

Oralcare Limited

Oralcare

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 17 October 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were generally available.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Improvements were needed to ensure all actions arising from risk assessments had been completed.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which generally reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff worked together as a team.
- Patients were asked for feedback about the services provided, but staff views were not sought.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Oralcare is in Peterborough and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 principal dentist, 1 dentist, 2 dental nurses, 2 dental hygienists, 1 of whom is also a therapist and 2 receptionists, 1 of whom is also the practice administrator. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, 1 dentist, 1 dental nurse, 1 dental hygienist and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday 10.00 - 18.30

Tuesday 08:30 - 17.30

Wednesday 08.30 -17.00

Thursday 10.00 -19.30

Friday 08.30 -14.00

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

- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Improve the practice's protocols for medicines management and ensure all medicines are stored and dispensed of safely and securely.
- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

Summary of findings

- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular the risk from lone working.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had completed a risk assessment in March 2023 to assess the risk of Legionella, or other bacteria, developing in water systems. We noted that multiple actions marked as high priority had not been completed within the given timeframe. The principal dentist told us that there were multiple inaccuracies in the risk assessment which they raised with the legionella inspection company who have recently agreed to return to the practice for a re-assessment. Following this, the practice showed us the amended risk assessment. High priority actions required were legionella training for the responsible person and deputy.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean, and there was a list of duties for the cleaner, however a weekly checklist was not being completed. Following the inspection, we were shown a weekly checklist which had been implemented.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation. However, the practice was not following their recruitment policy especially regarding obtaining references for staff. Following the inspection, the practice adjusted their recruitment policy and advised us that this policy will be followed for any future recruitment.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in March 2023, in line with the legal requirements. We saw that some high priority actions had been completed but some were still outstanding. For example, the risk assessment advised regular evacuation drills, yet this had not been carried out and it also advised removal of redundant fire extinguishers from the rear of the building. Following our inspection, the practice told us that evacuation drills will be on the agenda for the next staff meeting and that a contractor had been contacted to remove the redundant extinguishers. The management of fire safety was therefore generally effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Annual electro-mechanical testing of the X-ray units was not being carried out. Following the inspection, we were told that this testing had been booked for the next month. The practice was using a laser yet there was no laser protection advisor. Following the inspection, the provider told us that they had contacted an external company and requested that they perform this role.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Whilst there was a lone working policy, there was no lone working risk assessment despite the hygienist working 1 session per week with no chairside assistance.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. However, IV midazolam was present which did not conform to current guidance which states that buccal midazolam should be present. Following the inspection, we were told that buccal midazolam had subsequently been ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete and complied with General Data Protection Regulation requirements. However, paper records stored in the practice were not stored securely as they were held in drawers at the reception desk which were not lockable. Following the inspection, the provider told us that the drawers had since had locks installed.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had a system for appropriate and safe handling of medicines, yet improvements could be made to record the stock of antibiotics held in the practice. Following the inspection, the provider showed us a log which would be used in the future to monitor the stock of medicines kept the practice.

Antimicrobial prescribing audits were carried out, but these were not using current and updated guidance. The practice told us that when the audit is next completed, the parameters will be modified to incorporate current guidance.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health. The practice told us that they voluntarily provided treatment for women living in hostels.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Whilst we saw that there had been no newly appointed staff members for many years, there was no written evidence of a structured induction for employees. Following the inspection, we were told that this will be documented in future. We did see a completed induction for an agency nurse who was working in the practice. We saw that clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Feedback from patients reflected the caring nature of staff and patients were very happy with their care.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television (CCTV) to improve security for patients and staff. Relevant policies and protocols were not in place. Following the inspection, the provider completed a CCTV policy, but a Data Protection Impact Assessment had not been carried out.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included X-ray images and an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including having braille on some signage in the practice for patients with access requirements. Staff had carried out a disability access audit.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

Some systems and processes were embedded, and staff worked together in such a way that when the inspection highlighted any omissions, the majority were noted and acted upon immediately.

The information and evidence presented during the inspection process was clear and well documented.

We found that the provider had the capacity, values and commitment to deliver high quality services.

Culture

The majority of staff we spoke with stated they felt respected, supported and valued.

Staff meetings were not held on a regular basis. We were told that if information needed to be shared amongst staff, this was done on an individual basis. Following the inspection, we were told that they planned to hold staff meetings on a regular basis in the future.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, the inspection did highlight some policies and risk assessments which had not been completed by the practice for example a lone working risk assessment and policies relating to CCTV usage.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients.

There was no process in place for staff to give feedback. Following the inspection, we were told that staff feedback will be carried out as soon as practicable, and that they were looking at using different methods so that feedback can be anonymous.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control; however, the practice was not using current guidelines in the antimicrobial prescribing audit. Staff kept records of the results of these audits and the resulting action plans and improvements.