

Oasis Dental Care (Central) Limited

Oasis Dental Care Central - Maryport

Inspection Report

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Cumbria

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Date of inspection visit: 16 June 2016

Date of publication: 26/07/2016

Overall summary

We carried out an announced comprehensive inspection on 16 June 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

The practice offers both NHS and private primary care dentistry to both adult patients and children.

The practice is open Monday, Tuesday and Thursday from 08.00 to 7.00pm. 08.00 to 5pm on Wednesdays and until 5.00pm on a Friday.

There is one dentist, two qualified dental nurses, one dental therapist, one trainee dental nurse, a practice co-ordinator who is also a dental nurse, a receptionist and a practice manager.

There is an identified registered person for the practice. 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.

The practice manager is the registered manager. 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 practice is run.

Summary of findings

On the day of inspection we received 20 CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be kind, polite and considerate. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, management of medical emergencies and dental radiography.

There was a nominated person in respect of Duty of Candour. The Duty of Candour is a legal duty on health providers to provide to the service user and any other relevant person all necessary support and all relevant information in the event that a 'reportable patient safety incident' occurs. A 'reportable patient safety incident' is one which could have or did result in moderate or severe harm or death. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

Staff had received training in safeguarding adults and children and knew how to recognise the signs of abuse and who to report them to. Staff had also received training in infection prevention and control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

A legionella risk assessment had been completed and no concerns were identified.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients were recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved. However in five of the 20 CQC comments completed patients did voice concern about the time they have to wait for an appointment.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak to them in the treatment room or in another private room.

Comments on the 20 completed CQC comment cards we received included statements saying the staff were helpful and caring, great service and pleasant staff and all staff were excellent.

Summary of findings

Are services responsive to people's needs?

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

Patients could access urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

However five of the returned CQC comments cards stated that patients did experience problems with appointments being cancelled.

Are services well-led?

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

Staff were supported through training and offered opportunities for development.

Staff reported the registered manager was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control, X-rays, clinical examinations and patients' dental care records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Oasis Dental Care Central - Maryport

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 was led by a CQC inspector who had access to remote advice from a specialist advisor.

We reviewed the information before the inspection sent by the provider for example; the Statement of Purpose and the number of complaints received by the provider.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentist, a dental nurse, the receptionist and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service.

We reviewed 20 completed CQC comment cards.

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

The practice had policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues with colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. The practice used their policies and procedures when recording incidents and accidents. The practice manager told us that the policies and procedures were routinely fully reviewed and updated.

The practice had a policy to guide how to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Service and National Health Service Complaints (England) Regulations 2009. The practice manager told us that any learning from the complaints was shared at practice meetings.

The practice manager was aware of their responsibilities under the duty of candour. We were told that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue in accordance with their practice's policy and procedures governing the duty of candour.

The practice manager told us that they received alerts by mail from the Medicines and Healthcare Products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, action taken as necessary and the alerts were stored for future reference.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding

vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The practice manager was the lead for safeguarding. All staff were trained to level two in respect of safeguarding children within the last 12 months. The lead role included providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the principal dentist.

The dentist told us that they routinely used a rubber dam when providing root canal treatment to patients. This was following the guidance issued by the British Endodontic Society. A rubber dam is a small square sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient in line with guidance from the British Endodontic Society.

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

We saw that all staff had undertaken fire safety training and the practice reviewed their fire risk assessments. The fire extinguishers were also checked annually.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and 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 life threatening irregularities of the heart including ventricular fibrillation 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 the emergency items were kept. We saw the practice kept records which indicated the emergency equipment, emergency oxygen and the AED

Are services safe?

were checked daily. Emergency medicines were checked weekly by staff. We checked the emergency medicines and found that they were of the recommended type and were in date.

Staff recruitment

We saw the practice followed their recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three recruitment files which confirmed the processes had been followed.

We saw all staff had been checked by the Disclosure and Barring Service (DBS). 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.

We saw that all relevant staff had personal insurance or indemnity cover in place.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice.

There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. We saw that this policy was reviewed annually. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder and a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice manager showed us there was a fire risk assessment in place, which was reviewed annually. This and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had infection prevention and control policy in place which was reviewed annually and staff told us they had read the policy.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. All clinical staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas but this was not clearly defined in the decontamination room itself.

There was a hand washing sink for staff but this was not identified as for hand washing only. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. Staff told us, and we observed, they wore appropriate personal protective equipment when working in the decontamination room and when treating patients. This included disposable heavy duty gloves, aprons and protective eye wear.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgeries. In both Surgeries 2 and 3 we saw there was only one sink available in each surgery. There was no clear definition between the clean and dirty areas in the surgeries. The practice manager confirmed to us that this was a design flaw when the surgeries were first designed. The sinks in both surgeries were for hand washing purposes only. The practice manager agreed to put up appropriate signage to identify this.

A dental nurse was the lead for infection prevention and control. In Surgery 2 we saw the nurses chair was in need of repair. The practice manager told us that they were aware of this and plans were in place to repair the fault.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). A dental nurse told us about the decontamination process and demonstrated they followed the correct procedures. For example, instruments were examined under illuminated magnification to ensure they were clean before being sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lockable boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the

Are services safe?

autoclaves to ensure they were functioning properly. All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in all the surgeries.

We saw the practice had completed an infection control audit in April 2016 and achieved 97%.

An action plan was in place to address issues identified as a concern.

We saw from staff records that all staff had received infection control training at various intervals over the past CPD cycle.

We observed the sharps bins were being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

There was an identified lead for legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings. We reviewed the legionella risk assessment report. There were no concerns identified. The practice undertook tests of the temperature of the water in waterlines but these were not recorded. This meant that staff could not evidence if there was a change in water temperature which may identify a fault in the system. These and other measures were taken to increase the likelihood of any contamination being detected early and treated.

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw the last PAT test had taken place in January 2015.

The practice displayed fire exit signage and had appropriate firefighting equipment in place.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Local anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no other medicines were kept at the practice. There was a process in place which ensured that prescription pads were stored and allocated in a safe way.

Radiography (X-rays)

The practice had a radiation policy. The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which was displayed in each surgery and stated how the X-ray machine should be operated safely. The file also contained the name and contact details of the Radiation Protection Advisor. We saw the dentists were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. We saw the results of the last annual X-ray audit which was in accordance with the Faculty of General Dental Practice (FGDP) guidance. The audit of X-rays showed that the X-rays were graded and the reasons for taking the X-ray were recorded. services s

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the dentist told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records. The practice was part of the dental pilot scheme for Cumbria. As part of this pilot practices in Cumbria were required to increase their preventative dental care provision in a bid to improve the oral health of local people.

Staff we spoke with confirmed that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentists were aware of the patients' present medical condition before offering or undertaking any treatment. The dentist also confirmed that they undertook routine dental examinations which included checks for gum disease and oral cancer.

The dentist told us they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental care records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations. Patients requiring specialist treatments that were not available at the practice, such as orthodontics were referred to other dental specialists. Their oral health was then monitored after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and the fees for treatment. Staff told us they offered patients information about effective dental hygiene and oral care in the surgeries.

The dentist advised us they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth to protect teeth from decay.

Staffing

We saw all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed all staff had received training in basic life support, infection prevention and control and safeguarding children and vulnerable adults. Staff told us they had annual appraisals and thought they were useful.

Staff told us they worked well as a team and covered for each other when colleagues were absent for example, because of sickness or holidays.

Working with other services

The principal dentist explained that they would refer patients to other dental specialists for minor oral surgery and orthodontic treatment when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for suspected oral cancer.

Consent to care and treatment

The Dental nurses we spoke with demonstrated an awareness of the Mental Capacity Act (MCA) 2005 and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions.

We saw all staff had received MCA awareness training within the last 12 months. However when we discussed this with the dentist they were not familiar with best interest

Are services effective?

(for example, treatment is effective)

decisions. The practice manager agreed to ensure that the dentist received further training to address this concern. Staff ensured patients gave their consent before treatment began.

Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the

appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially a private room away from the reception area was available.

Staff we spoke with understood the need to maintain patients' confidentiality. The practice manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient dental care records, both paper and electronic were held securely.

Comments on the 20 completed CQC comment cards we received included statements saying the staff were helpful and understanding, great service and pleasant staff and all staff were excellent.

Involvement in decisions about care and treatment

Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment. The dentist we spoke with understood the principles of the Gillick competency test and applied it. The assessment is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions about their care and treatment.

Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and the practice opening times. Information was also available explaining the practice's complaints procedure. The practice manager told us they offered patient information leaflets on oral care and treatments in the surgeries to aid patients' understanding if required or requested.

The practice is open Monday to Thursday from 08.00 to 7.00pm and until 5.00pm on a Friday. The practice opens alternate Saturdays specifically for dental implant treatments.

Out of hours care was provided directly through the local NHS Dental centre.

Tackling inequity and promoting equality

The practice was situated in a converted building in the harbour area of Maryport. Treatment rooms were situated on the ground and first floor. The treatment room on the first floor was not being used.

We saw the practice had an equality and diversity policy. Staff told us patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients if required.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to the NHS direct access centre.

However five of the returned CQC comments cards stated that patients did experience problems with appointments being cancelled.

Concerns & complaints

The practice had a complaints policy and procedure. Information about how to make a complaint was available in the waiting areas. The staff we spoke with were aware of the complaints process and told us they would refer all complaints to the practice manager to deal with. We saw the practice had not received any formal complaints since 2014.

Are services well-led?

Our findings

Governance arrangements

The practice had comprehensive governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, a safety policy and an infection control policy. Staff we spoke with were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff told us it was a good practice and they felt able to raise any concerns with each other, the practice manager and the dentist.

They were confident that any issues would be appropriately addressed. Staff also told us they worked well together and supported each other. Staff who we spoke with told us they felt fully supported by the practice and the corporate company.

Learning and improvement

The practice maintained records of staff training which showed all staff were up to date with their training. We saw training was accessed through a variety of sources including formal courses, e-learning and informal in-house training.

Staff told us they were given sufficient training to undertake their roles and given the opportunity for additional training. An audit tool was in place which highlighted to the manager when staff's training required updating.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Where areas for improvement had been identified action had been taken and there was evidence of repeat audits to monitor those improvements had been maintained.

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

The practice was participating in the continuous patient satisfaction survey. We saw that results from the May 2016 survey demonstrated that 99% of respondents said they felt involved in their care, 98% stated they were happy with the quality of their treatment and would recommend the practice to their friends.

All the CQC comment cards were complimentary about the services. The practice had received numerous compliments from patients they had treated.

All staff told us they felt confident in making any comments about the way the practice was managed or the way they were treated. We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.