

Oasis Dental Care (Central) Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 July 2015.

The practice is owned by Oasis Dental Care (Central) Limited. There are three specialist orthodontic consultants in the practice and a part time therapist. They are supported by two dental nurses, a patient co-ordinator, one receptionist and a practice manager. All staff in the practice work part time.

The practice provides primary NHS orthodontic services to children. Orthodontics is a dental treatment which involves the improvement of the appearance and position of mal-aligned teeth. There are also a small number of patients who receive private funded orthodontic care. The practice is open Monday to Thursday with a late surgery on Tuesday and Wednesday nights for patients who are privately funded and Thursday night for NHS patients.

The practice manager is registered with CQC as the registered manager for the practice. 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 practice manager is also responsible for two other group practices in the area.

We viewed 30 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic, they found the staff very friendly and approachable and they found the quality of care to be excellent. They said explanations were clear which made the dental experience as comfortable as possible.

We also spoke with one patient who was waiting for treatment. They told us they were very happy with their treatment, the cleanliness of the practice and the way they were treated by staff.

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

Our key findings were:

Summary of findings

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and appropriate medicines were readily available.
- Infection control procedures were in place and the practice followed published guidance.
- Patient's care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had not recorded any significant events and accidents but there were processes in place to investigate and analyse events and accidents then improvement measures implemented if they occurred.

Staff had received formal training in safeguarding, and they could describe the signs of abuse and were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicine in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. Staff were supported through training, appraisals and opportunities for development.

Patients were referred to other services in a timely manner. Staff had received training in the Mental Capacity Act 2005 and understood the principles contained within it.

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with written treatment plans. People with urgent dental needs or in pain were responded to in a timely manner, either being seen by their own general dentist or at one of the group's specialist orthodontic practices in the area.

Are services responsive to people's needs?

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history.

Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. Staff were aware of Gillick competency in relation to the consent and understanding of children under the age of 16.

Are services well-led?

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

Summary of findings

The practice staff were involved in leading the practice to deliver satisfactory care. Care and treatment records were audited to ensure standards had been maintained. Staff were supported to maintain their professional development and skills. A range of clinical and non-clinical audits were taking place.

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Detailed findings

Background to this inspection

The inspection took place on 28 July 2015 and was conducted by a CQC inspector and a specialist clinical advisor.

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 therefore formed the framework for the areas we looked at during the inspection.

Prior to the inspection we usually asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. Unfortunately the practice did not receive this request but had the information available for us on the day of the inspection.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one orthodontist, the practice manager, a dental nurse and the receptionist. We reviewed policies, procedures and other documents. We reviewed comments, made by patients in the in the CQC comment cards, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the practice manager. The practice had a no blame culture and policies were in place to support the reporting of concerns. We were told that there had been no safety incidents reported in the last year.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Training records viewed showed that all staff at the practice were formally trained in safeguarding adults and children. The practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. There had been no safeguarding concerns raised by the practice in the last three years.

The practice had whistleblowing policy. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support including the use of the defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.). Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the

Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had a corporate recruitment policy which described the process followed by the practice when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service (DBS) check was necessary. DBS checks help to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. All staff in the practice had been employed for a number of years. We looked at the files for two of the staff employed. We saw that staff had received a DBS check which was recorded on their file.

The practice had a formal company induction system for new staff. Induction training was monitored by the practice manager and training department of the company.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, staff told us that they would cover for their colleagues or staff would be brought in from one of the company's other orthodontic practices in the area.

Monitoring health & safety and responding to risks

We saw that the practice had comprehensive health and safety policies in place, which covered a range of issues including moving and handling, equipment, medicines and radiation. We found evidence that the practice conducted regular health and safety checks to ensure the environment was safe for both staff and patients. There was a detailed risk assessment in place which had identified areas of risk in each part of the building. These had been carefully assessed and control measures implemented to reduce the hazards.

The practice had carried out a fire risk assessment in 2015 that included actions required to maintain fire safety.

Are services safe?

Records showed that staff were up to date with fire training and they practised regular fire drills to ensure that patients and staff could be evacuated from the building in the event of a fire. The fire risk assessment and health and safety assessments were scheduled to be formally reviewed by the company.

There were other policies and procedures in place to manage risks at the practice. These included infection prevention and control and a Legionella risk assessment. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Staff told us that fire detection and fire-fighting equipment such as fire alarms and emergency lighting were regularly tested, and records in respect of these checks were completed.

Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the surgeries and the general areas of the practice. The types of cleaning and frequency were detailed and checklists were available for staff to follow. We were told that the practice employed an external cleaning company but the dental nurses and receptionists had their own responsibilities in each area within the practice. The practice had in place systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place and waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The

decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. The practice first cleaned their instruments in a washer disinfectant designed for the specific purpose. Instruments were then rinsed and examined visually with a magnifying glass before being sterilised in an autoclave. At the end of the decontamination procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore uniforms. Staff told us, and we observed, that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) had taken place on all movable electrical equipment. However we found that the fixed electrical safety testing was out of date. The practice manager explained that this had been brought to the attention of the company and that

Are services safe?

this was being rectified. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly to ensure equipment remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

Radiography (X-rays)

X-ray equipment was situated in a dedicated area and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were displayed in the area where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs were carried out when necessary.

The practice monitored the quality of the X-ray images on a regular basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each person's circumstances to ensure it was safe for them to receive X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Where relevant, preventative dental information which included general dental hygiene procedures was given in order to improve the outcome for the patient. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. National Institute for Health and Care Excellence (NICE) is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients requiring specialised treatment such as dental surgery were referred to other dental specialists. The patient's general dentist remained responsible for the overall general dental treatment.

We found, when we reviewed patient feedback on the CQC comments cards; responses reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

We saw that the practice used the Delivering Better Oral Health (DBOH) tool kit. This is an evidence based tool kit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

There were two dental nurses, a receptionist and a patient co-ordinator employed within the practice. Dental staff were appropriately trained and registered with their professional body. Staffs were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours development they had undertaken and training certificates were also in place. This was formally monitored by the practice manager.

Staff training was monitored and training updates and refresher courses were provided. Training was supported and monitored by the company within their education department (The Hub). Staff we spoke with told us that they were supported in their learning and development in order to maintain their professional registration.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all staff was supportive and always available for advice and guidance.

The practice had a corporate induction system for new staff. This was monitored by the practice manager and the training department of the company.

Working with other services

The practice had systems in place to refer patients for specialist surgical dental treatment which was not provided in the practice. The orthodontists also reported back to the patient's general dentist if they had any concern about the health of their teeth and gums.

Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. However the training records

Are services effective?

(for example, treatment is effective)

we looked at did not show that staff had attended Mental Capacity Act 2005 (MCA) or consent training. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them. However the practice manager explained that these topics were covered in the corporate conferences which all staff attended. The staff we

spoke with was aware of the need to gain valid consent from patients and understood the use of Gillick competency in young persons. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by reception staff/dental nurse that they considered conversations held at the reception area when other patients were present.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling

of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

The patients who completed the CQC comment cards reported that they felt that practice staff was kind and caring and that they were treated with dignity and respect and were helpful.

Involvement in decisions about care and treatment

All patients recorded that treatment was explained and communicated clearly to them. Many of the comment cards recorded that staff were always very friendly and professional. Patients also commented that staff was very sensitive to their anxieties and needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure, information about patient confidentiality and record keeping. The practice offered mainly NHS treatments but private treatment options were available.

Appointment times and availability met the needs of patients. Patients with emergencies were seen within 24 hours by either contacting the practice, or when this practice was closed, contacting one of the companies orthodontic practices in the area. If the emergency was due to general dental concerns patients were advised to contact their general dental practitioner. The practice's answering machine informed patients which practice they should contact when the practice was closed.

Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with was aware of these policies.

The premises had been a dental practice for a number of years and was located in a large Grade 2 listed Victorian house. The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice was not suitable for these patients due to the number of stairs both outside and within the practice. The company had undertaken a disability access assessment and had implemented recommendations to make access to and movement within, the practice safer for patients. For example on each stairway there were hand rails on both sides.

The practice had considered the needs of patients who were unable to attend the practice due to their disability. The practice manager told us that these patients would be referred to a practice which could meet their needs.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The patient leaflet informed patients about the importance of cancelling appointments should they be unable to attend so as to reduce wasted time and resources.

The arrangements for obtaining emergency dental treatment outside of normal working hours, including weekends and public holidays were clearly displayed in the waiting room area. Staff we spoke with told us that patients could usually access appointments when they wanted them.

Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information reviewed at the inspection we saw that 10 complaints had been received. These were mainly with regard to the waiting time from referral to actual treatment. We saw that all complaints were resolved quickly and appropriately by the practice.

Are services well-led?

Our findings

Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of patient records, oral health assessments and X-ray quality. Relevant risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. Policies allow staff to follow the appropriate procedures when treating patients.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with other staff members if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

All staff were aware of whom to raise any issue with and told us that the practice manager would listen to their concerns and act appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff improve the services provided.

We saw that the practice reviewed their practice and introduced changes to practice through their learning and peer review. A number of clinical and non-clinical audits had taken place where improvement areas had been identified. These were cascaded to other staff if relevant to their role.

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

Staff told us that patients could give feedback at any time they visited. A patient survey performed had been carried out and the results of this had been positive, with patients expressing a high level of satisfaction with the services they received.

The practice, and the company, had systems in place to review the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings, informal staff discussions and staff appraisals had been undertaken. The Practice manager told us that the way staff appraisals were undertaken was being reviewed by the company and a new system had been implemented. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.