

# Oasis Dental Care Limited

# Bupa - Summer Road, Erdington

## Inspection Report

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### Overall summary

We carried out a focused inspection of Bupa – Summer Road, Erdington on 5 March 2018.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 17 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is 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 area where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing

well-led care in accordance with 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 – Summer Road, Erdington on our website [www.cqc.org.uk](http://www.cqc.org.uk).

We also reviewed the key question of responsive as we had made recommendations for the provider relating to this key question. We noted that some improvements had been made.

#### **Our findings were:**

- We found this practice was providing well-led care in accordance with the relevant regulations. The provider had made adequate improvements to put right the shortfalls and deal with the regulatory breach we found at our inspection on 17 October 2017.
- Since the previous inspection a new registered manager had been appointed at the practice. They had experience as a registered manager in one of the sister practices and were transferred to this practice.

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

# Summary of findings

- Review the practice's system for recording, investigating and reviewing incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.

# 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 well-led?**

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

The provider had made improvements to the management of the service. This included relevant staff training and more robust processes and procedures. The improvements provided a sound footing for the ongoing development of effective governance arrangements at the practice.

**No action**



# Are services well-led?

## Our findings

At our inspection on 17 October 2017 we judged it was not providing well led care and told the provider to take action as described in our requirement notice. At the inspection on 5 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- The policies relating to safeguarding had been reviewed and amended and now included updated and relevant information.
- The practice had a range of completed risk assessments and staff we spoke with were aware of their importance and existence.
- Staff we spoke with were aware of relevant safety laws relating to their handling of sharp instruments. No inoculation injuries had taken place since our previous inspection. All staff had completed training in handling sharp instruments in October 2017. No specific risk assessment was present for the safe handling of sharp instruments but the relevant information was present within the practice's infection control policy. A specific risk assessment for handling sharp instruments was forwarded to us the day after our visit and this included all necessary information.
- The practice had a recruitment policy with all relevant information. No new staff had been recruited at the practice since our previous inspection so we were unable to verify that their recruitment processes were in line with the policy. However, the registered manager was well informed and described the processes to us.
- We had previously noted that one staff member's personnel file did not include evidence of satisfactory immunisation against Hepatitis B. We noted this had since been obtained and added to their file.
- All staff we spoke with were now familiar with the practice's COSHH file and its relevance.
- The practice had appointed an infection control lead since our previous inspection.
- We saw evidence that clinical staff had completed infection control training since October 2017.
- We checked the storage of sterilised instruments and found they were now all stored in line with current guidance.
- Dental work that was sent to the laboratory was now disinfected after removal and before insertion into the patient's mouth. Staff talked us through the procedure and showed us the containers that were used for disinfection in each treatment room.
- All equipment and instruments we reviewed were visually clean on the day of our visit. Daily checklists were now available for the cleaning of equipment such as the water distiller. The stock room appeared visually clean and no stock was stored on the floor.
- We reviewed the most recent infection control audit and found that it had been correctly completed. Action plans were present and the next audit was due to be carried out in April 2018. This was in line with current guidance. Record keeping audits had also been satisfactorily completed.
- Staff had audited the numbers of instruments used for various dental procedures. Since the previous visit they had purchased new instruments for the practice. We spoke with staff and they said that current numbers of instruments were sufficient and caused no issues during busy periods.
- One dentist at the practice provided dental implants and evidence of their training certificates were now available at the practice. We saw evidence they had completed relevant training regularly between 2011 and 2017. They sent us confirmation from the supplier of their dental implant equipment who confirmed that servicing of the equipment was not mandatory.
- No new staff had been recruited at the practice since our previous visit but we saw evidence of a blank induction programme.
- We reviewed the system that was now in place to monitor the continuing professional development required for staff to be registered with the General Dental Council.
- We reviewed a range of practice policies and found they had been reviewed and updated. Due dates for the next review were also highlighted.
- Staff we spoke with were now aware of the duty of candour regulation. Staff had received training on this in February 2018.
- Patients were available to leave feedback about their dental care via written questionnaires. The registered manager told us they would also set up a suggestion box for patients too.

# Are services well-led?

The practice had also made further improvements:

- A magnifying glass was now available in the reception area for patients with visual impairments. Some written information was also available for patients in large font size upon request.
- The practice now had a policy that provided guidance to staff on how to handle a complaint.

These improvements showed the provider had taken action to address the shortfalls we found when we inspected on 17 October 2017.

However the provider had not addressed some other recommendations:-

- The practice was not recording all incidents to support future learning. Examples of incidents were discussed with the registered manager and we were assured that these would be documented with immediate effect. We received an email from the practice one day after our visit and they stated that an incident folder had been created and would be used to store information about incidents and significant events.
- The practice's whistleblowing policy did not include details of external organisations that staff could contact for advice and/or disclosure. Within 48 hours the practice sent us some additional information about external organisations which would be added to their current policy.
- The practice did not have a hearing loop for patients who might have hearing impairments. The practice sent us an invoice to show that this had been purchased the day after our visit.
- Details about the practice's opening hours were incorrect on the practice's website and on the NHS

Choices website. The registered manager explained that the corporate company had undergone recent changes and they were in the process of updating this. They also told us they had contacted NHS Choices for details on how to log in to their account but there had been a delay. Due to this, the practice had not responded to any of the comments that patients had added to the website about the practice. The practice did not participate in the NHS Friends and Family Test but informed us that the same questions were incorporated within the company's patient questionnaires. Staff emailed us two days after the inspection and stated they were now able to log in to NHS Choices. We checked the website and changes had been made to the website to reflect the current opening hours. However, staff had not yet responded to patients' comments.

- At the previous inspection we noted that some work surfaces, flooring and wall surfaces were not impervious and this would potentially impact on the effective cleaning of these surfaces. Repairs had been carried out since October 2017 and most areas were now satisfactory. However, there were some minor wall defects in one treatment room. There was also a defect in the work surface in another treatment room and this required re-sealing. We were told that the company was planning major refurbishment to this practice and had planned to refurbish the three treatment rooms. No timeframe was given to us at the time of our visit. Within two days we received written confirmation from the practice that the repairs had been carried out to these two areas.