

Oasis Dental Care Limited

Bupa - Healaugh Park, Yarm

Inspection Report

4 Healaugh Park
Yarm
North Yorkshire
TS15 9XN

Tel: 01642 789997
Website: www.oasisdentalcare.co.uk

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Overall summary

We undertook a focused inspection of Bupa - Healaugh Park, Yarm on 21 May 2019.

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 remotely by a specialist dental adviser.

We undertook a comprehensive inspection of Bupa - Healaugh Park, Yarm on 4 December 2018 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 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 Bupa - Healaugh Park, Yarm on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it well-led?

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 improvements were required.

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 inspection on 4 December 2018.

Background

Bupa - Healaugh Park is in Yarm and provides NHS and private treatment to adults and children.

The dental practice is sited in a purpose-built building with level access for people in wheelchairs and those with pushchairs. Car parking spaces, including designated spaces for blue badge holders, are available near the practice.

The dental team includes eight associate dentists, eight dental nurses, two dental hygiene therapists, two receptionists and a practice manager. The practice has six 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

Summary of findings

and associated regulations about how the practice is run. At the time of our inspection on 21 May 2019, the registered manager at Bupa - Healaugh Park was the practice manager.

During the inspection we spoke with the practice manager.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8.15am to 7pm

Friday 8.15am to 5pm

Saturday 9am to 3pm

Our key findings were:

- The practice had effective leadership. Systems to help them manage risk to patients and staff had improved.
- The provider had improved their staff recruitment procedures.
- Staff assisting in sedation procedures had completed the appropriate immediate life support training.
- Recommended actions from the X-ray equipment reports were implemented.
- A quality assurance process was underway for the cone beam tomography machine.

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.

Improvements were made to the overall management of the service and in particular to the risk management systems within the practice, including recruitment and radiography.

A practice manager was appointed in January 2019 and had set aside protected time for management and administration duties. Clear roles and responsibilities for all the practice team were established.

Effective recruitment processes were now in place. Essential checks were carried out on all staff.

Recommendations made in the routine tests of the X-ray and cone beam computed tomography (CBCT) machines had been actioned and a quality assurance process was set up.

The process for monitoring staff training, including those assisting in sedation procedures was effective.

The process for ensuring medical emergency equipment and medicines were in line with recognised guidance was effective.

No action



Are services well-led?

Our findings

At our previous inspection on 4 December 2018 we judged the practice 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 21 May 2019 we found the practice had made the following improvements to comply with the regulations:

- Management and governance systems were reviewed and made to be more effective. A practice manager was appointed in January 2019 to oversee the running of the practice.
- An effective system was now in place to carry out recruitment procedures to eliminate the risks to staff and patients. Any recruitment checks which were not completed at our previous inspection had been reviewed and acted upon where necessary.

Recruitment procedures were completed adequately for three recently employed dental professionals. We saw evidence that the provider had obtained a Disclosure and Barring Service (DBS) check, references, photo identification, evidence of qualifications, registration, indemnity insurance and employment history.

- Risk assessments were undertaken and were available for all seven X-ray machines.

Recommendations from the engineer's reports were actioned.

- The practice had a CBCT machine. Staff had received training in its use. We saw a recent survey report recommended an engineer to correct the dose area product of the machine; we saw evidence the practice manager had corresponded with engineer the week prior to our follow up inspection.

A quality assurance system was now in place for the CBCT machine. We saw a template for an audit on the justification of its use; this was yet to be undertaken and we were assured this would be completed in June 2019.

- We were assured the practice systems for checking medical emergency drugs and equipment had been reviewed and "spot checks" would continue from higher management to oversee the practice's systems.
- Staff supporting in sedation had now undergone appropriate training in immediate life support (ILS) and we were shown certificates to evidence this.

The practice had also made further improvements:

- The practice manager had now been appointed as the practice's registered manager.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 21 May 2019.