

Oxforce Limited

Inspection report

69-71 Banbury Road
Oxford
OX2 6PE
Tel: 07868346821

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Overall summary

This service is rated as Inadequate overall. We carried out an announced comprehensive inspection at Oxforce Limited as part of our inspection programme. This was the provider's first rated inspection.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

This inspection in August 2022 was carried out to provide a rating for the service and check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We have previously inspected the service on two 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 risks identified including with the use of specific medicines, infection control processes and risks associated with fire management procedures. These risks were not independently identified or managed by the provider.
- The premises were well maintained and equipment was maintained and serviced.
- There were insufficient checks on patients prior to receiving care and poor recording of treatment.
- Monitoring of care and treatment was not identifying risks or areas for quality improvement.
- Staff training was not monitored and there was no system to identify support and development needs for staff.

Overall summary

- 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 not in place to ensure oversight of the services provided.

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

- The provider must operate systems and processes to assess, monitor and improve the quality and safety of the services provided, and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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 29 July 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 a member 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?

We rated safe as Inadequate because:

We found concerns related to infection control, use of x-ray equipment, use of medicines, staff safeguarding training and processes for ensuring staff had necessary health and other background checks.

Safety systems and processes

The service did not have always have appropriate systems to keep people safe and safeguarded from abuse.

- The provider had appropriate safeguarding policies, which included referral information.
- The service had systems in place to ensure that an adult accompanying a child had parental authority.
- The provider did not always carry out staff checks at the time of recruitment and on an ongoing basis where appropriate. Proof of Disclosure and Barring Service (DBS) checks and any related assessments were not available. (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 received up-to-date safeguarding training appropriate to their role. However, the provider had not ensured a clinician who worked at the service had the appropriate level of safeguarding children and adults training.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was not a safe system to manage infection prevention and control. The provider had an infection control audit tool which was used to monitor adherence to national guidance. However, the audit was not undertaken by a clinician or the infection control lead. The infection control lead did not have training in undertaking the role of lead. Health Technical Memorandum 01-05 (related to care in dental services) requirements and guidance was not always being adhered to. For example, there was no 'clean' container to take sterilised instruments to the clinical treatment room following sterilisation. Sections of the infection control audit had been completed incorrectly. The lead clinician was not disposing of sharps immediately after use and this task was passed to the dental nurse. This was not in line with Health and Safety Executive 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). However, we saw instances where water temperatures were monitored and found to be in ranges which meant legionella may pose a risk. There was no action noted to identify what happened when these readings were taken.

Risks to patients

There were not always 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. During our inspection, we found Glucagon (medicine used to treat very low blood sugar) had been stored out of the fridge but did not have a revised date of expiry as per national guidance.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, there was no proof of appropriate training in the use of the x-ray equipment for both clinicians working at the service. The x-ray local rules (instructions on how to safely use specific radiography equipment and who is authorised to do so) did not have Oxforce Limited staff names as approved operators.

Are services safe?

- We reviewed the fire risk assessment undertaken on the building by a contractor and another by Oxforce Limited. Neither 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 did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not written and managed in a way that kept patients safe. The care records we saw showed that patients' medical histories were not always recorded and treatment information was not coherently recorded. This posed a risk to the safety of care and treatment.
- The service had systems for sharing information with staff and other agencies where appropriate.
- 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 did not ensure 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 did not undertake an audit of antibiotic prescribing in line with national guidance. There was a risk they were not ensuring microbial stewardship and safe use of these medicines.
- The service did not undertake conscious sedation at the time of the inspection. Therefore there were no controlled drugs onsite at Oxforce Limited at the time.
- Staff prescribed and administered local anaesthetics to patients. These medicines were off-licensed medicines but patients were not informed of this to enable them to provide informed consent. The provider informed us they would cease use of these medicines following the inspection feedback.

Lessons learned and improvements made

The service did not have adequate systems to identify when improvements were required as a result of incidents or learning events.

- There was no system for recording and acting on significant events. There was no process to learn from events or near misses which may require a review of process or development needs for staff.
- 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?

We rated effective as Requires improvement because:

The provider did not appropriately assess patients before they received their care. There was not an appropriate system for recording or auditing patient treatments. Staff training and development needs were not assessed and monitored.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. However, we found patients did not receive appropriate checks of their medical histories before receiving treatment.

- We found patient records did not contain a full recorded assessment of patients' clinical histories prior to undertaking treatment. Medical histories ascertained from other services at the point of referral or during initial consultations at Oxforce, were not being updated at the point of treatment. We also identified recording of clinical notes was unclear and incoherent. This posed the risk that allergies or medical conditions would not be identified prior to receiving treatment, including local anaesthesia or conscious sedation. In addition, further risks of potential complications during treatments had not been identified through prior assessment. There were further risks of poor diagnosis of oral manifestations of systemic disease, which may affect the outcome of the treatment for a patient.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

There was minimal quality improvement activity to identify areas of risk and where quality improvements were required.

- We reviewed an audit of clinical notes presented to the inspection team. The audit did not include any learning outcomes and did not determine the quality of clinical notes.
- We looked at two patient records in detail and a further three we reviewed for general information. Our detailed reviews identified recording of treatment and care assessments were unclear. Clinical notes were not recorded appropriately and risked information about care and treatment not being available to other clinicians should this be required. This had not been identified by clinical audit.
- There was no auditing of microbial prescribing to determine the appropriateness of anti-biotics prescribed by the service.

Effective staffing

The provider did not ensure staff had the skills, knowledge and experience to carry out their roles.

- Staff had qualifications to undertake their clinical 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 not being assessed and their training was not monitored appropriately. There was no proof of appropriate training in the use of the x-ray equipment for both clinicians working at the service. There was no proof of safeguarding training to an appropriate level for the dental nurse.

Are services effective?

- The provider did not demonstrate it had a list of training required for staff to undertake and no system was in place to ensure training was within timeframes deemed acceptable to ensure staff knowledge and skills were up to date.
- The provider informed us there was no system of formal appraisal to identify development needs and no records of appraisal were available when requested.
- The provider informed us they 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.

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. However, patients administered off-license medicines were not informed prior to care.
- 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 some of this feedback and found it was nearly all 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.
- 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 outcome and found the service responded to the complaint with an investigation outcome.

Are services well-led?

We rated well-led as Inadequate because:

The provider did not have effective oversight, monitoring processes or checks in place to identify patient safety concerns and ensure they adhered to national guidance and best practice. There was no system of quality improvement.

Leadership capacity and capability;

The provider did not have the capacity and skills to oversee the delivery of care and treatment effectively.

- The Registered Manager did not have the required knowledge necessary regarding oversight of the services provided. They did not understand requirements in relation to legislation and national guidance.
- There was not an appropriate level of knowledge in order to identify the needs of managing and monitoring the service. For example, the Registered Manager was not aware of staff training requirements or what health or background checks were in place or required for their staff.
- The provider did enable staff to perform their lead roles and did not clearly delegate responsibilities. For example, the infection control lead did not undertake the infection control audit and the Registered Manager was unaware of whether the staff member had the appropriate training to perform the role.

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 but there was a lack of clarity and openness regarding responsibilities.

- 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.
- There was no formal system of appraisal to enable staff to identify their needs or to understand requirements from the provider.
- There was no system to formally share incidents or discuss learning events.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not in place to determine areas where quality improvements may be needed. This led to a non-adherence to national standards in the recording of treatment, patient assessments, infection control monitoring and the use of equipment.
- Clinical audit lacked sufficient detail and did not effectively scrutinise the quality of care or recording of care. We found risks regarding patient care the provider had not independently identified.

Are services well-led?

- Staff were not clear on their roles and accountabilities. The Registered Manager did not perform the role appropriately to ensure they had oversight of their staff or ensure appropriate systems of audit and monitoring were in place. Therefore we identified gaps in the operation of infection control processes and there was no assurance that staff were trained in using x-ray equipment.
- Policies were mostly service and sector specific. However, the whistleblowing policy did not refer to the specific agencies relevant in terms of external escalation of concerns.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There were not effective processes to identify, understand, monitor and address risks including risks to patient safety.
- The provider did not fully consider national guidance such as infection control guidance or requirements related to the recording of patient assessments.

Appropriate and accurate information

The service did not have appropriate and accurate information.

- There were not appropriate recording systems operated to ensure staff training or clinical care was monitored.
- The quality of patient records was poor, leading to the risk that other clinicians would not be able to understand patient records in order to provide other related care in external services.
- Quality and operational information was not used to ensure and improve performance.
- 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.

Continuous improvement and innovation

There was minimal 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.
- They did not utilise external clinical review of the care provided at Oxforce Limited to identify quality improvements.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 Good Governance
Treatment of disease, disorder or injury	<p>The provider did not have appropriate systems and processes in place to assess, monitor and mitigate the risks 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 not adequate systems in place to assess, monitor and improve the quality and safety of the services. The provider was not maintaining a secure, accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to service users and of decisions taken in relation to their care.</p> <p>The enforcement action we took:</p> <p>We issued a Warning Notice to provider instructing them to comply with regulations.</p>