

# Oasis Dental Care (Central) Limited

## Bupa - Cowper Road, Dereham

### Inspection Report

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## Overall summary

We carried out this announced inspection on 12 March 2019 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**

Bupa Dental Care Dereham is a well-established practice which provides both NHS and private treatment to

# Summary of findings

approximately 8,000 patients. The dental team includes five dentists, one hygienist, eight nurses, three receptionists and a practice manager. The practice has five treatment rooms.

The practice opens on Mondays, Tuesdays and Thursdays from 8am to 7pm; on Wednesday from 8am to 6pm, and on Fridays from 8.15 to 5pm. The practice is also open one Saturday a month for hygienist appointments.

The practice has limited parking facilities, primarily for patients with disabilities, but there is car parking nearby. Wheelchair access is available and there are three 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 47 CQC comment cards filled in by patients and spoke with two other patients. We spoke with two dentists, three dental nurses, reception staff 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:**

- 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.
- 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.
- The practice had effective leadership and culture of continuous improvement.

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.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

# 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 robust arrangements for essential areas such as clinical waste, the management of medical emergencies, infection control and dental radiography (X-rays).

Staff had received safeguarding training and were aware of their responsibilities regarding the protection of children and vulnerable adults. There were sufficient numbers of suitably qualified staff working at the practice and staff were qualified for their roles.

Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

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 promotion of oral health was given high priority within the practice.

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. 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 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. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

**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 treatment room, making it easily available to staff. 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 practice manager told us of two recent concerns where staff had acted appropriately to protect patients.

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

There was no formal written protocol in place to prevent wrong site surgery, however the practice manager downloaded one during our inspection and assured us it would be implemented.

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 which showed appropriate pre-employment checks had been conducted to ensure staff were suitable for their role.

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 recommendation to update fire signage and remove paint from a door seal had been implemented. All staff rehearsed full evacuations every six months and two 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. We noted that all X-ray units had rectangular collimation to reduce patient dosage.

### **Risks to patients**

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments that covered a wide range of identified hazards in the practice, and detailed the control measures that had been put in place to reduce the risks to patients and staff. We viewed records of the regular health and safety walk about checks that staff undertook to ensure the premises were safe for both staff and patients.

The practice mostly followed relevant safety laws when using needles and other sharp dental items, although none of the dentists used the safest types of sharps as recommended in national guidelines. Sharps boxes were wall mounted and had been labelled correctly. Clinical staff had received appropriate vaccinations, including the vaccination to protect them against the hepatitis B virus.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff also undertook regular emergency medical simulations to keep their knowledge and skills up to date. The practice manager told us these were timed, to ensure staff practiced responding as quickly as possible.

Emergency equipment and medicines were available as described in recognised guidance, apart from the correct

# Are services safe?

dosage for adult buccal midazolam. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Eye wash and bodily fluid spills kits were easily accessible.

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, toilet 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. Staff encouraged patients to use hand hygiene stations before entering the treatment room.

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 regular audits of infection control procedures and recent results showed the practice met essential quality requirements.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment and its recommendations to descale taps had been implemented. Records of water testing and dental unit water line management were in place.

The practice used an appropriate contractor to remove dental waste from the practice. Clinical waste was stored externally in a locked and secure area.

## 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.

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. However not all staff were aware of RIDDOR reporting requirements or what might constitute a 'never event'.

We found that untoward events were recorded and managed effectively to prevent their reoccurrence. For example, we viewed recorded documentation in relation to a patient breach of confidentiality and a compressor which had been installed with interior packaging still in place.

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.

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 weekly check-up bulletin to practices. 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**

We received 49 comments cards that had been completed by patients prior to our inspection. All the comments reflected high levels of patient satisfaction with the results of their treatment and their overall experience of it. Patients described the dentist as professional and their treatment effective.

The practice manager told us of additional measures staff had taken to ensure one patient received implant treatment funded by the NHS.

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentist assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Dental care records we checked clearly detailed patients' assessments and treatments, although not all patients' risk level of cancer had been recorded.

### **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. A part-time dental hygienist was employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. The practice also sold a wide range of dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and electric toothbrushes. Free samples of toothpaste were also available.

Staff told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

At the time of our inspection staff were preparing for a visit to a local primary school to deliver oral hygiene sessions to pupils there. They had prepared dental 'goody bags' containing stickers and toothbrushing charts for them. Staff had also supplied information for a display on oral health at the local town library.

The practice manager told us that staff took part in national oral health campaigns and put displays on in the waiting room in relation to sugary foods and oral cancer awareness.

### **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 comprehensively to patients. We viewed a standard 16-page letter that was sent to all patients considering dental implants. This clearly outlined the patient's current dental health, the various options for treatment, the costs, the risk and the complications, ensuring they could give their informed consent to the procedure.

The practice's consent policy included information about the Mental Capacity Act 2005, although we found not all clinicians were fully conversant with its requirements. 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.

### **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.

### **Effective staffing-**

Clinicians was supported by appropriate numbers of dental nurses and staff told us there were enough of them for the smooth running of the practice and to cover their holidays. A nurse always worked with the hygienist to provide support.

# Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a structured 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**

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 weeks 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 pleasant, supportive and respectful of the needs. Staff told us they sometimes sent flowers or cards to patients who were unwell. The practice manager had secured government funding for staff to undertake accredited training in dementia, mental health and autism awareness, so they could better understand the specific needs of these patients. She also told us she was in the process of introducing the Alzheimer's society blue flower icon to patients' notes to identify those with dementia.

We spent time in the reception area and observed several 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. We noted one member of staff check on the welfare of a wheelchair user whilst they waited for their taxi.

### **Privacy and dignity**

The practice did not have a separate waiting room, so the reception area was not particularly private. However, the reception computer screen was not visible to patients and staff did not leave patients' personal information where other patients might see it. Reception staff were aware of the importance of privacy and confidentiality and told us of some of the practical ways they maintained it for patients.

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

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.

### **Involving people in decisions about care and treatment**

99% 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, photos and information sheets to help explain 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 reception area on a range of dental health matters including dental decay, dental erosion, living with a brace and replacing missing teeth to help patients make informed choices about their treatment. The lead receptionist told us that patients often requested the leaflet in relation to root canal treatment as this procedure worried them the most.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The waiting area provided good facilities for patients including magazines, a water fountain and a children's play table to keep them occupied whilst they waited. A patient charter on display in waiting room outlining clearly what they could expect from the service. The practice offered several payment schemes to help patients spread the cost of dental fees.

Good adjustments had been made for patients with disabilities. These included wheelchair access, downstairs treatment rooms, a fully accessible toilet, a portable hearing loop and reading glasses at reception. Patients had access to translation services and two of the dentists spoke Portuguese, which a number of patients also spoke.

### 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.

The practice opened until 7pm three evening a week and one Saturday a month for hygienists' appointments. Staff took staggered breaks so the practice could remain open during lunchtime. Staff told us they tried to coordinate patients' appointments with local bus times where needed.

### 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 room, although was not easily visible to them. Reception staff showed a good knowledge of how to deal with patients' concerns.

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 the paperwork in relation to two recent complaints which demonstrated they had been dealt with in a professional and timely 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 them in the running of the service. She was a qualified dental nurse and experienced manager, who had worked in the dental industry for many years. The practice manager told us she met monthly with their area manager and with other managers regionally to discuss a range of business and compliance matters.

The practice had effective processes to develop leadership capacity and skills, and staff were encouraged to undertake lead roles and expand their knowledge. Staff were allocated dedicated time to perform them in addition to their clinical work. The practice manager told us that two of the practice's nurses had gone on to become practice managers themselves, and two other nurses had trained as hygienists.

### 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 parts of staff's appraisals. We viewed minutes of the staff meeting held in February 2019 and noted that Bupa's dental vision and key strategic initiatives for 2019 had been discussed so that all present were aware.

### 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. Regular social and fund-raising events were held which staff told us they enjoyed.

The practice had a Duty of candour policy in place and staff were aware of their obligations under it. Openness, honesty and transparency were demonstrated when responding to patients' complaints.

### 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. The provider ran an award scheme to recognise and reward staffs' work and commitment.

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. An independent company had been contracted to provide 'mystery shopper' services, and the practice's reception staff had scored 100% on the quality of information given to patients when they called.

### 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 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 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

# Are services well-led?

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 a water dispenser and air conditioning had been implemented.

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

The provider had recently undertaken a staff survey. As a result, 'Pulse Champions' had been appointed in each practice to actively gather the views and concerns of staff. We spoke with the practice's champion who told us that they were about to attend a meeting with other champions across the region to discuss their findings. Staff told us they felt the provider was listening to them as a result.

## **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. The provider completed their own comprehensive audit tool of the practice's overall performance.

Staff told us they received good support to meet the requirement of their continuous professional development, and were supported in their training requests.

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.

All staff received an annual appraisal of their performance. They discussed learning needs, general wellbeing and aims for future professional development. One staff member told us their appraisal was useful as it had made them really think about what they wanted to do in the future.