ensure the washer disinfector and sterilisers were in working order.

We reviewed the decontamination and treatment rooms. The rooms were very clean, drawers and cupboards were clutter free with adequate dental materials. There were hand washing facilities, liquid soap and paper towel dispensers in each of the treatment rooms, decontamination room and toilets.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings).

Staff described the method used and this was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out in July 2016. We saw measures such as monthly temperature recording were implemented and documented.

The practice stored clinical waste in a secure manner and an appropriate contractor was used to remove it from site. Waste consignment notices were available for the inspection and this confirmed that all types of waste including sharps and amalgam was collected on a regular basis.

The practice employed a cleaner to carry out daily environmental cleaning. We observed the cleaner used a steam cleaner rather than mops and had different coloured steamer cloths to follow the National Patient Safety Agency guidance. A monthly audit was also carried out by the cleaner's supervisor to ensure standards are met.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations.

Are services safe?

We saw evidence of servicing certificates for sterilisation equipment in October 2015, X-ray machines July 2016 and Portable Appliance Testing (PAT) April 2015. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use) We were told that PAT is carried out by a competent person every three years however monthly visual checks are carried out as part of the practice's health and safety checks.

We saw the fire extinguishers had been checked in January 2016 to ensure they were suitable for use if required.

Local anaesthetics were stored appropriately and a log of batch numbers and expiry dates was in place.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice used digital X-rays and demonstrated good practice by using rectangular collimation.

The practice kept a thorough radiation protection file which included the names of the Radiation Protection Advisor and the Radiation Protection Supervisor, Health and Safety Executive notification from 2003, the local rules and maintenance certificates. We saw evidence that all of the X-ray machines had undergone testing and servicing appropriately.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography. The registered provider showed us the practice was undertaking regular analysis of their X-ray through an annual audit cycle. We saw audit results from April and June 2016 were in line with the National Radiological Protection Board (NRPB) guidance. The registered provider worked closely with all staff members to ensure the audit process evolved each cycle to ensure ease of use and full disclosure of results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dental professionals were following guidance and best practice procedures for delivering dental care.

A comprehensive medical history form was completed in by patients and this was checked verbally at every visit. A thorough examination was carried out to assess the dental hard and soft tissues including an oral cancer screen. Dental professionals also used the basic periodontal examination (BPE) to check patients' gums. This is a simple screening tool that indicates how healthy the patient's gums and bone surrounding the teeth are.

Patients were advised of the findings and any possible treatment required.

The dentists were familiar with current National Institute for Health and Care Excellence (NICE) guidelines for recall intervals, wisdom teeth removal and antibiotic cover. Recalls were based upon the patients' risk of dental diseases.

Dentists used their clinical judgement and guidance from the Faculty of General Dental Practitioners (FGDP) to decide when x-rays were required. A justification, grade of quality and report of the X-ray taken was documented in the patient dental care record.

Health promotion & prevention

We found the practice was keen on promoting the importance of good oral health and prevention. Staff told us they applied the Department of Health's 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive care and advice to patients.

Preventative measures included providing patients with oral hygiene advice such as tooth brushing technique, fluoride varnish applications and dietary advice. Smoking and alcohol consumption was also checked where applicable.

The practice reception displayed a range of dental products for sale and information leaflets were also available to aid in oral health promotion.

Staff were also involved in a local school programme organised by health visitors. They provided oral health advice and used visual displays to demonstrate the quantity of sugar in various products. The practice has agreed to deliver more oral health talks for the programme over the next few months. This demonstrates a commitment to tackling oral health inequalities utilising the different skills within the practice.

Staffing

There were dedicated leads for infection prevention and control, safeguarding adults and children, whistleblowing and complaints. One dental nurse had trained in extended dental duties for fluoride varnish application and oral health promotion.

Prior to our visit we checked the registrations of all dental professionals with the General Dental Council (GDC); this was confirmed. The GDC is the statutory body responsible for regulating dental professionals.

Staff told us they were supported and encouraged to maintain their continuous professional development (CPD) and we saw evidence of this in staff files.

Working with other services

Dentists confirmed they would refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. Referral letters were either typed up or pro formas were used to send all the relevant information to the specialist. Details included patient identification, medical history, reason for referral and X-rays if relevant.

The practice also ensured any urgent referrals were dealt with promptly such as referring for suspicious lesions under the two-week rule. The two-week rule was initiated by NICE in 2005 to enable patients with suspected cancer lesions to be seen within two weeks.

Consent to care and treatment

We spoke to staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits. Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. The patient would sign this and take the original document. A copy would be retained in the patients' record.

Are services effective?

(for example, treatment is effective)

Staff were clear on the principles of the Mental Capacity Act 2005(MCA) and the concept of Gillick competence. TheMCAis designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment, without the need for parental permission or knowledge.The child would have to show sufficient mental maturity to be deemed competent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke to three patients on the day of our visit that were very positive about the staff, practice and treatment received. Patients commented they were treated with respect and dignity and that staff were sensitive to their specific needs. We also left CQC comment cards for patients to fill out two weeks prior to the inspection. There were nine responses all of which were very positive with one patient one patient in particular commenting on how staff would always provide extra support when required to support access to the services.

We observed all staff maintained privacy and confidentiality for patients on the day of the inspection. Practice computer screens were not overlooked in reception and treatment rooms which ensured patients' confidential information could not be viewed by others. If further privacy was requested, patients were taken to the practice manager's office to talk with a staff member.

We saw the doors of treatment rooms were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Dental care records were stored electronically and in paper form. Record cards were kept securely in locked cabinets behind reception and computers were password protected. Computers were backed up and passwords changed regularly in accordance with the Data Protection Act.

Staff had undergone training in and had access to policies for information governance, data protection and confidentiality. A training update on information governance was planned for the following month.

The practice supports a world dental charity by raising awareness and money through sponsor days or events.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and costs. Posters showing NHS and private treatment costs were displayed in the waiting area. We spoke to staff about how they implemented the principles of informed consent. Informed consent is a patient giving permission to a dental professional for treatment with full understanding of the possible options, risks and benefits.

The practice's website provided patients with information about the range of treatments which were available at the practice. This also provided a platform to share feedback from patients and examples of change as a result.

We looked at patient dental care records which confirmed the dentist recorded all information provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We saw the practice waiting area displayed a variety of information including the practice patient information folder. This had several documents explaining the new NHS prototype pilot, practice opening hours, emergency 'out of hours' contact details and treatment costs. Information leaflets on oral health were also available.

The practice had dedicated slots each day for emergency dental care and every effort was made to see all emergency patients on the day they contacted the practice. Reception staff had clear guidance to enable them to assess how urgently the patient required an appointment.

We looked at the appointment schedules and found that patients were given adequate time slots for different types of treatment.

Tackling inequity and promoting equality

The practice had a comprehensive equality, diversity and human rights policy in place to support staff in understanding and meeting the needs of patients. The policy was updated annually and staff also had undergone recent training.

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups. The practice has access to a translation service where required and had carried out a thorough disability access audit. A disability access audit is an assessment of the practice to ensure it meets the needs of disabled individuals, those with restricted mobility or with pushchairs. There was a toilet on the ground floor with an alarm cord and hand rails for support, a shared wheelchair access ramp and downstairs treatment rooms. One surgery downstairs had a door widened specifically to accommodate wheelchairs and pushchairs.

An audio loop system was available on the reception counter for patients with a hearing impairment. The practice supplied glasses of varying prescriptions to enhance reading for long-sighted patients. We also observed the staircase had hand rails of two different heights to meet the needs of children and adults.

Access to the service

The practice's opening hours are Monday to Thursday 0800-1915 and Friday 0800-1715. These were displayed in their premises, in the practice information leaflet and on the practice website.

The patients we spoke to felt they had good access to routine and urgent dental care. There were clear instructions on the practice's answer machine for patients requiring urgent dental care when the practice was closed.

Concerns & complaints.

The practice had a complaints policy which provided guidance to staff on how to handle a complaint. The policy was detailed however we found some information missing in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and as recommended by the GDC. This was addressed immediately by the practice manager.

Information for patients was available in the waiting areas. This included how to make a complaint, how complaints would be dealt with and the time frames for responses

Staff told us they raised any patient comments or concerns with the practice manager immediately to ensure responses were made in a timely manner.

The practice received one complaint in the last twelve months. We saw records that showed the complaints had been effectively managed and also shared with the whole practice to enable staff learning.

Are services well-led?

Our findings

Governance arrangements

The practice manager showed us their intranet system of policies and procedures as well as paper records of certificates or statements. We viewed documents relating to safeguarding, whistleblowing, complaints handling, health and safety, staffing and maintenance.

We noted policies and procedures were kept under review by the practice manager on an annual basis and updates shared with staff to support the safe running of the service.

The practice manager kept all staff files, training logs and certificates and ensured there were regular quality checks of clinical procedures and administration. The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members.

We looked at the Control of Substances Hazardous to Health (COSHH) file which contained detailed risk assessments for substances used in a dental practice, their practice risk assessment, health and safety risk assessment and fire risk assessment. Each was in accordance with the relevant legislation and guidance. The practice had a well-defined management and staff structure. There were dedicated leads and various policies to assist in the smooth running of the practice.

Leadership, openness and transparency

The overall leadership was provided by the practice manager who also was the registered manager. A lead dentist and lead dental nurse were supporting them in this role.

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong as per the Duty of Candour.

The Duty of Candour is a legal duty to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.

Learning and improvement

A regular audit cycle was apparent within the practice. An audit is anobjective assessment of an activity designed to improve an individual or organisation's operations.

Clinical and non-clinical audits were carried out by various members of staff. Topics included waiting times, radiography, infection prevention and control and dental care record keeping audits. We saw audits were carried out thoroughly with results analysis and action plans implemented. Dates for re-audits were also available.

Improvement in staff performance was monitored by personal development plans and appraisals. These were carried out either on an annual or bi-annual basis. We saw completed appraisal documents for six members of staff.

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

The practice had systems in place to seek and act upon feedback from staff members and people using the service.

Staff were encouraged to provide feedback on a regular basis and the practice is currently undertaking a satisfaction survey. Staff also are encouraged to attend the annual Oasis staff forum “you say, we listen” where their general views can be shared with each other.

Patient feedback is also encouraged verbally, online and using the suggestion boxes in the waiting rooms. Patients were also encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on the services provided. The practice was not able to analyse the results from the FFT due to head office being responsible for this. The practice, therefore, preferred to use other analysis methods.

Staff told us their views were sought and listened to and that they were confident to raise concerns or make suggestions to the practice manager.