

Oracle Dental Limited

Oracle Dental Clinics

Shrewsbury

Inspection Report

10 Longbow Close
Harlescott Road
Shrewsbury
Shropshire
SY1 3GZ

Tel: 01785 246881

Website: www.oracledental.co.uk

Date of inspection visit: 19 March 2018

Date of publication: 11/06/2018

Overall summary

We carried out a focused inspection of Oracle Dental Clinics Shrewsbury on 19 March 2018.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We carried out the inspection to follow up concerns we originally identified during a comprehensive inspection at this practice on 26 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and to check on information we received following the inspection of 26 June 2017 relating to this aspect of care at this practice.

At a comprehensive inspection we always ask the following five questions to get to the heart of patients' experiences of care and treatment:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

When one or more of the five questions is not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area where improvement was required.

At the previous comprehensive inspection we found the registered provider was providing safe, effective, caring and responsive care in accordance with relevant regulations. We judged the practice was not providing well-led care in accordance with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Oracle Dental Clinics Shrewsbury on our website www.cqc.org.uk.

The provider had failed to address issues we had raised in our previous report; the provider must ensure action is taken to address all outstanding issues. We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Summary of findings

Full details of the regulation the provider is not meeting is at the end of this report.

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

- Review the practice's protocols and procedures for the use of laser equipment in compliance with The Medicines and Healthcare Regulatory Agency (MHRA) Lasers, intense light source systems and LEDs- guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).

Our findings were:

Are services well-led?

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

The provider had made insufficient improvements to put right the shortfalls and had not dealt with the regulatory breach we found at our inspection on 26 June 2017.

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 well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

The provider had made some improvements to the management of the service. This included audit systems being introduced to assess, monitor and improve the quality and safety of services being provided. Improvements had been made to stock monitoring systems and routine fire drills were now being held for staff. Evidence was available to demonstrate that issues for action identified in the legionella risk assessment had been addressed and staff who operated the dental laser had undertaken or were in the process of completing training regarding its use. Evidence was available to demonstrate that the dental nurse who worked alongside the consultant anaesthetist during dental sedation had received training.

Evidence was not available to demonstrate that all issues identified at our inspection on 26 June 2017 had been addressed. This included for example lack of evidence to demonstrate

- staff training in management of medical emergencies and the dental implant service,
- comprehensive pre-recruitment checks and,
- well-maintained dental care records

**Requirements
notice** 

Are services well-led?

Our findings

At our inspection on 26 June 2017 we judged that the practice was not providing well led care and told the provider to take action as described in our Requirement Notice. At the inspection on 19 March 2018 we noted the practice had made the following improvements to meet the requirement notice:

- Evidence was available to demonstrate that the practice were completing audits to assess, monitor and improve the quality and safety of services being provided. We saw audits regarding X-rays, clinical waste, dental care records, patient referrals, prescriptions, hand hygiene and infection prevention and control. All of these audits were completed during 2018 and all had been reported on; where issues for action had been identified, action plans were available.
- Improvements had been made to stock monitoring systems. Medicines and equipment checked during this inspection were within their expiry date.
- Evidence was available to demonstrate that seven staff had completed a fire drill on 9 January 2018. A fire drill log book was available.
- A legionella risk assessment had been completed in November 2016; actions identified from this inspection had not been addressed at our last inspection of the practice. A further risk assessment had been completed and we were told that all actions identified during the previous risk assessment had been addressed. We asked for evidence that staff had completed legionella training. We were told that this training was to be booked. Following this inspection we were sent confirmation that legionella training had been booked for some staff in May 2018. We were also sent a copy of the in-house training to be provided to all staff in March 2018 and a copy of the practice manager's legionella training certificate.
- We looked at the records kept regarding the monitoring of hot and cold water temperatures. We saw that a log sheet was available. This did not record the exact date that the water temperature was taken. There was no evidence that when an issue had been identified, the correct action had been taken to address that issue. Following this inspection we were told that new water temperature logs would be introduced.

- Evidence was provided to demonstrate that one dental nurse had completed an update in conscious sedation in March 2017. A consultant anaesthetist from a local hospital completed the sedation at the practice with support provided by the sedation trained dental nurse.
- We could not find evidence of up to date indemnity insurance for all of the dentists or dental nurses that worked at the practice. The practice manager was aware that some information was not available. We also identified that some indemnity insurance had expired and new certificates of insurance were not on file. Following this inspection we were sent copies of indemnity insurance as required.
- We discussed the use, servicing and maintenance of the dental laser with the practice manager. We were shown a laser file which contained a copy of the local rules and the laser maintenance log which had not been completed. We asked for evidence of training undertaken by staff using the laser. We were shown evidence to demonstrate that the dental hygienist was undertaking a course regarding dental lasers. Following this inspection we saw evidence to demonstrate that the dentist had completed an on-line examination in 2015 with associated training. We were also forwarded evidence to demonstrate that routine maintenance and a service check had been completed on the laser.

The provider had failed to take action to address the following shortfalls we identified in our previous inspection:

- Not all staff had completed update training regarding medical emergencies. The practice manager confirmed following the inspection that a training course had been booked for May 2018. We were told that nine staff were booked on to this training course. We were not provided with evidence to demonstrate that two staff members had completed or had booked on to a training course to receive update training regarding this.
- Not all dental care records that we were shown contained evidence of verbal or written consent or treatment plans. These records did not demonstrate that patients were given treatment options or information about any risks involved in their proposed treatment.



Are services well-led?

- We asked for evidence of continuing professional development training for those dentists who provided a dental implant service. This information was not available during our inspection and has not been provided since this inspection visit.
- Staff recruitment information that we saw did not demonstrate that the practice obtained all information as per Schedule 3 of the Health and Social Care Act. We saw that the practice's recruitment policy required two written references to be obtained. We looked at the recruitment records of the staff members employed since the last inspection. There was lack of satisfactory evidence of conduct in previous employment concerned with the provision of services relating health or social care, or children or vulnerable adults. We were told that staff references were kept at head office and that occasionally references were requested but no response was received. We did not see any evidence that references had been requested or received for these staff.
- We requested to see evidence that Disclosure and Barring Service (DBS) checks had been completed for all staff. The practice manager told us that they were in the process of obtaining DBS checks for those staff that did not have them. Following this inspection we were provided with evidence that DBS checks had been requested for some staff. There was no evidence for one member of staff whose current DBS check was for a different job role at a previous place of employment. No supporting risk assessment had been completed as part of the recruitment process.
- The practice did not have evidence that they had access to a Laser Protection Advisor (LPA).

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• There were no systems or processes that enabled the registered person to ensure that accurate complete and contemporaneous records were being maintained securely in respect of each patient. In particular:• Not all patient dental care records that we saw contained evidence of written or verbal consent or treatment plans.• There were no systems or processes that ensured the registered person maintained securely records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities and the management of the regulated activity or activities. In particular:• Two staff recruitment records that we were shown did not demonstrate that DBS checks had been completed.• We asked for, but were not provided with evidence to demonstrate that staff had completed any continuous professional development training regarding dental implants. <p>Regulation 17</p>