

Oasis Dental Care Limited

Oasis Dental Care – Chesterfield

Inspection Report

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Date of inspection visit: 21 December 2016

Date of publication: 25/01/2017

Overall summary

We carried out an announced comprehensive inspection on 21 December 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 is located in ground floor premises situated in the west of Chesterfield in North Derbyshire. There are four treatment rooms. The practice provides mostly NHS dental treatments (80%). There is a free car park for dental patients outside the practice.

The practice provides regulated dental services to both adults and children. Services provided include general dentistry, dental hygiene, crowns and bridges, and root canal treatment.

The practice's opening hours are – Monday and Tuesday: 8am to 8pm; Wednesday and Thursday: 8am to 7pm; Friday 8am to 5:15pm.

Access for urgent treatment outside of opening hours is by telephoning the practice and following the instructions on the answerphone message. Alternatively patients can telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operates locally and the contact details are displayed outside the front door.

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

Summary of findings

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.

The practice is registered with the Care Quality Commission (CQC) as an organisation.

The practice has three dentists; one orthodontist; three hygienists; ten qualified dental nurses; one receptionist; and one practice manager.

Before the inspection we sent CQC comments cards to the practice for patients to complete to tell us about their experience of the practice and during the inspection we spoke with patients. We received responses from nine patients through both comment cards and by speaking with them during the inspection. Those patients provided positive feedback about the services the practice provides.

Our key findings were:

- The premises were visibly clean and there were systems and processes in place to maintain the cleanliness.
- The systems to record accidents, significant events and complaints, learning points from these were recorded and used to make improvements.
- Records showed there were sufficient numbers of suitably qualified staff to meet the needs of patients.
- There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.
- The consent policy did not make reference to the Mental Capacity Act 2005.
- Patients said they had no problem getting an appointment that suited their needs.
- Patients were able to access emergency treatment when they were in pain.
- Patients provided positive feedback about their experiences at the practice. Patients said they were treated with dignity and respect.
- Dental care records did not always demonstrate that the dentists involved patients in discussions about treatment options.
- Patients' confidentiality was protected within the practice.
- The records showed that apologies had been given for any concerns or upset that patients had experienced at the practice.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control with regard to cleaning and sterilizing dental instruments.
- There was a whistleblowing policy accessible to all staff, who were aware of procedures to follow if they had any concerns about a colleague's practice.
- The practice had the necessary equipment for staff to deal with medical emergencies, and staff had been trained how to use that equipment. This included an automated external defibrillator, oxygen and emergency medicines.

There were areas where the provider could make improvements and should:

- Review the consent policy to include the Mental Capacity Act (MCA) 2005. This will increase staff awareness of the requirements of the MCA and ensure all staff are aware of their responsibilities under the Act as it relates to the consent process.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping. Particularly in respect of recording discussions with patients about the different treatment options.
- Review the practice's audit protocols of various aspects of the service, check all audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The systems for recording accidents, incidents and complaints were robust.

All staff had received up-to-date training in safeguarding vulnerable adults and children. There were clear guidelines for reporting concerns and the practice had a lead member of staff to offer support and guidance over safeguarding matters. Staff knew how to recognise the signs of abuse, and how to raise concerns when necessary.

There were effective systems at the practice related to the Control of Substance Hazardous to Health (COSHH) Regulations 2002.

The practice had emergency medicines and oxygen available, and an automated external defibrillator (AED). Regular checks were being completed to ensure the emergency equipment was in good working order.

Recruitment checks were completed on all new members of staff. This was to ensure staff were suitable and appropriately qualified and experienced to carry out their role.

The practice was visibly clean and had infection control procedures to ensure that patients were protected from potential risks. Regular audits of the decontamination process were as recommended by the current guidance.

X-ray equipment was regularly serviced to make sure it was safe for use.

No action



Are services effective?

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

All patients were clinically assessed by a dentist before any treatment began. The practice used a recognised assessment process to identify any potential areas of concern in a patient's mouth including their soft tissues (gums, cheeks and tongue).

Discussions about treatment options were not always recorded in dental care records.

The practice was following National Institute for Health and Care Excellence (NICE) guidelines for the care and treatment of dental patients. Particularly in respect of patient recalls, lower wisdom tooth removal and the prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart).

The consent policy did not make reference to the Mental Capacity Act 2005.

The practice had systems in place for making referrals to other dental professionals when it was clinically necessary.

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

Patient confidentiality was maintained and electronic dental care records were password protected.

Feedback from patients identified staff were friendly, and treated patients with care and concern. Patients also said they were treated with dignity and respect.

There were systems for patients to be able to express their views and opinions.

Are services responsive to people's needs?

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

Patients who were in pain or in need of urgent treatment could usually get an appointment the same day. There were arrangements for emergency dental treatment outside of normal working hours, including weekends and public holidays

Patient areas including treatment rooms were all located on the ground floor which allowed easy access for patients with restricted mobility. A disabled access audit in line with the Equality Act (2010) had been completed to consider the needs of patients with restricted mobility. The practice had an induction hearing loop to assist patients who used a hearing aid.

Interpreters were readily available for patients whose first language was not English. There were clear instructions for staff in how to book interpreters and ensure patients' needs were met.

There were systems and processes to support patients to make formal complaints. Where complaints had been made these were acted upon, and apologies given when necessary.

No action



Are services well-led?

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

There was a clear management structure at the practice. Staff were aware of their roles and responsibilities within the dental team, and knew who to speak with if they had any concerns. Staff said they felt well supported and there were systems for peer review and clinical discussion.

The practice had a system for carrying out regular audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided. However, action plans from audits where improvements were needed were not always produced.

Policies and procedures had been kept under review.

Patients were able to express their views and comments, and the practice listened to those views and acted upon them.

No action



Oasis Dental Care – Chesterfield

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

We carried out an announced, comprehensive inspection on 21 December 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked for information to be sent, this included the complaints the practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

We reviewed the information we held about the practice and found there were no concerns.

We reviewed policies, procedures and other documents. We received feedback from ten patients about the dental service.

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 systems for recording and investigating accidents, significant events and complaints. The practice had an accident book to record any accidents to patients or staff. The last recorded accident had been in December 2015 when a staff member accidentally splashed a chemical into their eye. This had been discussed at a staff meeting on 5 January 2016 and appropriate action taken. The accident was also recorded as a significant event.

The practice had not needed to make any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) reports although staff said they were aware how to make these reports.

The records identified there had been three significant events in the twelve months leading up to this inspection. There were forms in the practice for recording any significant events and recording learning points. The most recent significant event occurred in September 2016 and related to problems with the boiler. This had been discussed in a staff meeting the following day, and the boiler was replaced as a result of the concerns.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts. These were sent out centrally by a government agency (MHRA) to inform health care establishments of any problems with medicines or healthcare equipment. The practice received these via head office with the most recent related to an issue with a batch of medicine called glucagon which formed part of the emergency medicines at the practice.

The practice had a Duty of Candour policy which had been produced in May 2016. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. Discussions with the practice manager identified there had been no examples of the policy needing to be put into action. Discussions with the practice manager identified they knew when and how to notify CQC of incidents which caused harm.

Reliable safety systems and processes (including safeguarding)

The practice had a policy for safeguarding vulnerable adults and children which had been reviewed in July 2016. The policy identified how to respond to and escalate any safeguarding concerns. The relevant contact telephone numbers and flow chart for protection agencies were available for staff both within the policy and in each treatment room. Discussions with staff showed that they were aware of the safeguarding policies, knew who to contact and how to refer concerns to agencies outside of the practice when necessary. The practice manager said there had been no safeguarding referrals made by the practice.

The practice manager was the identified lead for safeguarding in the practice. They had received training in child protection and safeguarding vulnerable adults to level two during 2016. We saw evidence that all staff had completed safeguarding training to level two during 2016.

The practice had guidance for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The COSHH policy formed part of the overall health and safety policy. There were risk assessments for all products and there were copies of manufacturers' product data sheets. Data sheets provided information on how to deal with spillages or accidental contact with chemicals and advised what protective clothing to wear.

The practice had an up to date Employers' liability insurance certificate which was due for renewal on 31 March 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

The practice had a policy for dealing with sharps injuries which was on display in treatment rooms. It was practice policy that only dentists handle needles and needles were not re-sheathed. There were devices to allow this to be completed safely. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The practice had guidance for staff in relation to waste management. This was taken from HTM 01-05 31st March 2013 edition and HTM 07-01 20th March 2013 edition and had been updated to include the additional guidance in Safe management of healthcare waste version 1.0 published March 2011. The guidance identified how waste

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should be separated, stored whilst awaiting collection and labelled to enable identification of its source. We saw that each bag of clinical waste had an identification code and signature attached.

There were sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking.) We saw the sharps bins were wall mounted in treatment rooms where they were accessible to dentists but not to patients. The 2013 regulations indicated sharps bins should not be located on the floor and should be out of reach of small children. Sharps bins were signed and dated, the National Institute for Healthcare Excellence (NICE) guidelines: 'Healthcare-associated infections: prevention and control in primary and community care' advise – sharps boxes should be replaced every three months even if not full. The fact that the boxes were signed and dated allowed staff to identify when the three month expiry date had been reached.

Discussions with dentists identified they were using rubber dams when providing root canal treatment to patients. Guidance from the British Endodontic Society is that rubber dams should be used whenever possible. A rubber dam is a thin, square sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment (treatment involving the root canal of the tooth) is being provided. On the rare occasions when it is not possible to use rubber dams, the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured. We saw the practice had a supply of latex free rubber dam kits available.

Medical emergencies

The dental practice had equipment in preparation for any medical emergencies that might occur. This included emergency medicines and oxygen which were located in a secure central location. We checked the medicines and found they were all in date. There were systems in place to check expiry dates and monitor that equipment was safe and working correctly.

There was a first aid box which was located in the staff kitchen. We saw evidence the contents were being checked regularly. We saw certificates demonstrating four members

of staff had completed first aid at work courses. The certificates identified all of the training was in date at the time of the inspection. There was a poster in reception to inform patients and staff of the first aid arrangements.

There was an automated external defibrillator (AED) at the practice. An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. The AED was being checked regularly to ensure it was working correctly. This complied with the Resuscitation Council UK guidelines. We saw there were records to demonstrate the equipment was checked regularly to ensure it was working correctly.

All staff at the practice had completed basic life support and resuscitation training in June 2016. We saw certificates that had been issued to staff following this training.

Additional emergency equipment available at the practice included: airways to support breathing, a bag valve mask for manual resuscitation and oxygen masks for adults and children.

Discussions with staff identified they understood what action to take in a medical emergency. Staff said they had received training in medical emergencies. Staff at the practice were involved in medical emergency scenario training on a six monthly basis. The scenario training with any learning points recorded.

Staff recruitment

We looked at the staff recruitment files for five staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the person's skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). 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.

Are services safe?

We saw that every member of staff had received a DBS check. Company policy was that DBS checks were renewed every three years. We discussed the records that should be held in the recruitment files with the practice manager.

Monitoring health & safety and responding to risks

The practice had a risk based approach to health and safety with a comprehensive health and safety policy. The policy had been reviewed in December 2016 and identified the practice manager as the lead person who had responsibility within the practice for different areas of health and safety. As part of this policy each area of the practice had been risk assessed to identify potential hazards and identify the measures taken to reduce or remove them.

Records showed that fire extinguishers had been serviced in August 2016. The practice had a fire risk assessment which identified the steps to take to reduce the risk of fire. The risk assessment had been reviewed in October 2016. We saw there was a manual fire alarm system installed with emergency lighting and battery operated smoke alarms throughout the practice. Fire evacuation notices were displayed for staff and patients outlining the action to take if a fire occurred. Records showed the practice held a fire drill six monthly with the last one completed on 8 December 2016.

The practice had a health and safety law poster on display in the X-ray room. Employers are required by law (Health and Safety at Work Act 1974) to either display the Health and Safety Executive (HSE) poster or to provide each employee with the equivalent leaflet.

A Business Continuity Plan was available in the practice and a copy was held off site. This had last been reviewed and updated in January 2016. The plan identified the steps for staff to take should there be an event which threatened the continuity of the service. A list of emergency contacts formed part of the plan, and were displayed in the decontamination room for staff reference.

Infection control

Dental practices should be working towards compliance with the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of

equipment. This document sets out clear guidance on the procedures that should be followed, records that should be kept, staff training, and equipment that should be available.

The practice had an infection control policy which had been reviewed in January 2016. A copy was available to staff in the decontamination room. Dental nurses had set responsibilities for cleaning and infection control in each individual treatment room. The practice had systems for testing and auditing the infection control procedures. The head nurse was the lead for infection control at the practice. We saw that they had received additional training to help them carry out that role.

Records showed that regular six monthly infection control audits had been completed. This was as recommended in the guidance HTM 01-05. The last three audits were completed in October 2016, May 2016 and November 2015. The latest audit had scored 99% and an action plan was in place to address issues highlighted in the audit.

The practice had a clinical waste contract, and waste matter was collected regularly. Clinical waste was stored securely away from patient areas while awaiting collection. The clinical waste contract also covered the collection of amalgam, a type of dental filling which contains mercury and is therefore considered a hazardous material. The practice had a spillage kit for mercury and a bodily fluids spillage kit both of which were in date.

There was one decontamination room where dental instruments were cleaned and sterilised and then bagged, date stamped and stored. Staff wore personal protective equipment during the process to protect themselves from injury. This included the use of heavy duty gloves, aprons and protective eye wear. The practice was latex free to avoid any risk to staff or patients who might have a latex allergy.

A dental nurse demonstrated the decontamination process. We saw the procedures were as outlined in the published guidance (HTM 01-05).

The practice had one washer disinfectant, this being a machine for cleaning dental instruments similar to a domestic dish washer. After cleaning, instruments were rinsed and examined using an illuminated magnifying glass. Finally the instruments were sterilised in one of the practice's autoclaves (a device for sterilising dental and

Are services safe?

medical instruments). The practice had two autoclaves which were designed to sterilise dental instruments. At the completion of the sterilising process, all instruments were dried, placed in pouches and dated with a use by date.

The practice did not routinely use manual cleaning techniques. However, this was available as a backup should the washer disinfectant fail. The practice had the necessary equipment to complete manual cleaning including a digital thermometer, long handled brush and heavy duty gloves. The practice protocol for manual cleaning was due for review in February 2017.

We checked the equipment used for cleaning and sterilising the dental instruments was maintained and serviced regularly in accordance with the manufacturers' instructions. There were records to demonstrate this and that equipment was functioning correctly. Records showed that the equipment was in good working order and being effectively maintained.

The practice had a policy for dealing with blood borne viruses dated December 2016 this included a flow chart for staff to understand the necessary actions to be taken to reduce the risk. There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required. Records showed that blood tests to check the effectiveness of the inoculation had been taken. Health professionals who are likely to come into contact with blood products, or who are at increased risk of sharps injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The risks associated with Legionella had been assessed. This assessment had been completed by an external contractor in November 2014 and was due for renewal in November 2017. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The practice had taken steps to reduce the risks associated with Legionella with regular flushing of dental water lines as identified in the relevant guidance. Recommendations identified within the assessment included staff training and completing quarterly dip slides. We saw documentary evidence to identify that staff had been trained and quarterly dip slides had been completed. Dip slides are a means of testing the microbial content (bacteria) in a liquid through dipping a sterile carrier into that liquid and monitoring any bacterial growth.

Equipment and medicines

The practice kept records to demonstrate that equipment was maintained and serviced in line with manufacturer's guidelines and instructions. Portable appliance testing had been completed on electrical equipment at the practice in January 2016 and was identified for renewal in January 2017. The gas supply at the practice had been checked and the practice had a landlord's gas safety certificate dated 7 August 2015. A new boiler had been installed in October 2016 and the necessary safety certification was available in the practice. The pressure vessel checks on the compressor which produced the compressed air for the dental drills had been completed in September 2016. This was in accordance with the Pressure Systems Safety Regulations (2000). Records showed the autoclaves had been serviced and validated in August 2016. The washer disinfectant had also been serviced and validated in November 2016.

The practice had all of the medicines needed for an emergency situation, as recommended in the 'British National Formulary' (BNF).

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. The practice kept a log of prescription numbers to monitor the security of the prescription pads and maintain an audit trail. Prescription pads were not pre-stamped which added to their security and the stamp was held securely.

Radiography (X-rays)

There was a Radiation Protection file which contained the relevant information and records relating to the X-ray machines and their safe use on the premises.

The practice had four intraoral X-ray machines (intraoral X-rays concentrate on one tooth or area of the mouth) and one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull. The OPG was not in use as it was broken. The practice manager said it was due to be replaced in April 2017 when a machine capable of taking digital X-rays would be installed.

X-rays were carried out in line with local rules that were relevant to the practice and specific equipment. The local rules for the use of each X-ray machine were available in each area where X-rays were carried out.

The Radiation Protection file identified the practice had a radiation protection supervisor (RPS) this being the

Are services safe?

principal dentist. The provider had appointed an external radiation protection advisor (RPA). This was a company specialising in servicing and maintaining X-ray equipment, who were available for technical advice regarding the machinery. The Ionising Radiation Regulations 1999 (IRR 99) requires that an RPA and an RPS be appointed and identified in the local rules. Their role is to ensure the equipment is operated safely and by qualified staff only.

The practice had critical examination documentation for the X-ray machines. Critical examinations are completed when X-ray machines are installed to document they have been installed and are working correctly.

Records showed the X-ray equipment had been inspected in May 2016. The Ionising Radiation Regulations 1999 (IRR 99) require that X-ray equipment is inspected at least once every three years. The regulations also required providers to inform the Health and Safety Executive (HSE) that X-rays were being carried out on the premises. Documentary evidence confirmed the HSE had been informed.

All four X-ray machines were fitted with rectangular collimation therefore the Ionising Radiation Regulations

(Medical Exposure) Regulations 2000 (Regulation 7) were being followed. Rectangular collimation is a specialised metal barrier attached to the head of the X-ray machine. The barrier has a hole in the middle used to reduce the size and shape of the X-ray beam, thereby reducing the amount of radiation the patient receives and the size of the area affected.

The practice used digital X-rays, which allowed the image to be viewed almost immediately, and relied on lower doses of radiation. This therefore reduced the risks to both the patients and staff.

All patients were required to complete a medical history form and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Patients' dental care records showed that information related to X-rays was recorded in line with guidance from the Ionising Radiation (Medical Exposure) Regulations 2000. This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice held electronic dental care records for each patient. Dental care records contained information about the assessment, diagnosis, and treatment. We saw some inconsistency with regard to recording the discussion and advice given to patients by dental healthcare professionals. The care records showed a thorough examination had been completed, and identified any risk factors such as smoking and diet for each patient.

New patients at the practice completed a medical history form which was scanned into their electronic dental records. Returning patients updated their information which was reviewed with the dentist in the treatment room. The patients' medical histories included any health conditions, medicines being taken, whether the patient might be pregnant or had any allergies.

The dental care records showed that dentists assessed the patients' periodontal tissues (the gums) and soft tissues of the mouth. The dentists used the basic periodontal examination (BPE) screening tool. BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment needed in relation to a patient's gums. The dentists were using BPE for all patients other than young children.

We saw the dentists used national guidelines on which to base treatments and develop treatment plans for managing patients' oral health. Discussions with the dentists showed they were aware of National Institute for Health and Care Excellence (NICE) guidelines, particularly in respect of recalls of patients, prescribing of antibiotics for patients at risk of infective endocarditis (a condition that affects the heart) and lower wisdom tooth removal. A review of the records identified that the dentists were following NICE guidelines in their treatment of patients.

Health promotion & prevention

The practice had one waiting room for patients. One dental nurse had a British Dental Association (BDA) qualification in oral health education. During the afternoon of this inspection the dental nurse was seeing patients to offer advice on good oral hygiene including tooth brushing techniques. This was part of the patients' wider treatment plan and was aimed at improving oral hygiene and

reducing the risk of decay. Photographs, leaflets and posters to demonstrate good oral hygiene techniques were available to assist in the dental nurse's role. There were free samples of toothpaste for patients available in the practice.

Children seen at the practice were offered fluoride varnish application and fluoride toothpaste if they were identified as being at risk. The practice manager had audited the use of fluoride application varnish and fissure sealants. The data showed a significant increase from the period April to September 2015 when re-audited in April to September 2016.

The use of fluoride varnish was in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.' This has been produced to support dental teams in improving patients' oral and general health. There were copies of this document available in the practice. Discussions with staff showed they had a good knowledge and understanding of 'delivering better oral health' toolkit.

We saw several examples in patients' dental care records that the dentist had provided advice on the harmful effects of smoking, alcohol and diet and their effect on oral health. With regard to smoking, the dentist had particularly highlighted the risk of dental disease and oral cancer. The dental care records contained an oral cancer risk assessment. In some dental care records we saw the risk assessments for caries (tooth decay) and periodontal disease (gum disease) were also recorded.

Staffing

The practice had three dentists; one orthodontist; three hygienists; ten qualified dental nurses; one receptionist; and one practice manager. Before the inspection we checked the registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

Records within the practice showed there were sufficient numbers of staff to meet the needs of patients attending the practice for treatment.

We looked at staff training records for clinical staff to identify that they were maintaining their continuing professional development (CPD). CPD is a compulsory requirement of registration with the GDC. The training records showed how many hours training staff had

Are services effective?

(for example, treatment is effective)

undertaken together with training certificates for courses attended. This was to ensure staff remained up-to-date and continued to develop their dental skills and knowledge. The practice used an on-line system for tracking CPD. This allowed the practice manager to monitor staff progress and ensure that training was updated when it was required. The on-line system used traffic lights to monitor when training was due (green when in date, amber when the training was due to expire and red when the training was overdue). Training records for clinical staff were clear and we saw copies of training certificates and CPD details for relevant staff during the inspection. Examples of training completed included: radiography (X-rays), medical emergencies, infection control, and safeguarding.

Records at the practice showed that all staff had received an annual appraisal. This was completed with the principal dentist. We saw evidence of new members of staff having an in-depth induction programme which included a six monthly probationary test to ensure that learning and knowledge had been embedded.

Working with other services

The practice made referrals to other dental professionals based on risks or if a service was required that was not offered at the practice. We saw the practice referred to other local dental services and for minor oral surgery.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere within the organisation. Children or patients with special needs who required more specialist dental care were referred to the community dental service.

Referrals were made to the Maxillofacial department at the local hospital or a local practice with a contract for minor oral surgery for wisdom tooth removal. For patients with suspicious lesions (suspected cancer) referrals were faxed through to the hospital.

Consent to care and treatment

The practice had a patient consent policy which had been reviewed in March 2016. The policy did not make reference to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. The practice also had a patient consent and rights policy which explored the issue of consent and capacity in a little more depth, although it still did not reference the MCA. Discussions with the practice manager showed an understanding on the MCA and how it might apply to dentistry. Training records showed that all staff had either completed or were about to undertake training in the MCA within the 12 months up to this inspection.

We saw how consent was recorded in the patients' dental care records. There was inconsistency in how the dentists had recorded the treatment options. Some dentists had identified the different treatment options and recorded these had been discussed with the patients. This led the patients concerned to make informed choices about their treatment and give valid consent. However we saw some examples where the dentist had not clearly recorded the treatment options in the dental care records. In these circumstances it was not clear the patients concerned had given valid consent as the records did not demonstrate the treatment options had been explained to them.

We talked with dental staff about their awareness of Gillick competency. This refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. We saw that staff had an understanding of Gillick competency. Records showed that most staff had completed training in legal and ethical issues which included Gillick competency.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

During the inspection we observed staff speaking with patients. We saw that staff were polite, and had a friendly and welcoming manner. We saw that staff spoke with patients with due regard to dignity and respect.

The reception desk was located within the waiting room. We asked reception staff how patient confidentiality was maintained at reception. Staff said that details of patients' individual treatment were never discussed at the reception desk. In addition if it was necessary to discuss a confidential matter, there were areas of the practice where this could happen such as the practice manager's office.

We saw examples that showed patient confidentiality was maintained at the practice. For example we saw that computer screens could not be overlooked at the reception desk. Patients' dental care records were held securely and password protected.

Involvement in decisions about care and treatment

We received positive feedback from ten patients about the services provided. This was through CQC comment cards left at the practice prior to the inspection, and by speaking to patients in the practice during the inspection.

The practice offered mostly NHS treatments (80%) and the costs of NHS and private treatments were clearly displayed in the waiting room. If patients were receiving treatment they were given a treatment plan which included the costs.

We spoke with dentists about how patients had their diagnosis and dental treatment discussed with them. Some dentists but not all demonstrated in the patient care records how the treatment options and costs were explained and recorded. Patients were given a written copy of the treatment plan which included the costs.

Where necessary the dentist gave patients information about preventing dental decay and gum disease. In particular the dentist had highlighted the risks associated with smoking and diet, and we saw examples of this recorded in the dental care records. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The patient areas of the practice were located on the ground floor. There was parking including disabled parking close to the dental practice.

The practice had separate staff and patient areas, to assist with confidentiality and security.

We saw there was a good supply of dental instruments, and there were sufficient instruments to meet the needs of the practice.

Staff said that when patients were in pain or where treatment was urgent the practice made efforts to see the patient the same day. To facilitate this, the practice had a triage protocol to assess how quickly a patient should be seen. The practice made specific appointment slots available for patients who were in pain or required emergency treatment.

We reviewed the appointment book, and saw that patients were allocated sufficient time to receive their treatment and have discussions with the dentist. The appointment book also identified where patients were being seen in an emergency.

Tackling inequity and promoting equality

The practice had a fair and accessible care policy which made reference to the Equality Act (2010) and gave staff guidance on treating patients without prejudice or discrimination.

There were four treatment rooms all of which was situated on the ground floor. Three of the four were accessible for wheelchair users. This allowed patients with restricted mobility easy access to treatment at the practice. The practice was accessible for patients in a wheelchair with level access from the street. The ground floor treatment rooms were large enough for patients to manoeuvre a wheelchair into the room.

There was a lower section of the reception desk which meant patients who were using a wheelchair could speak with the receptionist and were able to make eye contact.

The practice had one ground floor toilet for patients to use. This was compliant with the Equality Act (2010).

The practice had a hearing induction loop to assist patients who used a hearing aid. The Equality Act requires where 'reasonably possible' hearing loops are to be installed in public spaces, such as dental practices.

The practice used a recognised company to provide interpreter services for patients whose first language was not English. British sign language interpreters were also available and used by the practice when needed.

Access to the service

The practice's opening hours were – Monday and Tuesday: 8am to 8pm; Wednesday and Thursday: 8am to 7pm; Friday 8am to 5:15pm.

The practice had a website: www.oasisdentalcare.co.uk. This allowed patients to access the latest information or check opening times or treatment options on-line.

Access for urgent treatment outside of opening hours was by telephoning the practice and following the instructions on the answerphone message. Alternatively patients could telephone the NHS 111 telephone number. An NHS out-of-hours dentistry service also operated locally and the contact details were displayed outside the front door.

The practice operated a text message reminder service for patients who had appointments with the dentist 48 hours before their appointment was due. Patients also received an e mail reminder one month before their appointment as due.

Concerns & complaints

The practice had a complaints policy which explained how to complain and identified time scales for complaints to be responded to. Other agencies to contact if the complaint was not resolved to the patients satisfaction were identified within the complaints policy.

Information about how to complain was displayed in the patient information file in the waiting room.

From information reviewed in the practice we saw that there had been eight formal complaints received in the 12 months prior to our inspection. The documentation showed the complaints had been handled appropriately and an apology and an explanation had been given to the patient when required.

Are services well-led?

Our findings

Governance arrangements

We saw a number of policies and procedures at the practice these had been reviewed at various times in the twelve months up to this inspection.

We spoke with staff who said they understood the structure of the practice. Staff said if they had any concerns they would raise these with either the practice owner or one of the dentists. We spoke with three members of staff who said they liked working at the practice.

We saw a selection of dental care records to assess if they were complete, legible, accurate, and secure. The dental care records contained sufficient detail and identified patients' needs, care and treatment.

Leadership, openness and transparency

The practice was part of a larger corporate organisation Oasis Dental Care and there was a management structure beyond the practice to assist in providing the service. We saw that full staff meetings at this practice were scheduled for twice a month throughout the year. Staff meetings were minuted and minutes were available to all staff. Clinical meetings were held once every three months. Clinical meetings were also minuted.

Discussions with clinical staff identified they felt valued. Clinical staff said they appreciated the support that was available to them through peer support and from the leadership team.

Discussions with staff showed there was a good understanding of how the practice worked, and knowledge of policies and procedures.

The practice produced a newsletter every three months to inform patients of changes and developments at the practice.

The practice had a policy relating to the duty of candour which directed staff to be open and to offer apologies when things had gone wrong. Discussions with staff showed they understood the principles behind the duty of candour. There had been no examples where the duty of candour policy had been used.

The practice had a whistleblowing policy which had been reviewed in May 2016 identified how staff could raise any

concerns they had about colleagues' under-performance, conduct or clinical practice. This was both internally and with identified external agencies. A copy of the policy was available on any computer in the practice.

Learning and improvement

We saw the practice completed a range of audits throughout the year. This was for clinical and non-clinical areas of the practice. The audits identified both areas for improvement, and where quality had been achieved. Examples of completed audits included: Regular six monthly infection control audits with the last three completed in November 2015, May 2016 and October 2016. Action plans had been produced to address issues highlighted during the audits; We saw that audits of radiography (X-rays) were completed every six months. A recent radiography audit had led to a change in how consent for radiography was recorded. The radiography audits checked the quality of the X-rays including the justification (reason) for taking the X-ray and the clinical findings which had been recorded in the dental care records. The practice had audited their dental care records for each clinician however we saw no analysis of the audits or action plans to address issues highlighted in the audits. The lead nurse had also carried out regular hand washing audits for all clinical staff.

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council. Training records at the practice showed that clinical staff were completing their CPD and the hours completed had been recorded. Dentists are required to complete 250 hours of CPD over a five year period, while other dental professionals are required to complete 150 hours over the same period. We saw that key CPD topics such as IRMER (related to X-rays), medical emergencies and safeguarding training had been completed by all relevant staff.

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

The practice had a NHS Friends and Family Test (FFT) comment box which was located in the waiting room. The FFT is a national programme to allow patients to provide feedback on the services provided. The FFT comment box was being used specifically to gather regular feedback from NHS patients, and to satisfy the requirements of NHS

Are services well-led?

England. Information in the practice showed seven patients responded in September 2016. 100% of patients provided positive feedback with all patients who responded saying they would recommend the practice to family and friends.

Information on the NHS choices website showed ten patients had responded and 100% would recommend the practice to their family and friends.

There were seven patient reviews recorded on the NHS Choices website. These were a mixture of positive and negative reviews. We noted the practice had not responded to the patient comments on the NHS Choices website.