

Xeon Smiles UK Limited

# Oasis Dental Care – Leominster

## Inspection Report

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### Overall summary

We carried out this announced inspection on 16 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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**

Oasis Dental Care Leominster is located in Leominster, there are two services provided by two different providers at this location. This report only relates to the provision of NHS dental care. An additional report is available in respect of the private contract which is registered under the provider Church Street Leominster Partnership.

There is level access for people who use wheelchairs and pushchairs. The ground floor of the practice consists of a

# Summary of findings

reception area, a waiting room, a patient toilet, four dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. On the first floor there is a staff room/ practice managers office and staff toilet facilities, the second floor is used for storage. Car parking spaces, including some spaces for patients with disabled badges, are available in pay and display car parks near the practice. There is also free parking available in the streets surrounding the practice.

The dental team includes four dentists, six dental nurses, one trainee dental nurse, two dental hygienists, two receptionists and a practice manager.

The practice is owned by a corporate company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Oasis Dental Care - Leominster is the practice manager.

On the day of inspection we collected 20 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday 9am - 5pm

Tuesday 9am - 5pm

Wednesday 9am - 7pm

Thursday 9am - 5pm

Friday 9am - 5pm

## Our key findings were:

- The practice was clean and well maintained. An employed cleaner was responsible for the day to day cleaning.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk. Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- The practice had thorough staff recruitment procedures and were supported by a HR department in their support centre.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. The practice regularly monitored the appointment system.
- Strong and effective leadership was provided by the dentists and an empowered practice manager. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided. Patient feedback was displayed in the waiting room.
- The practice had received no complaints in the past 12 months although they had thorough processes to deal with complaints positively and efficiently.
- The service was aware of the needs of the local population and took these into account in how the practice was run.

# 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 accidents to help them improve. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Safeguarding flow charts with local authority contact details were displayed in reception and the practice manager's office.

Staff were qualified for their roles and the practice completed essential recruitment checks. The practice has access to support from a HR department in their support centre.

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

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

No action



### Are services effective?

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

The dental care provided was evidence based and focused on the needs of the patients. The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and excellent. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Two dental nurses had recently been supported through their dental nurse training and qualifications. At the time of our inspection the practice were supporting a trainee dental nurse.

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 20 people. Patients were positive about all aspects of the service the practice provided. They told us staff were polite, courteous and friendly. They said that they were given helpful and thorough explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



# Summary of findings

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

## **Are services responsive to people's needs?**

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

The service was aware of the needs of the local population and took those into account in how the practice was run. Staff considered patients' different needs. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs. 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.

Strong and effective leadership was provided by the dentists and an empowered practice manager. The dentists, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There had been one accident, one significant event and two incidents reported in the past 12 months. These were all logged, investigated and learnings were shared with team members through staff meetings to reduce risk and support future learning. The practice had access to support with these, should they require it, from the health and safety department in the support centre.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### **Reliable safety systems and processes (including safeguarding)**

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Safeguarding flow charts with local authority contact details were displayed in reception and the practice manager's office. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year; these were last reviewed in August 2017. The practice followed relevant safety laws when using needles and other sharp dental items, sharps protocols were displayed in the treatment rooms and decontamination room. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a thorough business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice; this was last reviewed in June 2017.

### **Medical emergencies**

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. In addition to this staff completed medical scenario training several times a year to ensure they were confident to respond to medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. One of the dental nurses was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked weekly.

### **Staff recruitment**

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The practice had access to support from a HR department in their support centre. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff.

The practice manager had a clear process for checking that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

### **Monitoring health & safety and responding to risks**

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

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

### **Infection control**

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

# Are services safe?

guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit completed in August 2017 showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. An external company had completed a legionella test at the practice and we were shown the certificate advising that there were no concerns noted. The practice had a legionella risk assessment scheduled for the 31 August 2017.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location in the practice garden prior to collection by the waste contractor.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

Equipment checks were regularly carried out in line with the manufacturer's recommendations. We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

We observed that the practice had equipment to deal with minor first aid issues such as minor eye problems and body fluid and mercury spillage.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation. The last audit was completed in August 2017.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. All of the dental care records we saw were detailed, accurate and fit for purpose.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was completed in August 2017 and as such was awaiting analysis and action plans to be documented.

### Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed dental hygienists to work alongside of the dentists in delivering preventative dental care. One dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. They also placed fissure sealants for patients who were particularly vulnerable to dental decay.

Other preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

Dental care records we saw demonstrated that dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

### Staffing

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

Staff told us they discussed training needs at annual appraisals, one to one meetings and staff meetings. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

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. Training for the full team was scheduled for September 2017. The clinical team and practice manager were aware of the Gillick competence and the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

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

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had an equality and diversity policy and team members had received online training.

Patients commented positively that staff were polite, courteous and friendly. We saw that staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. Many staff members had worked at the practice in excess of 10 years and knew their patients very well and were able to support their needs in a personalised manner.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy.

The reception computer screens were not visible to patients and staff did not leave personal information where

other patients might see it. During the inspection, we observed staff in the reception area. We saw that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

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

Music was played in the treatment rooms and there were magazines and various forms of patient information available in the waiting room. The practice provided drinking water in the waiting room for patients.

Information folders, patient survey results and thank you cards were available for patients to read.

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

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease. Specialist treatments were available by referral to local practices within the group. The practice had identified this as an area of need and recruited a dentist with specialist skills to join the team in October 2017.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment. Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

All patients that had given consent were sent text message reminders for routine appointments.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop, a magnifying glass and accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille.

### Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept several appointments free for same day appointments. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and incidents the practice received in the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. They had not received any complaints in the past 12 months.

# Are services well-led?

## Our findings

### Governance arrangements

The clinical director had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

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

### Leadership, openness and transparency

Strong and effective leadership was provided by an empowered practice manager. The practice ethos focussed on providing patient centred dental care in a friendly environment. The comment cards we saw reflected this approach.

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice had a policy in place to underpin this.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings and one to one meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Staff reported that the dentists and practice manager were proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements, with the exception of the records audit which had just been completed. We were advised that the records keeping audit analysis and subsequent action plan was in the process of being completed.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the whole team received an annual appraisal; these appraisals were carried out by the practice manager and were followed up by a mid-year review to check if the staff were on course to meet their appraisal objectives. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including infection control, fire safety, medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Two dental nurses had recently been supported through their dental nurse training and qualifications. At the time of our inspection the practice were supporting a trainee dental nurse.

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

The practice used patient surveys, staff surveys, appraisals and verbal comments to obtain staff and patients' views

## Are services well-led?

about the service. We saw examples of suggestions from patients the practice had acted on for example; the practice had extended their hours to 7pm on Wednesdays as a result of patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to

allow patients to provide feedback on NHS services they have used. Results of the FFT we saw indicated that 100% of patients who completed the survey were happy with the quality of care provided by the practice and patients were either highly likely or likely to recommend the practice to family and friends.