

Oxforce Limited

Inspection report

69-71 Banbury Road
Oxford
OX2 6PE
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as Good overall. We carried out an announced follow up comprehensive inspection at Oxforce Limited on 4 November 2022. This was following a previous inspection in July 2022 where we rated the service Inadequate and placed the location into special measures.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

This inspection identified significant improvements to the safety and effectiveness of the service. At our previous inspection in July 2022 we found the provider was not meeting legal requirements and regulations associated with the Health and Social Care Act 2008. We took enforcement action against the provider. We had previously inspected the service on three occasions, in November 2017 and July 2018. The July 2018 inspection was an unrated inspection to identify if improvements we instructed the provider to take had been implemented following the November 2017 inspection. The provider was found to be meeting regulations at the July 2018 inspection.

Oxforce Limited provides patients with oral and maxillofacial surgery (maxillofacial care is related to the diagnosis and treatment of patients with diseases affecting the mouth, jaws, face and neck). Dental implants are also available from the service (a dental implant is placed directly into a patient's jawbone, replacing missing teeth or roots). Patients can receive assessments during consultations and x-rays where necessary from shared services with an orthodontist practice on the same premises. Surgery is undertaken in the provider's own surgical room and using their own equipment. A dental nurse and personal assistant are employed. In addition, a consultant anaesthetist is sub-contracted when conscious sedation is required (a form of anaesthesia that is an alternative to general anaesthetic). Surgery and consultations are provided five to seven days a month.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: Treatment of disease, disorder or injury, Diagnostic and screening procedures and Surgical procedures

The lead clinician is the only staff member undertaking surgery and is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were significant improvements to the service.
- Risks to patients had been mitigated and systems were implemented to ensure monitoring of safety took place.
- Staff background checks, training and development needs were identified and monitored.
- Infection control processes were appropriately managed and maintained. However, we found a concern regarding the decontamination of equipment.

Overall summary

- The premises were well maintained and equipment was maintained and serviced.
- There was appropriate recording of care and treatment which ensured patients were assessed and safe to undergo treatment, although not all recording of patient care was standardised on patient notes.
- There was improved monitoring of care and treatment.
- There were processes to support patients in accessing care and services.
- There were processes to support patients before and after treatment.
- There was positive feedback from patients regarding the care they received.
- Governance processes were improving to ensure oversight of the services provided.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure there are appropriate systems operated and in place to protect patients and staff from healthcare associated infection risks.

The provider **should** also consider:

- Implementing further monitoring systems to assess the quality of care provided.
- Standardising the recording of X-rays in patients records.

This service was placed in special measures in August 2022. Sufficient improvements have been made such that we have been able to rate the service Good. Therefore we are removing the service from special measures.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC dental specialist advisor.

Background to Oxforce Limited

Oxforce Limited is located at 69-71 Banbury Road,
Oxford, OX2 6PE.

How we inspected this service

On 4 November 2022 a CQC Specialist Dental Advisor and a CQC Inspector undertook an announced inspection of Oxforce Limited 69-71 Banbury Road, Oxford, OX2 6PE. We interviewed the Registered Manager and two members of staff. We reviewed records related to the provision of regulated activities. We observed the premises and reviewed patient care records.

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.

Are services safe?

At our previous inspection in July 2022 we rated the service inadequate for providing safe services because there were gaps in staff checks, training was not at a required standard for safeguarding or infection control, risks were not always identified and mitigated in relation to infection control, radiography and medicines' management.

At this inspection we rated the service as Requires improvement for providing Safe services:

The majority of safety systems were operated effectively. However, we found new concerns related to infection control and recording of x-rays in patients' records.

Safety systems and processes

The service had appropriate systems to keep people safe and safeguarded from abuse. However, there were concerns identified with adherence to infection control guidance.

- The provider had appropriate safeguarding policies, which included referral information.
- The provider now had a process for undertaking staff checks at the time of recruitment and on an ongoing basis where appropriate. We found one member of staff recruited in recent months and employed on an adhoc basis had the necessary recruitment checks in place, including a Disclosure and Barring Service (DBS) check. (DBS checks 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).
- The lead clinician now received up-to-date safeguarding training appropriate to their role.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- The infection control lead had taken control of the infection control audits since July and had undertaken additional training to fulfil the role. The most recent audit identified some areas for improvement and where national guidance was not followed, for example there was not a handwash basin in the decontamination room (there was one in the clinical treatment room). The audit did not contain an action plan to ensure improvements were made where necessary. Following the inspection, the provider informed us they were providing lead infection control training to their dental nurse to ensure they had the necessary skills and knowledge to fulfil the role.
- The service adhered to the majority of Health Technical Memorandum 01-05 (related to care in dental services) requirements and guidance. However, we found washed instruments awaiting sterilisation had been allowed to dry and stored for a long period of time. Instruments should be sterilised whilst still moist following washing, according to the guidance.
- There were systems for safely managing healthcare waste.
- There were checks to reduce the risk of legionella (a bacteria which causes infections including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness). The service had undertaken a new risk assessment and was in the process of implementing the resulting action plan.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The lead clinician had undertaken appropriate radiography training towards their required continuing professional development requirements. The x-ray local rules (instructions on how to safely use specific radiography equipment and who is authorised to do so) now had the staff who operated the equipment from Oxforce Limited as approved operators.
- We reviewed the fire risk assessment undertaken on the building. It contained a process as to how a patient undergoing treatment whilst receiving conscious sedation would be evacuated from the premises.

Information to deliver safe care and treatment

Staff had improved processes for recording and sharing information they needed to deliver safe care and treatment to patients.

- Individual care records had been standardised and included pre-treatment checks such as patients' medical history and medicines they were taking.
- There was no standardised recording of X-rays such as prompts to include a justification of why the X-ray was taken and a grading of the X-ray. There were free-hand annotations regarding X-rays undertaken in patients records. We looked at the radiography audit and identified this was used to identify appropriate X-rays were taking place.
- The service had systems for sharing information with staff and other agencies where appropriate. This had been improved since the previous inspection.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service ensured safe prescribing of medicines.

- The systems and arrangements for storing medicines and emergency medicines and equipment ensured they were kept securely.
- The service kept prescription stationery securely and monitored its use.
- The service had implemented an audit of antibiotic prescribing in line with national guidance. This included the reasoning for the prescription. It did not include any review of whether the prescription was appropriate as part of microbial stewardship. However, the numbers of antibiotic prescriptions issued was very low.
- The service had the support of a qualified anaesthetist when it needed to provide conscious sedation. The supporting staff member provided their own equipment and medicines. They had the necessary training to undertake the procedure.
- Off-license local anaesthetics had been found during the previous inspection, but these were no longer stored or used.

Lessons learned and improvements made

The service had adequate systems to identify when improvements were required as a result of incidents or learning events.

- An incident logbook had been implemented for recording and acting on incidents. A staff member informed us there had been no incidents to report and this was verified when we checked the logbook.
- There was a log of observations from instances of conscious sedation that had taken place to identify learning points.
- The provider showed candour in their responses to patient complaints.
- The service received and kept a log of medicine safety alerts.

Are services effective?

At our previous inspection in July 2022 we rated the service requires improvement for providing effective services because there were not appropriate assessments of patients prior to treatments and monitoring of clinical care was not taking place. There was no system to identify and monitor all training or appraisal requirements for staff.

At this inspection we rated the service Good for providing effective care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- We found patient records now had appropriate assessments of patients' needs, including medical histories and medicines they were taking. The provider detailed the treatment needs of each patient and a plan of their care.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service undertook quality improvement activity.

- An antibiotic audit had been implemented since our last inspection which monitored whether prescribing was justified in patient records and whether the recording was appropriate.
- We looked at the radiography audit and identified this was used to identify appropriate X-rays were taking place.
- The provider was planning to implement a new clinical notes audit following the use of new template based notes.

Effective staffing

The provider ensured staff had the skills, knowledge and experience to carry out their roles.

- Staff had qualifications required to undertake their roles.
- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) or General Dental Council (GDC).
- Training requirements for staff were now assessed and their training was monitored appropriately. There was proof of appropriate training in the use of the x-ray equipment, safeguarding training and infection control, among other courses.
- The provider had implemented a system of appraisal to identify development needs. We saw appraisals were monitored on the training log.
- The provider and staff informed us they also undertook informal supervision with their staff.

Coordinating patient care and information sharing

Staff worked with other organisations, to deliver effective care and treatment.

- Patients' care was coordinated with external providers where necessary.
- Patient information was shared appropriately through referrals. The information needed to plan and deliver care and treatment was obtained.

Are services effective?

Supporting patients to live healthier lives

Staff supported patients prior to and following treatment.

- Where appropriate, staff gave people advice so they could undertake self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- There were follow up arrangements in place for patients to receive support from the provider following treatment.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff had training in the Mental Capacity Act (2005).
- Consent forms were sent to patients prior to receiving treatment.

Are services caring?

Kindness, respect and compassion

Staff treated patient with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. We reviewed this feedback since July 2022 and found it was entirely positive.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Information was provided to patients in written format so they could review their treatment options following consultations.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The treatment room was away from the waiting area and doors were closed when care was being provided.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service took account of patient needs and preferences.

- The provider understood the needs of their patients. For example, the provider gave patients a phone number to access advice or help from the service in case of follow up needs after treatment.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took account of complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available and shared with patients prior to treatments.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. We looked at a complaint at our last inspection and found the service responded to the complaint with an investigation outcome. There were no complaints since the previous inspection.

Are services well-led?

At our previous inspection in July 2022 we rated the service Inadequate for providing well-led services. This was due to inadequate governance systems and a lack of proactive identification and mitigation of risks. There were minimal quality improvement processes in place.

At this inspection we rated the location Good for providing well-led services.

Leadership capacity and capability;

The provider had the capacity and skills to oversee the delivery of care and treatment effectively.

- The service had implemented systems and processes to improve adherence to the requirements of legislation, regulations and national guidance, since July 2022.
- Systems for the monitoring of staff training, staff background checks and elements of clinical care were in place.
- The registered manager had become more proactive in overseeing monitoring and governance processes.

Vision and strategy

The service had minimal strategy and vision due to its size and purpose.

- The service was small and only had one clinician providing care supported by a dental nurse. There was management of patients over a long period of time, but the conditions treated did not require a complex strategy.

There was a positive culture among staff and the provider.

- Staff we spoke to felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- A system of appraisal had been implemented since the last inspection.
- There was now a system to record incidents or discuss learning events.
- Meetings had been implemented since July 2022. We looked at minutes from the meetings and saw that action plans regarding improvements to the service were monitored and discussed at the meetings.

Governance arrangements

There were improved systems of accountability to support good governance and management.

- Audits were in place to identify whether national guidance was being adhered to. However, the infection control audit did not contain an action plan to improve adherence to national guidance.
- Clinical audit was due to be implemented following new clinical record templates being used.
- Staff were clear on their roles and accountabilities.
- Policies were service and sector specific.

Managing risks, issues and performance

There was clarity around processes for managing risks, issues and performance.

- There were now effective processes to identify, understand, monitor and address risks including risks to patient safety.

Are services well-led?

Appropriate and accurate information

The service had appropriate and accurate information.

- There were improved recording systems operated to ensure staff training or clinical care was monitored.
- Patient records were stored in line with national guidance.
- Records of private prescriptions were kept to provide an audit trail where necessary.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients. There were questionnaires sent to patients following their treatments.
- Informal staff feedback was collected through discussions between the Registered Manager and staff and formally through appraisals and meetings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The lead clinician contributed to journals and papers related to their field of expertise.
- Improved audit processes were identifying whether improvements were required.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider was not always assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This included a lack of adherence to relevant national guidance.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>