

Oakridge MK Limited

Oakridge Dental Care

Inspection report

Unit 5
Texel Close, Oakridge Park
Milton Keynes
MK14 6GL
Tel: 01908597900
www.oakridgedentalcare.co.uk

Date of inspection visit: 9 December 2021
Date of publication: 30/12/2021

Overall summary

We carried out this announced inspection on 9 December 2021 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

As part of this inspection we asked the following questions

- Is it safe?
- Is it effective?
- 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Oakridge Dental Care is in Milton Keynes, Buckinghamshire and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes three dentists, three dental nurses, including two trainees, two dental hygienists, and a full time practice manager. The practice has three treatment rooms and a dedicated decontamination room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 Oakridge Dental Care is the principal dentist.

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

The practice is open:

Mondays and Thursdays from 8.30am to 7pm

Tuesdays, Wednesdays and Fridays from 8.30am to 5.30pm

Saturdays from 9am to 1pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

There were areas where the provider could make improvements. They should:

Summary of findings

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

Information about reporting procedures, and flowcharts showing the contact details of local protection agencies were displayed throughout the practice.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

All staff had disclosure and barring checks in place to ensure they were suitable to work with children and vulnerable adults.

The practice had a whistleblowing policy and staff told us they felt able and confident that they could raise concerns about colleagues if needed.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional operating protocols had been implemented to the patient journey to reduce the spread of Covid-19.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment completed in November 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained. We saw records of monthly water temperature checks for the hot and cold-water outlets which were all within the recommended temperature range.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

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

Are services safe?

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Timed fire evacuation drills were undertaken by staff and recorded.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation, however, there was scope to improve the frequency and quality of the audits to include findings and areas for improvement. Rectangular collimators were in use on X-ray units to reduce patient exposure.

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

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice had a range of policies and risk assessments, which described how it aimed to provide safe care for patients and staff. We viewed practice risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce the risks to patients and staff. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items and used the safest types of needles and matrix bands. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. However, one member of staff did not have proof of the effectiveness of vaccination against Hepatitis B at the time they commenced employment at the practice. This was discussed with the practice manager who assured us that this would be rectified immediately.

Staff had completed sepsis awareness training.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, there was scope to provide additional simulation training for trainee staff to increase their confidence in using medical equipment and spill kits. This was discussed with the practice manager who advised that this would be included in practice meetings in future.

Are services safe?

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

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team. However, there was no risk assessment for the cleaner who came into the practice at the end of the day and often worked alone. This was provided immediately after the inspection.

The practice occasionally used agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. However, we noted some variation of detail across the clinical team with regards to completing these. Dental care records we saw were legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of prescriptions as described in current guidance.

The dentists were aware of and followed current guidance with regards to prescribing and dispensing medicines.

An antimicrobial prescribing audit had been completed which indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues.

In the previous 12 months we were told there had been no safety incidents. There was scope to improve the recognition and recording of significant events and use this as a learning opportunity for staff at the practice.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to digital X-rays, intra-oral cameras and TV screens to enhance the delivery of care.

The practice had made reasonable adjustments for patients with disabilities. This included step free access, a hearing loop and accessible toilet with handrails and a call bell.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients including providing motion sensors for the light in the disabled access toilet.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Are services effective?

(for example, treatment is effective)

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We noted some variation of detail across the clinical team with regards to recording patient dental care information such as risk assessments for caries, periodontal disease and cancer. We discussed this with the provider who assured us that this would be implemented immediately. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice including agency staff had a structured induction programme and three month probationary period. We saw documented records of this in staff files. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services well-led?

Our findings

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

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership with an empowered practice manager with emphasis on continually striving to improve. Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took swift action to rectify these. The information and evidence presented both before and during the inspection process was clear and well documented. Staff could show how they provided high-quality sustainable services and demonstrated improvements over time.

Leadership capacity and capability

We found leaders had the capacity, values and skills to deliver high-quality, sustainable care.

The provider visited the practice regularly and had effective management oversight.

The practice manager had recently joined the practice and had made improvements to strengthen the governance arrangements. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff had delegated responsibilities, with specific leads in the practice for areas such as infection control. The practice manager realised the benefit of giving staff additional responsibilities to develop their skills and add interest to their role.

Staff told us that the provider and practice manager were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Leaders were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had overall responsibility for the management and clinical leadership of the practice. The majority of responsibility for oversight of systems to support good governance was undertaken by the practice manager. They had overall responsibility for the management of the practice, recruitment and were responsible for the day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Are services well-led?

We saw there were clear and effective processes for managing risks, issues and performance.

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider encouraged verbal comments and used online feedback to obtain patients' views about the service. At the time of our inspection the practice had scored 4.6 stars out of 5 based on 68 reviews.

Patient satisfaction surveys and the suggestions box feedback were paused due to the Covid 19 pandemic. The practice manager discussed examples of suggestions from patients that they had acted on, for example, increasing the length of appointments.

The provider gathered feedback from staff through meetings, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, antimicrobial prescribing and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements, however, there was scope to improve the frequency and quality of some of these audits.

The provider showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.