Oasis Dental Care Limited

Bupa - Barrett Lane, Bishops Stortford

Inspection Report

1 Barrett Lane
Bishops Stortford
Hertfordshire
CM23 2JT
Tel:01279654097
Website: www.barretthousedental.co.uk

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Overall summary

We undertook a follow up inspection of Bupa - Barrett House Dental Centre, on 17 January 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 by a specialist dental adviser.

We undertook a comprehensive inspection of Bupa - Barrett House Dental Centre on 14 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. As a result of that inspection, 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 - Barrett House Dental Centre on our website www.cqc.org.uk.

As part of this inspection we asked:

• Is it well-led?

Our findings were:

Are services well-led?

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

The provider had made improvements in relation to the regulatory breach we found at our inspection on 14 June 2018.

Background

Bupa - Barrett House Dental Centre is in Bishops Stortford and provides NHS and private treatment for adults and children.

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

The dental team includes ten dentists, one specialist orthodontist, one endodontist, one oral surgeon and one periodontist, seven dental nurses (including two lead nurses), two trainee dental nurses, two dental hygienists, three receptionists, one practice coordinator and a practice manager. The practice has nine treatment rooms and two decontamination rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of inspection, the previous practice manager was still registered as the manager but had recently retired. A new practice manager was in post and the practice were in the process of nominating a new registered manager. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During the inspection we spoke with the practice manager, the practice coordinator and the clinical support lead for the provider organisation. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 8am to 7pm.

Friday from 8am to 4pm.

Saturday from 9am to 1pm.

Our key findings were:

- There were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.
- The practice staff had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. Policies, protocols and safeguarding contact information had been reviewed and updated and was easily accessible to staff.
- Recruitment information was held at the practice and was in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There were systems in place to ensure the security of NHS prescription pads in the practice and to track and monitor their use.
- Staff had undertaken training on the requirements of the Mental Capacity Act 2005 and were aware of their responsibilities under the Act and how it related to their role. In addition, staff were aware of Gillick competency and their responsibilities in relation to this.
- Staff had a clear awareness of the need for the practice to establish parental responsibility when seeking consent for children and young people.
- There were systems in place to ensure the secure storage of dental care records.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action

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

The provider had made improvements to the management of the service. This included more robust systems for monitoring, assessing and improving the quality and safety of the service. There were cohesive systems for review and analysis of complaints and untoward events. We found there was improved staff training which included staff understanding of the duty of candour and protecting patients' personal information. We saw infection control audits had been undertaken and staff were undergoing regular appraisals and reviews. In addition, we noted there was additional staff time available for management and administration, and roles and responsibilities had been established for all the practice team. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

Are services well-led?

Our findings

At our previous inspection on 14 June 2018 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our requirement notice. At the inspection on 17 January 2019 we found the practice had made the following improvements to comply with the regulation:

There was a system of clinical governance in place which included policies, protocols and procedures. We saw that practice policies had all been reviewed and were in line with the current provider's processes. Policies had all been seen and signed as read and understood by all staff. These were clearly marked, filed and were accessible to all members of staff. The practice undertook regular staff meetings and training sessions. We noted that the agenda for each meeting contained prompts to ensure staff reviewed and discussed all items at each meeting. These included headings such as significant events, MHRA alerts, training needs, infection control, complaints and staff feedback. We were told this ensured these areas were discussed with staff and the outcomes were embedded in staff understanding.

The practice had introduced a system to ensure that untoward or significant events were analysed and used as a tool to prevent further reoccurrences. All incidents were submitted to the provider organisation where any trends were identified and discussed at senior leadership meetings. The outcomes were shared with the practice team at staff meetings.

Staff had undertaken training and understood their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff received the correct information regarding the importance of protecting patients' personal information. We noted that all staff had undertaken safeguarding training to level two and were considering all staff undertaking level three training.

There were systems in place to monitor and improve the quality assurance processes and to encourage learning and continuous improvement. There was additional staff time available for management and administration, and roles and responsibilities had been established for all the practice team.

Infection control audits were dated, and staff confirmed these were undertaken bi-annually. We noted these had clearly defined action plans and detailed completion comments. All dentists were following the provider safer sharps processes.

Staff received regular appraisal of their performance.

The practice had also made further improvements:

The practice had reviewed and improved the security of NHS prescription pads and had introduced systems to track and monitor their use.

Staff had all undergone training to ensure they were aware of the requirements of the

Mental Capacity Act 2005 and their responsibilities under the Act as it related to their role. In addition, all staff had undergone training of Gillick competency and were aware of their responsibilities in relation to this. We noted the practice made regular use of staff quizzes, staff meetings and monthly mandatory staff training to ensure all staff were fully updated and informed.

This included staff awareness of the need for the practice to establish parental responsibility when seeking consent for children and young people.

Practice policies had been reviewed and updated to reflect the current provider's processes. We noted these were clearly filed and easily accessible; all staff had signed the practice policies to confirm awareness of their obligations.

The practice had installed new filing cabinets with locks to ensure secure storage of dental care records. There was a business continuity plan in place. The outside clinical waste bins were locked and secured in place. Staff were all provided with an adequate amount of uniforms to allow for frequent laundering for those who worked a full week.

We noted that recruitment files were stored at the practice. We looked at one recruitment file and noted the correct information had been obtained prior to recruitment in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was evidence of a clearly defined and supportive induction process with regular reviews and training undertaken.

Are services well-led?

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulation: when we inspected on 14 June 2018. What date are we supposed to add in here – the previous inspection date or the latest one?