

Oasis Dental Care (Central) Limited

Oasis Dental Care Central - East Grinstead

Inspection Report

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Overall summary

We carried out this announced inspection on 13 July 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.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information of concern.

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

Summary of findings

Oasis Dental East Grinstead is located in East Grinstead. It provides NHS and private treatment to patients of all ages.

The practice is located on two floors. There are four treatment rooms on the ground floor and one treatment room on the first floor. There is a patient waiting area and a separate decontamination room. Free parking is available on site. There is level access for people who use wheelchairs and those with pushchairs.

The dental team includes eight dentists, one implantologist, four dental hygienist/therapists, six qualified dental nurses one of which performs a dual role on reception, two trainee dental nurses, four receptionists, a practice coordinator and a practice manager.

The practice is owned by a company and is registered with the Care Quality Commission as part of Oasis Dental Care (Central). As a condition of registration the practice must have a person registered with the 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 East Grinstead was the practice manager.

On the day of inspection we collected three CQC comment cards filled in by patients and spoke with six other patients. This information gave us a positive view of the practice.

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

The practice is open: Monday and Tuesday from 8am to 7pm, Wednesday from 8.30am to 7pm, Thursday from 8.30am to 8pm, Friday from 8.30am to 5pm and Saturdays (one per month) from 8.30am to 1pm.

Our key findings were:

- The practice appeared clean and well maintained.
- 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.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- 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 had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

We identified that the practice did the following which we consider to be notable practice:

The practice carried out visits once every two months to preschools and playgroups focussing on children from three to six years of age. These visits involved setting up work stations, each one designed around a particular oral health theme. For example, one work station utilised giant models of teeth and toothbrushes to highlight brushing techniques, a 'sugar station' utilised sugar charts and had various foods and devices so that young children could easily quantify how much sugar was present; another station enabled children to take part in role play to understand what happens when you visit the dentist.

Children were also given 'goody' bags with tooth brushes and timers to encourage compliance with the instructions and activities taught during the sessions.

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 and to enhance team cohesion.

Staff received training in safeguarding 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.

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

The practice was committed to improving the oral health of children and organised services to enhance preventative care.

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.

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 nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were wonderful, caring and respectful. They said that dental procedures were explained fully and various options discussed; and said their dentist listened to them.

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



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and a hearing loop.

The practice took patients' views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

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 defined management structure and staff felt supported and appreciated.

Improvements were underway to ensure the completeness of patients' dental care records.

The practice had a comprehensive schedule in place to monitor 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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice had two significant events over the previous 12 months. These were handled according to practice policies and procedures.

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. 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 recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

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

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at seven of the staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed yearly to help manage potential risk. These covered general workplace and specific dental topics. We saw clear action plans to reduce the identified risks and documentation that these had been completed. 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 when they treated patients.

Infection control

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

Are services safe?

We noted that the practice carried out infection prevention and control audits six monthly in line with current guidance. The latest audit showed the practice was meeting the required standards. Action plans were seen and completed.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The practice also completed audits on the management of Dental Unit Water Lines on an annual basis.

We saw cleaning schedules for the premises. The practice was clean when we inspected.

Equipment and medicines

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 and private prescriptions as described in current guidance.

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 exceeding current guidance and legislation.

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 was selected to take part in the government's Dental Prototype Agreement Scheme, to road test a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

The practice manager and other staff shared with us how the dental care and treatment under this scheme was provided using a dental care pathway with a focus on developing a holistic approach to planning patient care.

We noted that the practice team was signed up to the ethos of the scheme where dental care needs were provided using a long-term preventive approach based on individual need and risk. Also patients are encouraged to take responsibility for protecting and maintaining their own oral health, with support from the dental team who provide all necessary dental treatment.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We found that improvements were required to ensure dental care records were consistent in the information and detail recorded. Following a recent record keeping audit which had identified this shortfall, actions were underway to improve the completeness of record keeping.

The practice completed audits in record keeping on a six monthly basis.

Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists and dental therapists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The practice also demonstrated a commitment to health promotion and prevention in children.

The practice manager told us that the oral health of children was a priority for the practice. The practice carried out visits once every two months to preschools and playgroups focussing on children from three to six years of age. These visits involved setting up work stations, each one designed around a particular oral health theme. For example, one work station utilised giant models of teeth and toothbrushes to highlight brushing techniques, a 'sugar station' utilised sugar charts and had various foods and devices so that young children could easily quantify how much sugar was present; another station enabled children to take part in role play to understand what happens when you visit the dentist.

Children were also given 'goody' bags with tooth brushes and timers to encourage compliance with the instructions and activities taught during the sessions.

The dentists and dental therapists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured and comprehensive induction programme. A lead dental nurse had produced educational resources for trainee dental nurses to support them in their roles. Additionally, practical learning sessions were organised to ensure that staff received hands-on training and supervision. 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 during one-to-one discussions with the practice manager throughout the year and at six monthly appraisals. We saw evidence of completed appraisals and personal development plans.

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

Are services effective?

(for example, treatment is effective)

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 on a weekly basis 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. The policy also referred to Gillick competence and the dentists and other dental care professionals were aware of 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.

Patients commented positively that staff were extremely helpful and caring. We saw that staff treated patients in a considerate and kind manner and were friendly towards patients at the reception desk and over the telephone.

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. The reception computer screens were not visible to patients and staff did not leave 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.

There were information leaflets and magazines available for patients to read in the waiting area. A television was on display and fresh drinking water was available for patients.

The practice also carried out a patient dignity audit on a yearly basis to review how the practice maintained confidentiality and protected patients' dignity.

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 reassuring 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 and more complex treatment such as root canal fillings and implants.

Staff used various methods to discuss and explain treatment options such as photographs, X-ray images and models of the teeth and mouth.

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. Staff told us that patients who requested an urgent appointment were seen within 24 hours and usually on the same day. Patients told us that 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 were informed of any patients who were particularly nervous in order to provide extra attention and reassurance if required. Staff ensured that patients could be seen in a downstairs treatment room if needed.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included providing step free access into the practice with a hand rail; and a hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs if required. They had access to interpreter/translation services if required.

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 cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day. Out of opening hours patients were directed to the Emergency Dental Service. This information was available on the practice answerphone. Patients confirmed they could make routine and emergency appointments easily.

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 invited 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 complaints received within the previous 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

Governance arrangements

The practice manager had overall responsibility for the management and clinical leadership of the practice; and 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 information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

The practice manager demonstrated a strong commitment towards patient care and in leading the team. We saw that staff were conscientious and worked cohesively in order to enhance patient care.

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

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 they 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 dealt with issues professionally.

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

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included a comprehensive programme of audits carried out in

multiple areas; record keeping, infection prevention and control, radiography, referrals, dental unit waterlines and patient dignity and the Equality Act. They had clear records of the results of these audits and the resulting action plans.

The practice manager showed a strong commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had personal development plans and all staff received six monthly appraisals. They discussed learning needs and general wellbeing. Staff were encouraged to participate in activities to enhance their future professional development for example to undertake courses to increase their skill sets.

Staff told us they completed mandatory training, including 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.

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

The practice carried out patient satisfaction surveys on a monthly basis. Results were collated and discussed at team meetings as well as displayed on the practice website. A comments book was placed at reception. Verbal comments were also logged. Staff told us that comments were acted on immediately if required. We saw examples of suggestions from patients the practice had acted on. For example, patients gave feedback on the exterior of the practice. As a result the practice put a ramp and handrail up to provide step free access and assist patients entering and leaving the practice.

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. All patients who had responded to the survey had said they were "extremely likely" or "likely" to recommend the practice to their friends and family.

Staff were encouraged to give feedback via an open door policy as well as at staff meetings and six monthly appraisals. Staff satisfaction surveys were completed on a yearly basis. Staff told us that they felt involved in the running of the practice through being given opportunities to suggest ideas and implement changes to bring about improvements.