

Oasis Dental Care (Southern) Limited

# Oasis Dental Care Southern - Newark

## Inspection Report

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## Overall summary

We carried out this announced inspection on 30 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not have any relevant information to share with us regarding this dental 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 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**

# Summary of findings

Oasis Dental Care is located in premises in the Balderton area of Newark in north Nottinghamshire and provides both NHS and private treatment to patients of all ages.

There is ramped access for patients to the front door which ensures easy access for people who use wheelchairs and pushchairs. The practice has its own car park to the rear of the premises.

The dental team includes five dentists; four qualified dental nurses including two receptionists; three trainee dental nurses and a practice manager who was also a qualified dental nurse. The practice has three treatment rooms, two of which are 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 is the practice manager.

On the day of inspection we collected five CQC comment cards filled in by patients and spoke with one other patient. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, four dental nurses, 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: 8 am to 7 pm and Friday: 8 am to 3 pm. In addition the practice is open one Saturday morning per month to treat private patients.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which followed published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risks in the practice, particularly with regard to health and safety.
- The practice had suitable safeguarding processes and staff had been trained and knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took steps to protect their privacy and personal information.
- The appointment system met patients' needs. Patients said they could get an appointment that suited them.
- Staff said they did not always have sufficient numbers of instruments to meet the demands of the practice.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the number of dental instruments available in the practice to ensure there are sufficient quantities to be able to treat all patients safely.

# 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. There was a lead person appointed within the practice for safeguarding matters.

Staff were suitably qualified for their roles on the dental team and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

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

No action



### **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 efficient, skillful and caring. 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 supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### **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 six people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful, understanding and friendly, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

No action



# Summary of findings

## 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.

Staff considered patients' different needs. This included providing 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.

No action 

## Are services well-led?

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

The practice had 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. 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 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.

No action 

# 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. Every accident had been investigated and the action taken as a result was recorded. There had been two accidents at the practice in the year up to this inspection. The last recorded accident was in April 2017, this being a needle stick injury to a member of staff. The accident had been analysed and learning points identified. This was discussed in the May 2017 staff meeting with a training update and a review of the sharps policy. It was practice policy to treat all accidents as significant events

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice investigated every significant event and recorded the outcome. There had been four significant events in the year up to this inspection. The last significant event (excluding the accident identified above) was recorded in March 2017. We saw this event had been discussed in a staff meeting shortly afterwards. There was clear analysis and action points were recorded.

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. Records showed the practice received regular alerts through the provider's head office and they were analysed by the practice manager.

### 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. The safeguarding policies had been reviewed in February 2017. The practice manager was the identified lead for safeguarding in the practice. They had received training in child protection to level two and also

safeguarding vulnerable adults training both in December 2016. We saw evidence that all staff had completed training in child protection to level two and safeguarding vulnerable adults training and had received regular updates for both.

Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

The practice protected staff and patients with guidance available for staff on the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. Risk assessments for all products and copies of manufacturers' product data sheets ensured information was available when needed. The data relating to COSHH had been reviewed in March 2017.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. This included single use matrix bands and safety systems for using injection needles. In addition it was practice policy that only dentists handled needles. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. We saw the practice had the necessary equipment to use rubber dams available for dentists.

The practice had a business continuity plan which had last been reviewed in February 2017 to reflect changes at the practice. The plan described how the practice would deal events which could disrupt the normal running of the practice. A copy was also available off site.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year, with the last training completed on 3 May 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Equipment included an automated external defibrillator (AED), medical oxygen and portable suction. The practice had oxygen masks for both adults and children.

# Are services safe?

The practice had a first aid box which was located centrally. Two members of staff had completed first aid at work training during the 12 months before this inspection. Copies of their training certificates were available in the practice.

## 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 six staff recruitment files. These showed the practice followed their recruitment procedure.

We saw that every member of staff had received a Disclosure and Barring Service (DBS) check. The practice had a policy to renew the DBS checks for clinical staff every three years.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had access to an electronic system to monitor that relevant staff were up to date with their registration and indemnity insurance cover.

## Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed annually to help manage potential risk. These covered general workplace and specific dental topics. The practice manager was the lead person with overall responsibility for health and safety at the practice. The practice had current employer's liability insurance which was due for renewal on 30 June 2017. The practice manager checked twice a year that the clinicians' professional indemnity insurance was up to date.

We saw that regular health and safety audits were completed, reviewed and where necessary updated.

The practice had an automatic fire alarm system which was serviced regularly; this included automatic fire detection and emergency lighting. As an additional fire safety measure the practice had trained and appointed two fire marshals in December 2016. The fire marshals took the lead with regard to fire safety within the practice. The practice's fire risk assessment had been reviewed in March 2017.

A dental nurse worked with the dentists, dental hygienists and dental therapists 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 an annual update in infection prevention and control. We saw copies of training certificates dated within the 12 months before this inspection.

The practice had suitable arrangements for transporting, cleaning, checking, 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.

The practice policy identified infection prevention and control audits should be completed twice a year. The latest audit which was completed in March 2017 scored 92% and an action plan had been produced to address the issues identified.

The practice had been going through a period of refurbishment, and we noted the floors upstairs where the work had taken place were not clean. The practice manager explained that refurbishment work had been completed over the weekend, and the inspection was the day after a public holiday. As a result there had not been time to carry out a thorough deep clean of the upstairs areas of the practice.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which had been updated on 25 April 2017 by an external contractor.

There were records to demonstrate that clinical staff had received inoculations against Hepatitis B and had received boosters when required.

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. This included testing of the electrical equipment (October 2015), servicing of the fire

# Are services safe?

extinguishers (July 2016). A new compressor had been installed in May 2017. Records showed the previous compressor had been maintained annually in accordance with the Pressure Systems Safety Regulations (2000). A Landlord's gas safety certificate issued on 23 January 2017 identified the gas services at the practice had been checked. Autoclaves at the practice had been serviced and validated in May 2017.

The practice had suitable systems for prescribing, dispensing and storing medicines securely. The practice stored and kept records of NHS prescriptions as described in current guidance. This included a log to maintain an audit trail

## **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.

Records showed the last electrical and mechanical inspection of the X-ray equipment had been completed in May 2017. Documentary evidence dated 1 May 2012 confirmed the provider had informed the Health and Safety Executive (HSE) that X-rays were being carried out on the premises.

The practice had three intraoral X-ray machines at the practice.

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. The last X-ray audit was dated October 2016.

Clinical staff completed continuous professional development in respect of dental radiography as required by the General Dental Council (GDC).



# 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 practice had electronic dental care records. The dentists assessed patients' treatment needs in line with recognised guidance. The dental care records identified the discussions and advice given to patients in relation to their dental health by the various dental care professionals at the practice.

The dentists assessed patients' treatment needs in line with recognised guidance. Using the basic periodontal examination (BPE) screening tool.

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

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in accordance with the government document: 'Delivering better oral health: an evidence based toolkit for prevention.'

The dentists 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 made many information leaflets available to patients including information for parents about fluoride toothpaste and fissure sealants.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. We saw evidence of this in dental care records. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were also available.

### Staffing

The practice had five dentists; four qualified dental nurses with two also working on reception; three trainee dental nurses and one practice manager who was also a qualified dental nurse. Before the inspection we checked the

registrations of all dental care professionals with the General Dental Council (GDC) register. We found all staff were up to date with their professional registration with the GDC.

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. The practice manager monitored staff CPD by using a tracker for each individual member of staff.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for staff.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (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.

The practice did not provide a sedation service. Therefore if a patient required sedation they were referred elsewhere either to a dental practice who provided sedation or to the Maxillofacial department at a local hospital. Children or patients with special needs who required more specialist dental care were referred to the community dental service. The practice also made referrals for NHS orthodontic treatment to a local orthodontic practice.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. There was a detailed consent policy which had been reviewed in January 2017. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. We saw some examples where dentists had recorded this information in dental care records.



# Are services effective?

(for example, treatment is effective)

The practice used the standard NHS consent form and treatment plan (FP17 DC) to record patients consent for NHS patients. For private patients we noted a treatment estimate was used. Both documents allowed the patient to give written consent for their treatment. Copies of both forms were added to the patients' dental care records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Discussions

with staff in the practice showed they understood the concept of best interest decisions for adults who lacked capacity to consent for themselves. The policy also referred to Gillick competence and the dentists and dental nurses 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.

# Are services caring?

## Our findings

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

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

Patients commented positively that staff were friendly, helpful and kind. We saw that staff treated patients with respect, were caring, efficient and polite at the reception desk and over the telephone.

Nervous patients said staff were caring and understanding.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room, usually an unused treatment 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. Paper dental care records were stored securely.

A radio was available in the waiting rooms which helped patients relax and helped with confidentiality. The practice provided drinking water through a water dispenser in the waiting room.

Information posters and leaflets were available for patients to read.

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

The practice provided mostly private treatments to patients (65%) The costs for both NHS and private dental treatment were displayed on the practice website and in the waiting room.

The practice gave patients clear information to help them make informed choices about their treatment options. Patients confirmed that staff listened to them, did not feel rushed and were able to ask questions.

We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted these had been discussed with patients.

Patients told us staff were helpful and understanding 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 including dental implants, cosmetic dentistry and dentures provided by this practice.

# 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. Several patients commented on the ease of getting an appointment that suited their needs. Patients also identified staff were happy to engage in conversations, dental nurses were very caring, understanding and helpful. 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. Each dentist made emergency appointment slots available each day or patients could come and sit and wait to be seen.

Staff said that sometimes the practice were short of instruments and this meant they needed to borrow from other dental practices. We discussed this with the practice manager who said a review of the number of instruments would be completed following this inspection.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making ground floor treatment rooms available.

Staff told us that they texted, e mailed and telephoned patients who had signed up for the service 48 hours before an appointment was due.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included providing two ground floor treatment rooms and an induction hearing loop to assist patients who used a hearing aid.

An access audit in line with the Equality Act 2010 had been completed and reviewed in July 2016. The audit identified the toilet facilities for patients were not compatible with the Equality Act. However, the constraints of the building prevented any improvements or further adjustments.

Staff said they could provide information in different formats and languages to meet individual patients' needs on request. They had access to a specialist company who provided interpreter/translation services which included British Sign Language.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website. Patients were able to use an on-line booking system through the practice 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 kept appointments slots free for same day appointments. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open this included access to the NHS 111 service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The provider had a website: [www.oasisdentalcare.co.uk](http://www.oasisdentalcare.co.uk). This allowed patients to access the latest information or check opening times or treatment options on-line.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The policy had been reviewed in July 2016. The practice information leaflet explained how to make a complaint. A detailed procedure was on display in the waiting room which identified other agencies patients could contact should they remain dissatisfied. The practice manager was responsible for dealing with complaints in the practice. 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.

Staff told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received in the year up to this inspection. The practice had received eight complaints in the 12 months

# Are services responsive to people's needs? (for example, to feedback?)

prior to this inspection. 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 practice manager was the registered manager and had overall responsibility for the management and leadership of the practice. This included the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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. We saw that policies and risk assessments had been reviewed at various times in the previous year.

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

### 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. There was a duty of candour policy which directed staff to be open and honest. Staff said there were no examples of where this had been put in to practice.

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. If staff had any concerns these were discussed at staff meetings and it was clear 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. Meetings were minuted and those minutes were available to all staff. 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 practice was completing a range of audits to assess the quality of the service provided and to identify areas for improvement.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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.

We saw evidence that staff were completing a range of training courses, and this was supported by the practice to ensure the development of staff skills.

Trainee dental nurses were supported within the practice. Experienced and qualified dental nurses mentored the trainees. In addition trainee dental nurses attended a recognised training course and were supported through their training and individual learning.

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

The practice used a range of means including patient surveys 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 received feedback regarding a designated car parking space for disabled patients in the practice car park. The practice was actively looking to create a space near the front door of the practice for blue badge holders.

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.

There were no patient reviews recorded on the NHS Choices website.

## Are services well-led?

The practice conducted its own patient survey with a comment box in the waiting room. The practice carried out a targeted survey of 40 per month.

Patients could also leave feedback through the practice website at: [www.oasisdentalcare.co.uk](http://www.oasisdentalcare.co.uk). The practice encouraged patients to use this forum as it was quick and easy for patients to provide feedback.