

Oasis Dental Care Limited

# Oasis Dental Care - Melton Mowbray

## Inspection Report

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### Overall summary

We carried out this announced inspection on 12 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

#### **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 - Melton Mowbray is located in the northeast of Leicestershire. It provides NHS treatment to children only and private treatment to patients of all ages.

# Summary of findings

The practice building does not permit level access for people who use wheelchairs and pushchairs. Car parking is not available on site, but public parking is available within short walking distance of the practice. This includes spaces for disabled badge holders.

The dental team includes three dentists, one of which is a periodontal specialist, four dental nurses, two apprentice dental nurses / receptionists, one hygiene therapist, two hygienists, three receptionists and a practice manager. The practice has four treatment rooms, including one on the ground floor.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Oasis Dental Care – Melton Mowbray was the practice manager.

On the day of inspection we collected 24 CQC comment cards filled in by patients. This information gave us a very positive view of the practice. We did not receive any negative feedback about the services provided.

During the inspection we spoke with one dentist, two dental nurses, two apprentice dental nurses/ receptionists, one hygienist, one receptionist and 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 from 8am to 7pm, Friday from 8am to 4pm and one Saturday each month from 8.30am to 11.30am.

## Our key findings were:

- The practice ethos included the provision of a high standard of ongoing preventative dental care in a safe, caring and supportive environment where patients were treated with dignity and respect.
- Effective leadership was evident in most areas of the practice. We noted some areas where management arrangements could be strengthened.

- Staff had been trained to deal with emergencies and appropriate medicines and life saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected current published guidance.
- The practice had effective processes in place and staff knew their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice had adopted a process for the reporting and shared learning when untoward incidents occurred in the practice.
- Clinical staff provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The practice were aware of the needs of the local population and took these into account when delivering the service.
- Patients had access to 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 practice.
- Staff we spoke with felt supported by the provider and were committed to providing a quality service to their patients.
- The practice asked staff and patients for feedback about the services they provided. Information we obtained from 24 Care Quality Commission cards provided positive feedback.

There were areas where the provider could make improvements. They should:

- Ensure that all appropriate documentation is held by practice management when services such as sedation are provided by clinical professionals who do not regularly work within the practice.
- Ensure that all health and safety risks identified are promptly addressed and appropriate action taken accordingly.
- Undertake an audit of dental instruments held in stock to identify those requiring replacement.
- Consider the installation of a call bell at the practice entrance to alert staff if a patient requires help to access the practice.

# 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 practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and mainly maintained. We identified that the practice had yet to implement recommendations identified in a health and safety inspection of its premises.

The practice followed national guidance for cleaning, sterilising and storing dental instruments. We identified however, that an audit was required to identify any dental instruments which required replacement as a result of wear.

The practice had suitable arrangements for dealing with medical and other emergencies.

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### **Are services effective?**

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, effective and thorough. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice had offered sedation occasionally to patients for complex procedures. Our review of documentation on the day of our inspection showed that practice record keeping required strengthening.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

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### **Are services caring?**

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

We received feedback about the practice from 24 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, helpful and informative. They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. A number of comment cards included that patients would not consider changing to another dental provider.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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### **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

# Summary of findings

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Staff considered patients' different needs but were limited in measures they could take to assist those with mobility problems, because of the building and location. They provided some facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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## **Are services well-led?**

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

The practice had most arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. We noted an area of improvement required in governance arrangements however. This included ensuring that all risks identified were addressed promptly and appropriate action taken to manage and reduce risks from occurring.

There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Discussions took place amongst staff in practice meetings regularly held.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. We noted that one MHRA alert issued in 2016 regarding the medicine glucagon was not included in the list we were provided with. The practice manager told us this was an omission and took immediate action to check that the practice was unaffected.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice manager and one of the dentists were the nominated leads for safeguarding concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. Whilst the practice were compliant with relevant safety laws when using needles and other sharp dental items, they had not implemented the safer sharps system. They had however, taken

measures to manage the risks of sharps injuries by using mosquito forceps to remove used needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice. The plan was last reviewed in January 2017.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in current recognised guidance. Staff kept weekly records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

We also asked to review qualification and training records for two clinicians who had attended the practice on an ad hoc basis to provide sedation to patients. The practice had not obtained these documents prior to our inspection but obtained these immediately on the day we visited. These records showed that the clinicians were suitably qualified and trained to undertake these specialised roles.

We also noted that other clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk, although we noted an issue that required immediate attention. A health and safety premises inspection had been undertaken in February 2017, which resulted in four high priority and one medium priority recommendations. At the time of our inspection, practice

# Are services safe?

management were waiting for approval from the provider for remedial action to be taken to address the risks identified. We were advised following our inspection that approval had since been received.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists, dental hygienists and dental hygiene therapist when they treated patients.

## **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

We looked at a small sample of dental instruments used and found that some of these items contained signs of wear and required replacement. We discussed the issue with practice management and were informed that an audit would take place on stocks held to identify items requiring disposal and replacement. The practice management advised us that they would also raise this as a training issue amongst staff involved.

The practice carried out an infection prevention and control audits twice a year. The latest audit undertaken in February 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The assessment was carried out in February 2017.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice had carried out conscious sedation for patients who would benefit. We were informed that this treatment was carried out occasionally and not within the past 12 months. Treatment was offered to people who needed complex or lengthy treatment. We were informed that the clinicians who had attended the practice brought equipment and medicines required with them on the day. We were therefore unable to look at this during our inspection. The practice did not hold records such as equipment servicing or information about the medicines required to be held by the sedationists. We were unable to review detailed treatment records on the day which would support whether consent had been obtained prior to treatment, monitoring during treatment and discharge and post-operative instructions. We were however provided with documents following our inspection which gave some assurance that there were systems in place to enable treatment to be delivered safely and in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

We held discussions with practice management regarding the necessity to hold adequate records if the service was to continue being provided. We were provided assurance that practice systems would be immediately strengthened.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist we spoke with told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The practice had provided oral health educational sessions to children at pre-school and primary schools within the local area. These included practical demonstrations on teeth brushing. The practice had also invited groups of pre-school age children to the practice to show them the dental care environment.

The dentist told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale. We noted some health promotion literature to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans.

### Working with other services

The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. We saw detailed records held particularly where complex treatment was proposed. We did however note, that when verbal consent had been obtained this was not always recorded in the sample of patient records that we looked at. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their

# Are services effective?

(for example, treatment is effective)

responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and clinical staff were aware of the need to consider this when treating young people under 16. Staff described how they involved

patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We were provided with scenarios by the team which demonstrated their understanding.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were pleasant, professional and efficient. We saw that staff treated patients respectfully, appropriately and politely and were friendly towards patients at the reception desk and over the telephone.

We asked staff about whether additional considerations were made for nervous patients. We were told that they were invited to meet with their dentist prior to their appointment and invited to look around the practice to make them familiar with their surroundings. Staff told us they always listened to what nervous patients told them and accommodated their needs where possible.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Information folders, patient survey results and patient compliments were available for patients to read. This included information on the practice website.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. Patient comments included that staff had great communication skills and a number of patients told us they would not go elsewhere for dental care because of the personalised service received. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease, cosmetic services and more complex treatment such as dental implants. The practice provided some information on their website and in patient information literature.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Staff told us they would make any additional considerations to assist patients with impairments. The practice had undertaken a disability access audit. This identified that there were limitations in access to the premises for those with mobility problems. The practice building had steps leading up to the front entrance. We were informed that whilst enquiries had been made, a portable ramp was not suitable because the gradient of the steps were too high to facilitate its use. The practice told us that they advised any people with mobility problems who contacted the practice or other practices they could attend, if this presented them with difficulties. We discussed with practice management about the benefits of having a call bell installed at the front entrance which would enable staff to respond quickly if a patient presented with mobility problems. They told us they would consider this option.

### Promoting equality

The practice made other reasonable adjustments for patients with disabilities. These included a hearing loop and accessible toilet on the ground floor with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. We were told that patients with sight problems were provided with large print medical history forms to complete. The practice had access to interpreter/

translation services which included British Sign Language. One of the members of reception staff we spoke with told us they knew some sign language and spoke Urdu and Punjabi.

### Access to the service

The practice displayed its opening hours in the premises, their information literature and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and we were told they were always offered a same day appointment. The dentists shared responsibilities in an emergency on-call rota so they could respond to their private patients' needs in the event of a dental emergency when the practice was closed. NHS patients were directed to use the NHS 111 telephone number if they needed help when the practice was closed. Information regarding this was left on the practice answerphone message and a poster was displayed in the practice window. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information board explained how to make a complaint. There was also an area on the practice website where people could submit a request for contact from the practice. The practice manager was responsible for dealing with complaints. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these if appropriate. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months. We noted three complaints received. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The registered manager also worked as the practice manager and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

We noted an area of improvement required in governance arrangements. This included ensuring that all risks identified were addressed promptly and appropriate action taken to manage and reduce any risks from occurring.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice manager had access to an electronic audit tool which informed them when training and audits were due for review.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. This was included in the staff induction programme.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was evident the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental team had annual appraisals and personal development plans. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. One of the receptionist/apprentice dental nurses we spoke with told us how they had been supported and developed in their role by management.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had implemented a form for completion by dental receptionists when they spoke with patients. The form included obtaining information about patient preferences such as whether they were happy to receive emails and messages left on answerphones.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

Feedback we reviewed on the practice's website showed that 99% of patients, who responded, said the quality of their treatment was good, 99% would recommend the practice to others and 98% said they felt involved in all decisions about their care.