

Oxforce Limited

Quality Report

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Date of inspection visit: 24 November 2017
Date of publication: 30/01/2018

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 24 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not always providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This was the first inspection undertaken at this service.

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). 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 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).

The premises are leased and shared with an orthodontal practice. The services are provided on the second floor.

Our key findings were:

- The provider had systems in place to identify and learn from clinical practice in order to improve services where necessary.
- Some risks associated with the provision of services were well managed. However, there was not a full assessment of the potential risks posed by infection control.

- Prescribing was undertaken safely, although the storage of blank prescription forms was not appropriate.
- Assessments of patient's treatment options and treatment planning were thorough and followed national guidance.
- The necessary checks required on staff who provide care were not in place.
- Patients received full and detailed explanations of any diagnoses and treatment options.
- The service was caring, person centred and compassionate.
- There were processes for receiving and acting on patient feedback.
- There were not adequate governance arrangements in place in many aspects of the service. This led to a lack of support for staff and a lack of monitoring in relation to their skills and knowledge.

We identified regulations that were not being met and the provider must:

- The provider must operate systems and processes effectively and ensure they assess, monitor and mitigate all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities.

There were areas where the provider could make improvements and should:

- Review the complaints process to ensure patients understand the process and are aware of their rights.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We have told the provider to take action. You can see full details of this action in the Requirement Notices section at the end of this report.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right.

The provider identified, assessed and mitigated most risks to patients. However, there were risks associated with infection control, storage of prescriptions and staff checks which had not been identified, assessed and mitigated. Safeguarding processes were not embedded or adequate and there was no system to ensure all staff had relevant training. The premises and equipment were not monitored appropriate to ensure they were well maintained and safe to use. Patient information was not stored securely.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations. However, the monitoring of staff training was not sufficient.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right

Assessments of patients' needs and documentation related to diagnosis and treatment was thorough and comprehensive. The centre proposed person centred treatment in line with national guidance. The appropriate clinicians provided diagnosis and treatment who had a breadth of experience. However, monitoring of staff ongoing training needs was not in place. Consent procedures were in place and these were in line with legal requirements. There was an appropriate system for recording and updating patient care and treatment information.

Are services caring?

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

Summary of findings

The provider was considerate of the emotional needs of their patients and showed compassion in the delivery of care. According to patient feedback, services were delivered in a caring manner and their privacy and dignity was respected.

Are services responsive to people's needs?

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

Patients' individual needs were included in their assessments. The premises were accessible for most patients and arrangements were made for those patients who could not use the stairs to access the first floor facilities. Patients were satisfied with access to consultations and treatment. There was a complaints process in place but this did not contain all the information for patients to ensure they understood their rights.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

There was a clear ethos of patient centred care. Governance arrangements were not sufficient to enable the non-clinical oversight required for the service. Patient feedback was encouraged and considered in the running of the service. Leadership was not always in place to ensure tasks and monitoring processes were undertaken.

Oxforce Limited

Detailed findings

Background to Oxforce Limited

We inspected Oxforce Limited on 24 November 2017. A dental surgeon specialist adviser and a lead inspector undertook the inspection.

We spoke with staff who worked for the service. We spoke with the registered manager who is also the registered person. We looked at records related to patient

assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback sent directly to us and feedback received by the service.

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?

Our findings

Safety systems and processes

The service did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- There was consideration of safeguarding procedures and requirements. However, safeguarding policies were not easily located by the provider and did not clearly indicate to staff who to refer any concerns regarding patients to. For example, there was no clear identification of the local safeguarding teams and their contact details. Staff had completed safeguarding vulnerable adults and children training but the provider could not demonstrate their own level of competence. They did assure us they had received safeguarding children training in excess of level three. However, the registered person who was also the main provider of care was not able to show us safeguarding training certificates.
- The provider informed us they asked their nurse to provide the role of a chaperone when undertaking consultations and surgery. We witnessed the nurse being requested to attend a consultation booked for the evening of the same day as the inspection visit. The nurse who worked at the centre, had a Disclosure and Barring Service (DBS) check (DBS checks provide background information on whether a person has committed a crime or is barred from caring for vulnerable adults or children).
- There were not adequate recruitment and staff checks held by the provider and therefore they could not be assured that all staff were safe and of good character in order to work with patients. The provider could not show the inspection team recruitment checks on the consultant they sub-contracted for conscious sedation. The nurse did have all staff checks required including registration with the appropriate professional body.
- The registered provider informed us they had basic resuscitation training (CPR) training and we saw evidence that the nurse also had this training. The provider shared equipment and medicines which may be required in a medical emergency with the orthodontist based on the same premises. We saw the equipment and medicines were ready to use in the event of a medical emergency and easily accessible. An automatic external defibrillator (AED) was accessible and oxygen. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electric shock to attempt to restore a normal heart rhythm in an emergency).
- There was no clear process for fully identifying, assessing and mitigating risks related to infection control. No infection control audit was used to assess adherence to infection control guidance including health technical memorandum (HTM) 01-05, which is relevant to dental infection control standards. There was no record for the autoclave (a sterilisation device for surgical equipment) servicing history since 2013 and independent verification of the operation of the device was not undertaken. Only the autoclave's internal checking systems were used prior to the operation of the machine for sterilising equipment. During the inspection the provider obtained and undertook an independent testing strip which identified that the internal device's operational checks were valid. However, there was a risk posed to patients prior to the independent testing and due to the lack of servicing.
- We reviewed the process for the decontamination of surgical equipment and dental apparatus. This indicated that equipment was cleaned appropriately, inspected and then sterilised. Any equipment stored before use was pouched with a date of expiry indicating when an instrument would require re-sterilising.

Information to deliver safe care and treatment

Patient records were not stored securely. We saw patients' records were stored on shelves in an office. The provider informed us the door to the office was locked when they or their staff were not present. However, there was a risk the records could be accessed by any other person with access to the building such as the premises owners or maintenance staff. Risks related to patients' diagnoses and other health and wellbeing risks were recorded in patients' records.

Risks to patients

Some risks to patients were assessed and managed. However, there were risks we identified with infection control:

- There was a plan for emergencies which may occur and affect the running of the service. This plan was available to staff.

Are services safe?

Correspondence was shared with external professionals in a way that ensured data was protected.

Safe and appropriate use of medicines

The provider frequently prescribed medicines such as anti-biotics following surgical procedures. Patients were able to easily contact the service regarding any problems related to their medicines. The assessment procedures included checks of any allergens, which may relate to medicines. Long term medicines were not prescribed.

Blank prescription forms were not stored securely. They were stored in an unlocked cupboard. There was no means of tracking any stolen or lost prescriptions; for example, by means of serial number recording. There was a risk that blank forms could be removed by and misused to obtain medicines. A copy of each prescription issued was stored on patient records in case of any audit or investigation.

Track record on safety

There were not fully functional systems to identify, assess and mitigate risks. For example:

- The premises were clean and tidy, but a full infection control policy and supporting checks were not in place to ensure all appropriate standards of cleanliness were in place.
- A legionella risk assessment was in place but staff were not clear what checks were required as a result of the assessment or how to adequately undertake them. For example, there were temperature checks undertaken at

water outlets but staff were not aware what the temperature checks were for and what action to take if water was within ranges which potentially posed a risk that legionella may be able to infect water systems.

- The building was well maintained.
- The provider used an x-ray machine shared with the other provider onsite. We saw a radiation protection folder was available. This included critical examination of the machinery in the last year. There was regular auditing of the x-ray quality. Local rules were available which indicated how the machinery should be operated safely. Staff had up to date training in line with national guidance on radiography.
- There was a fire risk assessment and related actions. These included regular checking of fire safety equipment including emergency lighting and firefighting equipment.
- Electrical equipment had stickers which identified checks of their safe functioning were in place. However, there was not an ongoing system in place to ensure the equipment which required calibration, such as dental suction machinery, was calibrated. There was an electrical installation certificate for the premises.

Lessons learned and improvements made

There was no formal process for recording and investigating incidents and events which may indicate required changes to practice and procedure. Staff could not recall any instances where incidents would have required recording and investigation. The quality of clinical work was monitored through audit to identify any instances where patients may encounter problems with clinical work as a means to improve quality.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including Faculty of General Dental Practice (FGDP) guidelines.

- We saw evidence via patient records that their assessment of patients and their treatment needs were thorough.
- We saw assessments of disorders such as temporomandibular joint (TMJ) disorders were fully recorded.
- There were risk assessments for potential complications associated with any conditions or serious health concerns. For example, where arthritis was a potential cause of any disorder, the provider assessed the potential risks of treatment in exacerbating such a health condition.
- Dental x-rays were available onsite. Where more complex bone scans were required these were referred to an external provider.
- The centre assessed patients appropriately for sedation. The provider was supported by external expertise in undertaking conscious sedation.

Monitoring care and treatment

The provider had undertaken a full review of their clinical work in 2014 in response to concerns raised in an academic journal regarding the long term outcomes for patients who receive specific dental and facial surgical treatments, including those provided at Oxforce Limited. We saw the review included contacting 126 patients spanning several years of treatment by the registered person. Of 126 patients 96% were satisfied with the ongoing outcomes of the treatment they had received.

The provider informed us they followed up any treatment provided with ongoing monitoring for patients until they were satisfied the patients' needs had been met.

Effective staffing

The provider did not have a system to continually assess their staff's skills and knowledge and therefore identify what training was needed on an ongoing basis. The nurse who was employed by the provider had proof of ongoing professional development required to ensure they had the skills to safely and effectively provide care and treatment. However, the provider did not ensure that their sub-contracted anaesthetist had the training beyond their qualifications to provide care and treatment.

Coordinating patient care and information sharing

We reviewed patient correspondence and found that there was appropriate communication with external services including GPs where appropriate. The provider explained that if a patient had a health condition which might affect their treatment, they would speak with the patients GP in order to assure themselves that treatment could be undertaken safely.

Supporting patients to live healthier lives

The provider informed us they followed up any treatment provided after two years with patients in order to assess the long term outcomes of the treatment they received. This enabled the provider to ensure that they had met the needs of their patients in enabling a healthier life.

Consent to care and treatment

Patients were consulted regarding consent to assessment and treatment. To enable detailed explanation of treatments the provider had models to visually explain what their treatment involved and how it would benefit patients, but also any inherent risks with the procedures. Information leaflets were also provided to patients.

We saw consent forms were in place for patients to ensure their consent to care and treatment was recorded.

There was guidance and a protocol on consent available to staff including the Gillick competency or Fraser guidelines (a legal framework for obtaining consent from patients under 16). The nurse explained they had training in the Mental Capacity Act 2005.

Treatment plans included full costings of the proposed treatments.

Are services caring?

Our findings

Kindness, respect and compassion

We received 22 comments via the CQC share your experience page in the weeks prior to the CQC inspection and three comment cards filled out by parents attending the service. All of the feedback we received from parents or patients was positive regarding the services. Feedback was particularly positive regarding the professional, caring and kind nature of staff.

Involvement in decisions about care and treatment

Patient feedback suggested that patients felt treatments options and assessment outcomes were explained clearly to them.

There were patient information leaflets available and these explained the various types of treatment and what they entailed. This included the strengths and limitations of the different types of treatment. We saw that treatment plans were patient specific.

Privacy and Dignity

The centre's treatment room was well away from the waiting and reception area meaning there was minimal risk of conversations being heard. Staff informed us they ensured patients' privacy was protected during procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Review the process for receiving and responding to complaints to ensure patients understand their rights and the internal investigation process.

Responding to and meeting people's needs

The service provided personalised care to patients including ongoing access to advice and information. For example,

- Patients had access to the registered person's personal assistant who was able to communicate any concerns or queries from patients with them. This ensured patients were able to receive a response to needs or questions.
- The service was able to provide appointments during a very specific window each month, but patient feedback suggested the ability to contact and access the provider was responsive to their needs.
- Patient feedback received by CQC suggested that patients received detailed explanations about their care and treatment.

The premises were suitable for most patients although there was no full assessment of the premises for ensuring arrangements could be made for patients with limited mobility. For example:

- There were accessible toilet facilities for disabled patients.
- The provider explained they had treated patients in wheelchairs in the ground floor premises shared with another provider.
- The building has a ramp for wheelchair users.

Timely access to the service

The service aimed to provide an appointment for their patients to undertake an assessment as soon as possible after any request. Clinics and treatment sessions were being held monthly or bi-monthly. We received no negative comments from patients regarding waiting times or accessibility issues.

Listening and learning from concerns and complaints

The provider had a complaints policy which set out the process for dealing with complaints. However, this did not include what timeframe patients should expect a response within or their rights if they were unsatisfied with the outcome of their complaint.

We were unable to access any correspondence regarding a complaint investigation during the inspection.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Leadership capacity and capability

The provider had the experience, capacity and capability to ensure patients accessing the centre received high quality assessment and care. It was evident that the leadership within the service had not identified the non-clinical systems and processes required to run the service appropriately.

Vision and strategy

The centre provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of its patients and their families. However, the provider had not identified the personnel or resources required to undertake the additional support and management required to run the service.

Culture

The culture between the staff, the registered provider and their patients was open and honest. This was reflected in communication between all three parties, such as patient feedback and conversations between the provider and staff on the day of inspection.

Governance arrangements

The service did not have suitable governance frameworks with which to support the delivery of services. Specific policies and procedures were seldom in place and where they were, were not easily accessible by the provider or their staff. For example,

- We asked the provider to access their safeguarding procedures but they were unable to find them for some time. There was no process for enabling staff to quickly identify safeguarding referral procedures.
- The infection control processes were not supported by a full policy or audit. Therefore guidance related to infection control was not always followed.
- There was no programme of identifying which equipment needed servicing agreements, periodic safety checks or calibration.

Managing risks, issues and performance

The service did not effectively identify, assess and manage all risks related to the service provided. Specifically we identified risks related to infection control, staff

background checks and equipment checks which had not been identified and assessed due to a lack of appropriate monitoring and adherence to all relevant national guidance.

The risks associated with the treatment provided were assessed and well managed via ongoing assessment and periodic review of their treatment outcomes.

Appropriate and accurate information

Patient assessments, treatments and medications, including ongoing reviews of their care, were recorded appropriately. The clinical staff responsible for monitoring patients' care were able to access this information.

The provider did not ensure patients' records were stored securely. They had not referred to guidance regarding the storage of information in order to ensure protocols for safe storage of sensitive information. The provider was not registered with the Information Commissioners Office (ICO).

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients. They acted to improve services on the basis of this feedback.

- Comments and feedback were encouraged. These were reviewed and considered by the provider.
- There were many examples of compliments received by the service. For example, we saw several compliments related to the caring and professional nature of staff and the clear explanations around proposed treatments, risks and outcomes. Patients also commented on their satisfaction with the treatment they received.

Continuous improvement and innovation

There were systems to identify learning outcomes and implement improvements where necessary.

- An observational study on patients treated over the last 13 years led to a reflective journal paper on the provider's clinical outcomes. This study was to determine if there was learning for the provider to consider in order to improve their clinical practice. The outcomes were highly positive.
- This study included a patient satisfaction survey of 126 patients published in 2014. This showed that 96% of patient were highly satisfied on 129 patients on patient over the last 13 years.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure systems or processes were established and operated effectively to ensure compliance with the requirements of the Act. The provider did not assess, monitor and mitigate all risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities.</p> <ul style="list-style-type: none">• Infection control processes were not being monitored and risks not identified and mitigated as part of an audit and monitoring system.• Prescription security was not adequate.• Staff training, qualifications and background checks were not being monitored to ensure staff were appropriate to work with patients.• There were not embedded policies and processes, including safeguarding policies, for staff to refer to as part of a system of governance.• The storage of patient records was not secure. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>