

Xeon Smiles UK Limited

Bupa - Runcorn Road, Barnton

Inspection Report

137 Runcorn Road

Barnton

Northwich

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Overall summary

We carried out this announced inspection on 24 January 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Bupa - Runcorn Road, Barnton is near Northwich and provides NHS and private dental care for adults and children.

There is level access for people who use wheelchairs and those with pushchairs. The practice has a small car park.

Summary of findings

The dental team includes eight dentists, six dental nurses, (two of whom are trainees), two dental hygienists, two receptionists, a care co-ordinator and a practice manager. The practice has five treatment rooms.

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 Bupa - Runcorn Road, Barnton is the practice manager.

On the day of inspection, we collected ten CQC comment cards filled in by patients. We also received feedback from one patient via the CQC website.

During the inspection we spoke with dentists, dental nurses, receptionists, the practice manager and the regional compliance lead. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 8:00am to 8:00pm

Friday 8:00am to 5:00pm

Saturday 9:00am to 5:00pm.

Our key findings were:

- The provider had infection control procedures in place which staff followed.
- Staff knew how to deal with emergencies. Appropriate medicines and life support equipment were available.
- The provider had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Some risks to patients and staff had not been reduced sufficiently.
- The provider had staff recruitment procedures in place.
- The dental team provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- Staff provided preventive care and supported patients to achieve better oral health.
- The appointment system took account of patients' needs.
- The practice had a leadership structure and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- Staff dealt with complaints positively and efficiently.
- The provider had information governance arrangements in place.

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

- Review the practice's protocols for checking the immunity of relevant staff to vaccine preventable infectious diseases and assessing risk where immunity is inadequate.
- Review the practice's systems for environmental cleaning taking into account current guidance.
- Review the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017, and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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 people and knew how to recognise the signs of abuse and how to report concerns.

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

Staff took account of national guidance for cleaning, sterilising and storing dental instruments. The arrangements for environmental cleaning could be improved.

The practice had protocols for dealing with medical and other emergencies.

The arrangements to assess, monitor and manage risks to patient safety could be improved; evidence of immunity was not available for three members of staff and the practice had not acted on recommendations in reports of the X-ray equipment routine tests.

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. Most patients described the treatment they received as excellent and carried out with great care. 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 provider 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 ten people. Patients were positive about most aspects of the service the practice provided. They told us staff were efficient and professional.

They said that they were given helpful, informative explanations about dental treatment, and said their dentist listened to them. Patients commented that staff 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 took account of patients' needs. They offered extended hours opening including Saturday and early morning and evening appointments for the convenience of patients. Patients could obtain an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for patients with a disability and families with children. The practice had access to 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 in place to ensure the smooth running of the service. These included systems for the practice team to ensure the quality and safety of the care and treatment provided.

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

The provider had processes for identifying and managing risks, issues and performance.

The practice team kept complete patient dental care records which were stored securely.

The provider 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.

The registered manager valued the inspection as an opportunity to review the practice's processes. Staff were open to discussion and feedback during the inspection.

No action



Are services safe?

Our findings

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

The practice had clear systems to keep patients safe.

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 in place to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that all staff received safeguarding training annually. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy in place. Information was displayed in the staff room about the provider's confidential 'speak up' reporting arrangements. Staff felt confident to raise concerns should they arise.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records. These showed the practice followed their recruitment procedure and carried out relevant pre-employment checks, including for agency and locum staff.

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

Staff ensured that facilities and equipment, including electrical and gas appliances, were safe and that equipment was maintained according to manufacturers' instructions.

An external company carried out fire risk assessments on a three-yearly basis. Records showed that fire detection equipment, such as smoke detectors, was regularly tested and firefighting equipment, such as fire extinguishers, was regularly serviced. Four of the staff were trained as fire marshals and staff participated in regular simulated fire drill procedures.

We asked to see evidence that the practice ensured the safety of the X-ray equipment and had the required

information in their radiation protection file. We saw that routine testing of all the X-ray machines had been carried out within the recommended time interval. We observed there were recommendations in the test reports which had not been actioned. For example: -

- the OPG X-ray machine could be operated from outside the X-ray room by unauthorised persons,
- collimation of the X-ray beam had been recommended,
- the operator could not see the patient during the taking of an X-ray,
- the local rules did not contain all the relevant information, and
- the working instructions did not reflect the specific circumstances for each X-ray machine / treatment room.

After the inspection the provider arranged for further routine tests of five of the X-ray machines and forwarded us the test reports. We observed the same recommendations had been made in the test reports. We were not provided with evidence as to whether the recommendations had been acted on.

We saw evidence that the dentists justified, graded and reported on the radiographs they took.

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

Risks to patients

The provider had systems in place to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken. Staff confirmed that only the dentists were permitted to assemble, re-sheath and dispose of used sharp items where necessary to minimise the risk of inoculation injuries to staff. Protocols were in place to ensure staff accessed appropriate care and advice in the event of a sharps injury and staff were aware of the importance of reporting inoculation injuries.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. We saw that the results of these vaccinations had not been checked for three members of staff, and no assessment of associated risks made. After the inspection the provider sent us evidence that they had carried out the relevant checks. We were not provided with evidence that risks had been assessed after these checks where relevant.

Staff knew how to respond to a medical emergency and completed training in medical emergencies and life support every year. Medical emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks of these to make sure these were available, within their expiry date, and in working order. Two members of staff were also trained in providing first aid.

A dental nurse worked with each of the dentists and the dental hygienists when they treated patients.

The provider had assessed the risks associated with substances that are hazardous to health and put measures in place to minimise these risks.

The practice occasionally employed agency staff. We saw that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy and procedures. They took account of guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments. The practice's records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The practice had procedures in place to reduce the possibility of Legionella or other bacteria developing in the water systems, and had carried out an assessment of the risks. We saw the recommendations in the risk assessment had been acted upon.

We saw cleaning schedules for the premises. We observed some spillages on surfaces and in cupboards which had not been cleaned up. We also observed several areas which were not easily cleansable, for example, two of the dental chairs had small tears in the coverings, the sealant had deteriorated in some areas of work surfaces / wall joints, and there was some damage to treatment room cabinetry. After the inspection the provider told us repairs had been arranged for the following week. We were sent evidence of renewed sealant in one area.

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

The practice carried out infection prevention and control audits every three months. We observed that the most recent audit had not highlighted for action the areas we had identified.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete and legible, and were kept securely.

We saw that when patients were referred to other healthcare providers information was shared appropriately and in a timely way.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice stored NHS prescriptions in accordance with current guidance. We saw that the system for tracking prescriptions would not identify a missing prescription. After the inspection, the provider introduced a new system for tracking prescriptions and sent us evidence of this.

Are services safe?

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety

We saw that the practice monitored and reviewed incidents to minimise recurrence and improve systems.

The practice had procedures in place for reporting, investigating, responding to and learning from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The provider had clear processes for staff to report incidents. All incidents were logged and reviewed by the practice manager and the provider. In the previous 12 months there had been one safety incident recorded. We saw this was investigated, documented and discussed with the rest of the practice team to prevent such an occurrence happening again.

The provider had a system for receiving and acting on safety alerts, for example from the Medicines and Healthcare products Regulatory Agency. The practice learned from external safety events as well as from patient and medicine safety alerts. We saw that relevant alerts were shared with staff, acted on and stored for future reference.

Lessons learned and improvements

Staff confirmed that learning from incidents, events and complaints was shared with them to help improve systems at the practice, to promote good teamwork and to prevent recurrences.

There were systems for reviewing and investigating when things went wrong. Staff learned and shared lessons, identified patterns and acted to improve safety in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The practice supported patients to achieve better oral health in accordance with the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. The dentists told us they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentists discussed smoking, alcohol consumption and provided dietary advice to patients during appointments.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients improve their oral health.

The practice was aware of national oral health campaigns and local initiatives for supporting patients to live healthier lives. A local mother and toddler group had attended the practice to familiarise the children with the dental practice and provide oral health information.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance. The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists 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.

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. The policy also referred to Gillick competence, by which a child under

the age of 16 years of age may give consent for themselves in certain circumstances. The staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories.

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

Effective staffing

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

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

Staff discussed their individual training needs at annual appraisals, one to one meetings and informal discussion. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Three of the dentists were undertaking further training; two in dental implantology, one in endodontics and one in periodontology.

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 specialists in primary and secondary care where necessary or where a patient chose treatment options the practice did not provide. This included referring patients with suspected oral cancer under current guidelines to help make sure patients were seen quickly by a specialist.

The practice had systems and processes to identify, manage, follow up, and, where required, refer patients for specialist care where they presented with dental infections.

Are services effective?

(for example, treatment is effective)

Staff tracked the progress of all referrals to ensure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Most of the patients commented that staff were pleasant and caring. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff understood the importance of providing emotional support for patients who were nervous of dental treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

The layout of reception and the waiting area provided limited privacy when reception staff were attending to patients but staff were aware of the importance of privacy and confidentiality. Staff described how they avoided discussing confidential information in front of other patients. Staff told us that if a patient requested further

privacy facilities were available. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standard, (a requirement to make sure that patients and their carers can access and understand the information they are given).

Interpreter services were available for patients whose first language was not English. Staff communicated with patients in a way that they could understand.

The practice gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

The dentists described the conversations they had with patients to help them understand their treatment options.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to take account of patients' needs and preferences. The practice offered extended opening hours including Saturday and early morning and evening appointments for the convenience of patients.

Staff were clear on the importance of emotional support needed by patients when delivering care. They described how they met the needs of nervous patients, for example, by offering longer appointments at times which ensured they were not kept waiting. Patients were welcome to look round the practice to familiarise themselves with the environment before attending their appointment.

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, information was included in patient care records if they were unable to access the first-floor treatment room or if they required an interpreter.

The practice had considered the needs of different groups of people, for example, people with disabilities, wheelchair users and people with pushchairs, and put in place reasonable adjustments, for example, handrails to assist with mobility, step free access, a hearing loop, and an accessible toilet with hand rails and a call bell.

Patients could choose to receive text message and email reminders for forthcoming appointments. Staff telephoned patients after complex treatment to check on their well-being and recovery. Patients could book private treatment consultations online.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested urgent care were always offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided contact details for emergency dental treatment during the working day or when the practice was closed. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a policy providing guidance to staff on how to handle a complaint. The website and practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with complaints and had additional support from the provider available where necessary. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received in the last 12 months. 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

Leadership capacity and capability

We found the leaders at both the provider and practice level had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

The leaders at all levels were visible and approachable.

The provider had effective processes in place to develop leadership capacity and skills.

The practice had a business continuity plan describing how the practice would manage events which could disrupt the normal running of the practice.

Vision and strategy if applicable

The provider had a clear vision and had set out values for the practice. Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

The provider had a strategy for delivering high-quality, patient-centred care and supporting business plans to achieve priorities. The practice planned its services to meet the needs of the practice's population.

Leaders had the experience, capacity and skills to deliver the practice's strategy and address risks to it.

Culture

The practice had a culture of high-quality sustainable care and focused on the needs of patients.

Staff stated they felt respected, supported and valued. A confidential well-being service was available to staff.

We saw the provider had systems to deal with poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider and staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients should anything go wrong.

Staff told us there was an open, transparent culture in the practice. They said they were encouraged to raise issues and they were confident to do this. They told us the managers were approachable, would listen to their concerns and act appropriately.

The practice held regular meetings where staff could communicate information, exchange ideas and discuss updates. Where appropriate meetings were arranged to share urgent information.

Governance and management

The provider had systems in place at the practice to support the management and delivery of the service.

The provider had implemented a company-wide compliance system. The system included policies, protocols and procedures which were accessible to all members of staff. We saw that these were regularly reviewed to ensure they were up to date with regulations and guidance.

We saw the practice had systems in place to monitor the quality of the service and make improvements where required, for example, random checks were carried out of aspects of the service to ensure compliance with regulatory requirements and quality standards, and reminders were scheduled for tasks to be completed.

The practice had systems in place to ensure risks were identified and managed, and had put measures in place to reduce risks. An external company carried out premises risk assessments on a three-yearly basis.

The registered manager had overall responsibility for the management and day-to-day running of the service and was supported by an area manager and compliance lead where appropriate. The provider had appointed a clinical lead to support the clinicians. There were clear responsibilities, roles and systems of accountability to support management.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

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

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys and verbal comments to obtain patients' views about the service. The practice received regular reports to show how their patient satisfaction scores compared with local and national averages across the company.

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

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Staff received regular newsletters and emails from the provider to update them on organisational news or changes. The practice manager attended group meetings with other practice managers in the area to share best practice and provide mutual support.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of infection prevention and control. They kept records of the results of these audits and the resulting action plans and improvements. We highlighted the need to ensure the infection prevention and control audit was completed accurately. The provider's clinical lead was responsible for auditing clinical standards, including dental care records and radiographs.

Staff showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The provider and staff were open to feedback during the inspection.

The whole staff team had annual appraisals. These were used to discuss learning needs, general well-being and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The practice had a system to monitor staff training and highlight when update training was due. The clinical staff completed continuous professional development in accordance with General Dental Council professional standards. Staff told us the practice provided support and encouragement for them to do so.