

Oasis Dental Care (Central) Limited

Oasis Dental Care Central - South Woodford

Inspection Report

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Date of inspection visit: 19 May 2016
Date of publication: 06/07/2016

Overall summary

We carried out an announced comprehensive inspection on 19 May 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Oasis Dental Care Central – South Woodford is located in the London Borough of Redbridge. The practice is on the ground and first floor and comprises of four surgeries and a decontamination room. There was also a reception and waiting area. Toilet facilities for patients were also available on the first floor.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of a practice manager, six dentists, a hygienist, five dental nurses and two receptionists. The practice was open Monday to Thursday from 8am-7pm, Friday from 8am-3.30pm and Saturdays from 9am-2pm.

The practice manager 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 practice is run.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Summary of findings

We received feedback from 11 patients. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- The practice had systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had policies and procedures in place for child protection and safeguarding adults.
- There were arrangements in place to deal with foreseeable emergencies
- There was a complaints procedure available for patients.
- There were systems in place to reduce the risk and spread of infection. Staff had access to an automated external defibrillator (AED) and other equipment and medicines to manage medical emergencies in line with current guidance

- Equipment, such as the air compressor and autoclave (steriliser), were serviced to check their effectiveness.
- Patients' needs were assessed and care was planned.
- Patients indicated that they felt they were listened to and that they received good care from the practice staff.
- There was evidence of staff's continuing professional development (CPD) activity and it was being suitably monitored.

The governance arrangements in place needed improvement to better guide the management of the practice.

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

- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.

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 in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness.

Recruitment checks had been undertaken suitably and all staff, where relevant had a check with the Disclosure and Barring Service.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. There was also a system in place for receiving alerts from relevant external agencies.

Are services effective?

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

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice worked well with other providers and made referrals where appropriate.

Staff records were complete in relation to continuous professional development (CPD) and the practice was able to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had access to appointments, including emergency appointments, which were available on the same day. The practice had a complaints policy and procedure in place. The practice also had a system in place to routinely collect feedback from patients.

Are services well-led?

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

The governance arrangements in place needed improvement to better guide the management of the practice. The practice had up to date policies and procedures such as an infection control policy, however actions from some risk assessments had not been fully implemented.

Summary of findings

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the area manager. We were told staff meetings took place regularly and we saw evidence of this.

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records.

Members from the organisation's management team assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Oasis Dental Care Central - South Woodford

Detailed findings

Background to this inspection

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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 19 May 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with five members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency

medicines and equipment. We observed dental nurses carrying out decontamination of dental instruments and also observed staff interacting with patients in the reception area.

We received feedback from 11 patients. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

Reporting, learning and improvement from incidents

There was a system in place for reporting and learning from incidents. We reviewed an incident that had occurred in the past year and found that changes had been made as a result of this to reduce the likelihood of the event occurring again. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a system in place for recording such injuries. We were told that there had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. The practice manager was the lead in managing safeguarding issues. We saw evidence that four members of staff had completed safeguarding training in the past 12 months. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had not been any safeguarding issues that had required to be reported to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the practice manager.

The practice had carried out risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had a health and safety policy and had carried out risk assessments relating to fire safety, management of sharp instruments and Legionella. We found that the risk assessments were being reviewed periodically. However, we

found that recommendations made in the fire risk assessment, conducted in March 2016, had not been implemented and there were some concerns in relation to the safety of the practice.

The practice manager told us that they had begun taking action to address the findings of the fire risk assessment but had not completed all of it. We were provided with evidence the day after the inspection that all of the actions deemed as high risk had been addressed.

The dentists used rubber dam for root canal treatments in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. There was a practice protocol for responding to an emergency.

The practice had all of the emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We were told that the emergency equipment was checked regularly and we saw evidence of this.

We checked four staff records and saw that staff had received training in emergency resuscitation and basic life support.

Staff recruitment

There was a recruitment policy in place. We reviewed the recruitment records of four staff members employed at the practice and saw that the practice carried checks to ensure that the person being recruited was suitable and competent for the role. This included obtaining proof of identification and history of past employment as well as checks with the Disclosure and Barring Service (DBS). (The

Are services safe?

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). We saw that references had been obtained for staff and that the practice had checked that staff (where relevant) were registered with the General Dental Council. There was a copy of staff immunisation status for Hepatitis B in the staff records looked at.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. Staff we spoke with could not recall when the last fire drill was carried out. They were however, able to tell us the fire procedure for evacuating the building.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were assessments where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. The practice had systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). We saw evidence that information from the alerts was being shared amongst the dental team.

Infection control

There were systems in place to reduce the risk and spread of infection including an up to date infection control policy, which included decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. There was also evidence that staff members had attended a training course in infection control in the past year.

The practice had followed guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between the treatment rooms and the decontamination rooms which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A dental nurse showed us how they used the room, and we noted

that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. The water temperature was checked at the beginning of the procedure for cleaning instruments manually. A magnifier was used to check for any debris during the cleaning stages. An appropriate instrument cleaning detergent and instrument cleaning brush was in use in accordance with HTM 01-05 guidance and the practice's own infection control policy. However, we noticed that the procedure for rinsing and drying was not in accordance with HTM 01-05 guidance.

The autoclave was checked daily for its performance in accordance with HTM 01-05 guidance; for example, temperature and pressure check was documented and a daily steam penetration test was being carried out.

We were told regular infection control audits were carried out by the practice; the last one was carried out in April 2016.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal; Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in May 2016. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). However, we found that there had been issues with water temperature and this had not been detected by the practice. The practice manager contacted the relevant body to investigate the water temperature on the day of the inspection.

There were good supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff members. There were hand washing facilities in the decontamination rooms, treatment rooms and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. We saw evidence of this in the staff records looked at.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we

Are services safe?

saw documents showing that the autoclave, X-ray and firefighting equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

We noted dental materials were stored in a fridge as per manufacturer's guidance and that temperature checks were being carried out to ensure that items were being stored at the correct temperature

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. The local rules relating to the equipment were held.

There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment were due to be assessed by an external radiation protection adviser (RPA). We were provided evidence that the assessment had been booked for June 2016. There was no inventory of X-ray equipment on the day of the inspection. We were however provided with this on the day after the inspection.

One of the dentists was the radiation protection supervisor (RPS). There was evidence that they had completed the necessary radiation training. The last X-ray audit was carried out in May 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with two dentists. We found that the dentists regularly assessed patients' gum health and soft tissues (including lips, tongue and palate). The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentists always checked people's medical history and medicines they were on prior to initiating treatment.

We checked a sample of dental records and it was evident that a risk based approach to dental recalls had been implemented in line with national guidance.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The dentist also carried out examinations to check for the early signs of oral cancer.

Staffing

Staff told us they received professional development and training. We reviewed four staff training records and saw that staff had completed continuing professional

development (CPD) in the subjects recommended by the General Dental Council such as managing patients with medical emergencies, radiography, infection control and safeguarding children and adults at risk training.

There was a system in place to cover staff absenteeism and evidence that staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated.

Working with other services

We were told that the practice referred patients who needed oral surgery or sedation to specialists as necessary and that patients were not given a copy of the referral letter, unless requested. However, we were told that the practice manager tracked referrals made. We were told that when the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff members were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. (The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). We were told that staff had received training in this area and we saw evidence of this.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback received from patients who completed the CQC comment cards was positive. They mentioned staff's caring and helpful attitude.

We observed staff were welcoming and helpful when patients arrived to book an appointment. The receptionists spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Dental care records were stored in paper format and electronically. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained.

The computer screen at reception was positioned in such a way that patient confidentiality was well maintained and confidential patient information could not be seen by others across the reception desk. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

Details of NHS and private dental charges and fees were displayed in the waiting area. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. Patient's confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. The practice was on the ground and first floor; patients in wheelchairs could not gain access to the surgeries as they were all on the first floor. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Access to the service

The practice was open Mondays to Thursday 8am-7pm, Fridays from 8-am-3.30pm and Saturdays from 9am-2pm.

Patients could book an appointment in advance. Patients told us that they were able to get an appointment in good time but overall did not have any concerns about accessing the dentists.

We asked a receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We reviewed 10 of the complaints received in the past year and saw that they had been investigated and resolved.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and relevant policies and procedures were in place.

However, the governance arrangement in place needed improvements so that 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 activity could be fully identified and mitigated.

We saw a risk assessment in place for fire safety and a Legionella risk assessment had been undertaken; however the high risk actions identified in the fire risk assessment had not been acted upon to minimise risks. We also found that water temperature tests carried out by the practice staff identified a potential problem with the hot water system and this had not been addressed by the practice. There was no inventory of X-ray equipment and the X-ray machine was four months overdue for a service, although this had been arranged for June 2016. We also found that instrument rinsing and drying during the decontamination procedure was not being fully performed in accordance to HTM 01-05.

Members from the organisation's management team assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

There was information available to assure us that staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. There was evidence that staff had attended recommended training

such as in safeguarding vulnerable adults and children at risk, medical emergencies, infection control and radiation training. There was also evidence that necessary recruitment checks had been undertaken.

We were told practice meetings took place regularly and we saw evidence of this.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. Staff had a good, open working relationship with the practice manager. There was a system of undertaking staff appraisals to support staff in carrying out their roles to a high standard and staff had a good, open working relationship.

Learning and improvement

We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records. An infection control audit had been completed in the past six months.

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

Staff said they could approach the practice manager with feedback at any time, and we found the practice manager was open to feedback on improving the quality of the service.