Oasis Dental Care (Southern) Limited

Oasis Dental Care Southern - Oxford

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 and 15 February 2017 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 not providing well-led care in accordance with the relevant regulations.

Background
Oasis Oxford is a dental practice providing NHS and private treatment for both adults and children. The practice is based in a converted domestic dwelling in Oxford.

The practice has seven dental treatment rooms two of which are based on the ground floor and a separate decontamination area used for cleaning, sterilising and packing dental instruments. The ground floor is accessible to wheelchair users, prams and patients with limited mobility via a ramp.

The practice employs seven dentists, one hygienist, seven nurses, two trainee nurses, four receptionists and a practice manager.

The practice's opening hours are between 8.30am and 7pm from Monday to Thursday, 8.30am and 4pm on Friday and 9am and 2pm on Saturday.

Summary of findings

Arrangements are in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service, via 111.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from six patients. These provided a mainly positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care. One patient however, commented about the high turnover of dentists which they felt resulted in them not being able to build a lasting relationship with a dentist.

We obtained the views of 18 patients on the day of our inspection.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The practice appeared clean, infection control procedures were effective and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for the reporting and shared learning when untoward incidents occurred in the practice.
- Most dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff received training appropriate to their roles and were supported in their continued professional development (CPD) by the company.
- Patient feedback before and during our inspection gave us a positive picture of a friendly, caring, professional and high quality service
- Staff we spoke with felt supported by the senior clinicians and practice manager and was committed to providing a quality service to their patients but felt overstretched as there were not adequate numbers of dentists to meet patient demand.
- Although the care provided by the dentists led to good patient outcomes, there were shortfalls in the way the clinical governance systems and processes underpinning the clinical care were operating.

We identified regulations that were not being met and the provider must:

- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities. For example, fire safety management and the secure storage of products which come under COSHH regulations.
- Ensure the training, learning and development needs of staff members are stored securely.
- Ensure staff recruitment records are stored securely.

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

- Provide an annual statement in relation to infection prevention control having due regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the NHS Choices and the practice websites so that they contain up to date information about the practice opening hours, staff employed and feedback provided by patients via NHS Choices is responded to.
- Review display of information related to staff working at the practice taking into account guidance issued by

Summary of findings

the General Dental Council. Review the storage arrangements of the emergency medicines and lifesaving equipment so that they are stored in a more suitable location in the practice.
- Review the security of the decontamination room.
- Review arrangements for the position of a printer on the reception desk to improve wheelchair user's access.
- 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.
- Reinstate practice information leaflets.

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?

No action

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

The practice had effective arrangements in place for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was properly maintained.

The practice had in place a system for identifying, investigating and learning from patient safety incidents.

Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

No action

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

In the main dental care records we saw appeared to show that the dental care provided was evidence based and focused 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.

Most staff received professional training and development appropriate to their roles and learning needs.

Are services caring?

No action

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

We obtained the views of 18 patients on the day of our visit. These provided a positive view of the service the practice provided.

All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

No action

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

The service was aware of the needs of the local population and took these into account in how the practice was run.

Patients could access treatment and urgent and emergency care when required. The practice provided patients with access to telephone interpreter services when required.

Summary of findings

The practice had two ground floor treatment rooms and level access into the building, via a ramp, for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Although the care provided by the dentists led to good patient outcomes, there were shortfalls in the way the clinical governance systems and processes underpinning the clinical care operated. These included management of fire safety, control of substances hazardous to health, management of staff training and recruitment records and fire safety training.

Requirements notice 

Oasis Dental Care Southern - Oxford

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 14 and 15 February 2017. Our inspection was carried out by a lead inspector and a dental specialist adviser.

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.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We obtained the views of 16 members of staff.

We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records. We obtained the views of 18 patients on the day of our inspection.

Patients gave positive feedback about their experience at the practice.

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

We saw that there were arrangements in place for RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff.

Records showed that one accident occurred during 2015-16 and were managed in accordance with the practice's accident reporting policy.

We discussed with the practice manager the action they would take if a significant incident occurred, they detailed a process that involved a discussion and feedback with any patient that might be involved. This indicated an understanding of their duty of candour. [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].

Practice managers received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) from the company head office. Where relevant, these alerts were shared with all members of staff by the practice manager.

Reliable safety systems and processes (including safeguarding)

The treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

The practice appeared to follow appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. We saw several rubber dam kits in the practice. A rubber dam is a thin, rectangular 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 is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a safeguarding lead who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines.

The emergency medicines and oxygen we saw were all in date. We noted that the medical emergency kit was stored in the basement area of the practice rather than in a more central area of the practice. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies.

Are services safe?

Staff recruitment

All of the dentists, dental hygienist and dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body.The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

We looked at four staff recruitment records and records confirmed they had been recruited in accordance with the practice's recruitment policy. Information was not stored in individual staff files but in the practice manager's email folder on their computer.

We saw that all staff had received appropriate checks from the Disclosure and Baring Service (DBS). These are checks to 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.

Monitoring health & safety and responding to risks

The company maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. These were held on the company's intranet system.

Although the practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies, we found shortfalls in the system. We noted that the recommendations from the fire risk assessment carried out in February 2016 had not been carried out. This included staff fire training and alarm testing and there was no emergency lighting available in the practice. The practice had a fire risk assessment carried out after our inspection and assures us they are working on the actions from this.

We found that fire doors were wedged open and a fire route escape was compromised by office fixtures and a bicycle. These points were addressed by the practice manager on the day of our inspection.

The practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients. We noted that products that are classified under COSHH were not secure from access by members of the public. For example, in the decontamination room and the cleaner's cupboard.

We asked to see a current electrical installation condition certificate. We were told this expired in January 2017 and a check was booked to take place the week following our inspection. A copy of the report was sent to us. We noted the document stated there were areas that required urgent attention. We have been assured by the provider that precautions would be taken to protect staff, patients and visitors to the building whilst repairs are undertaken.

We noted that a window blind cord assessment had not been undertaken and cords were not secure. The compressor was housed in a basement room. This room was not secure and allowed access by unauthorised people. A boiler was also seen in the basement. We asked to inspect the carbon monoxide detector but were told one was not available. This oversight was rectified during our visit.

Infection control

There were systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. A review of practice protocols and systems showed that HTM 01 05 (national guidance for infection prevention and control in dental practices) Essential Quality Requirements for infection control was being met. It was observed that audit of infection control processes carried out in February 2017 confirmed compliance with HTM 01 05 guidelines. We noted that audits carried out in 2016 were not retained.

We found the practice did not produce an annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

We saw that the seven dental treatment rooms, waiting area, reception and toilet were visibly clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice.

Are services safe?

The drawers of four treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors. We observed that bare below the elbows way of working was not being observed by three members of staff. We spoke with the practice manager about this and it was rectified immediately.

During our inspection we did not get the opportunity to discuss the end to end decontamination procedure with a dental nurse. However what we saw showed that the practice was operating systems for pre-cleaning, sterilisation and packaging and storage of processed instruments in line with HTM 01 05.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in November 2015. The recommended procedures contained in the report were carried out and logged appropriately.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. We noted that this room was not secure due to the room being on a fire escape route. We mentioned this to the practice manager who told us they would highlight this at the next fire risk assessment.

The practice used a combination of manual cleaning and an ultra-sonic cleaning bath and automated washer disinfector for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We saw the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. All recommended tests for the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log file.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in yellow waste bins which were secure in a location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in July 2016. The practice's six X-ray machines had been serviced and calibrated as specified under current national regulations in 2016 and were due to be tested again in 2019. The practice compressor had been serviced in April 2016.

Portable appliance testing (PAT) had been carried out in 2015.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely, although we did note in two treatment rooms that local anaesthetic cartridges were not stored in their sealed blister packs as recommended.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the three yearly maintenance logs and a copy of the

local rules. The local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level.

We were shown that a radiological audit for each dentist had been carried out in February 2017. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Treatment records we saw showed that the dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines.

On the day of our inspection a locum dentist was working at the practice, we noted that the care records of this dentist were of a poor quality. Entries for clinical interventions such as dental examination assessments or treatments such as fillings contained little or no information regarding the intervention. We pointed this out to the practice manager who assured us that this would be addressed as soon as practically possible.

Records showed that the assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. Records showed that a treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed a dental hygienist to work alongside of the dentists in delivering preventative dental care.

Dental care records we observed demonstrated that the dentists and dental hygienist had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

Improvements could be made to ensure the external name plate which detailed names of the dentists working at the practice included their General Dental Council (GDC) registration number in accordance with GDC guidance from March 2012.

The practice employed seven dentists, one hygienist, seven nurses, two trainee nurses, four receptionists and a practice manager.

Staff we spoke with told us they felt supported by the dentists and practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

There was a structured induction programme in place for new members of staff.

All of the patients we asked told us they felt there was enough staff working at the practice. Staff told us there was not enough staff and the service was overstretched. We spoke with the practice manager about this who confirmed they were aware of the feeling amongst staff. They went on to explain that recruitment in the Oxford area was an issue due to cost of housing and commute time into the city.

The dental hygienist did not work with chairside support. We pointed this out to the practice manager and referred them to the guidance set out in the General Dental Council's guide 'Standards for the Dental Team', specifically standard 6.2.2 working with other members of the dental team.

Are services effective?

(for example, treatment is effective)

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as special care dentistry and orthodontic providers.

Consent to care and treatment

A dentist we spoke with explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentist went on to explain how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists.

Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy. Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the general public.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

We obtained the views of six patients prior to the day of our visit and 18 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the dentists were good at treating them with care and concern. One patient however, made a comment about high turnover of dentists which made the service less personal.

Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS fees was displayed in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable and estimates and treatment plans for private patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information. These explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice website also contained useful information to patients such as how to provide feedback to the practice, details of out of hour's arrangements and the costs of treatment under NHS and private care.

The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other barriers that may hamper them from accessing services.

The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment and the practice provided a hearing loop for patients who used a hearing aid.

To improve access for patients who found steps a barrier two treatment rooms were based on the ground floor.

The reception desk included a lower section for wheelchair users but this was compromised by a printer.

Access to the service

The practice's opening hours were between 8.30am and 7pm from Monday to Thursday, 8.30am and 4pm on Friday and 9am and 2pm on Saturday.

All the patients we asked told us they were satisfied with the hours the surgery was open.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed and the principal dentist gave out an emergency telephone number.

This information was publicised in the practice information booklet kept in the waiting area, NHS Choices website and on the telephone answering machine when the practice was closed.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room and website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We asked 18 patients if they knew how to make a complaint if they had an issue and 16 said yes and two were not sure.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. For example, a complaint would be acknowledged within two working days and a full response would be given in 10 days. We saw a complaints log which listed 10 complaints received since April 2016 which records confirmed five had been concluded satisfactorily and five were ongoing.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of the practice manager who was responsible for the day to day running of the practice. Supporting the practice manager were an area manager and a clinical governance compliance manager of the company.

The practice maintained a comprehensive system of policies and procedures under the company's clinical governance system.

The practice had some clinical governance and risk management structures in place however we found areas where improvements were required. For example, the governance systems underpinning health and safety systems including fire safety, training and recruitment record keeping.

The practice used the Information Governance Tool Kit. This tool kit is a contractual requirement for providers of NHS services.

Leadership, openness and transparency

Leadership was provided by the practice manager. The practice ethos focused on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. We found staff to be hard working, caring and committed to the work they did.

All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the practice manager was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and was proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that all staff received an annual appraisal. There was a system of peer review in place to facilitate the learning and development needs of the dentists and dental nurses which took place on an annual basis.

The practice carried out audit in areas including infection prevention control and dental radiography.

Staff working at the practice maintained their continuing professional development as required by the General Dental Council but training records of staff were not effectively coordinated by the practice manager.

The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses.

The practice ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and dental radiography (X-rays).

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area.

The practice was listed on NHS Choices website and information was generally up to date but patient feedback was not responded to. The practice website required updating in areas of staff working at the practice.

Results of the most recent practice survey carried out indicated that 96% of patients, who responded, said they would recommend the practice to a family member or friend.

Staff told us that the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff told us that they had meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements. For example, changes included the introduction of a paperless patient record system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have effective systems in place to ensure that the regulated activities at Oasis Oxford were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** How the regulation was not being met: • Recommendations from a fire risk assessment carried out in February 2016 had not been carried out. This included staff fire training and alarm testing and there was no emergency lighting available in the practice. • Systems and procedures were not established to ensure substances subject to COSHH regulations were stored securely. • Training records of staff members were not stored securely. • Recruitment records for staff were not stored securely.