

Oracle Dental Limited

Oracle Dental Clinics Shrewsbury

Inspection Report

10 Longbow Close
Harlescott Road
Shrewsbury
Shropshire
SY1 3GZ
Tel: 01743 466796
Website: www.oracledental.co.uk

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Overall summary

We undertook a focused inspection of Oracle Dental Clinics Shrewsbury on 26 November 2018. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Oracle Dental Clinics Shrewsbury on 26 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Oracle Dental Clinics Shrewsbury on our website www.cqc.org.uk.

When one or more of the five questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required. We undertook a focused inspection on the 19

March 2018 to ascertain whether the provider had addressed the issues raised. We found that whilst most of the issues had been addressed there were some issues that we were not shown evidence of actions taken. Following this a further focussed inspection was completed on the 26 November 2018.

As part of this inspection we asked:

- Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspections on 26 June 2017 and again on 19 March 2018.

Background

Oracle Dental Clinics Shrewsbury provides private treatment to patients of all ages.

Summary of findings

There is level access for people who use wheelchairs and those with pushchairs. Car parking spaces, including those for patients who are blue badge holders, are available near the practice.

The dental team includes eight dentists, one orthodontist, five dental nurses (two of whom are trainee dental nurses), one dental hygienist, the practice manager and one receptionist. The practice has three 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 Oracle Dental Clinics Shrewsbury is the practice manager. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During the inspection we spoke with the principal dentists, the area manager and the practice manager. We looked at staff recruitment files, staff training files and patient clinical care records.

The practice is open: 9am to 5pm Monday, Wednesday, Thursday and Friday and 8.30am to 7pm on Tuesday. The practice is closed for lunch for one hour each day between 1pm and 2pm.

Our key findings were:

- The practice had implemented effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

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

The provider had made improvements to the management of the service and had recruited a new practice manager. Information that was not shown to the previous inspection team on the 26 June 2017 and the 19 March 2018 was readily available at this visit. This included patient consent in clinical care records for implant treatment, Disclosure and Barring Service checks for two members of staff which was sent to us following the visit on the 19 March 2018 and providing details of implant training updates in relation to one clinician. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

No action



Are services well-led?

Our findings

At our previous inspections on 26 June 2017 and 19 March 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 26 November 2018 we found the practice had made the following improvements to comply with the regulation:

- At our previous inspections we were not shown evidence of patient consent to implant treatment or implant treatment plans within patient clinical care dental records for one clinician. We were shown two clinical care records which contained patient consent and detailed treatment plans during this visit.
- We asked for evidence of continuing professional development training for those dentists who provided a dental implant service. This information was not available during our inspections on 26 June 2017 or 19 March 2018. We were shown evidence of comprehensive implant training and attendance at lectures at this visit.

The practice had also made further improvements:

- At our previous visit on the 19 March 2018 we were not shown update training regarding medical emergencies for two members of staff. The practice manager confirmed following the inspection that a training course had been booked for May 2018. During this visit we were shown training certificates for the two members of staff as evidence of them having completed this training.

- Staff recruitment information that we saw on our previous inspections did not demonstrate that the practice obtained all information as per Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that the practice's recruitment policy required two written references to be obtained. We looked at the recruitment records of the staff members employed since the last inspection. There was lack of satisfactory evidence of conduct in previous employment concerned with the provision of services relating health or social care, or children or vulnerable adults, which would be demonstrated by references. We were told that staff references were kept at head office and that occasionally references were requested but no response was received. We were shown references which had been requested and received for two members of staff that were not available the inspection on the 19th March 2018.
- The practice did not have evidence that they had access to a Laser Protection Advisor (LPA). We discussed this with the provider who advised that although they had no contract in place they had contact details and could access an LPA if required.

These improvements showed the provider had taken action to improve the quality of services for patients and complied with the regulation when we inspected on 26 November 2018.