

Oxforce Limited

Oxforce Limited

Inspection report

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Website: None

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Overall summary

We carried out an announced comprehensive inspection of Oxforce Limited on 24 November 2017 and found that the service was not meeting regulations and requirement notices were issued. On 9 May 2018 an announced focussed inspection was carried out to follow up on the requirement notices and found that the issues we identified at the previous comprehensive inspection had not been resolved. The full reports from these inspections can be found by selecting the 'all reports' link for Oxforce Limited on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 July 2018 to follow up on a warning notice the Care Quality Commission served on 18 May 2018 following the focussed inspection in relation to Regulation 17 (1) Good Governance of the Health and Social Care Act 2008. The practice was required to correct the regulatory breaches set out in the warning notice by 29 June 2018. At this inspection we found that the provider had taken action in respect of the warning notice.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

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

Are services well-led?

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

Our key findings were:

- Infection prevention control processes met the requirements set out in the Health Technical Memorandum – HTM01-05.
- There was a process in place to ensure oversight that training and competencies were maintained.
- There were suitable governance frameworks in place to support the delivery of services.

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?

The provider had addressed the breaches of Regulation 17 – Good Governance that had been identified during the previous inspections and set out in the warning notice sent to the provider.

At this inspection on 31 July 2018 we found;

- Infection prevention control processes met the requirements set out in the Health Technical Memorandum – HTM01-05. For example, decontamination procedures and audits had been undertaken which assessed adherence to HTM01-05 standards.
- Proof of vaccinations, such as Hepatitis B, were in place for appropriate staff.
- A risk assessment relating to patient latex allergy, was in place.

Are services effective?

The provider had addressed the breaches of Regulation 17 – Good Governance that had been identified during the previous inspections and set out in the warning notice sent to the provider.

At this inspection on 31 July 2018 we found;

- Documentation was in place to demonstrate that the anaesthetist employed by the service had the appropriate qualifications and competencies, including revalidation with the Royal College of Anaesthetists.
- There was a process in place to ensure oversight of training and competencies was maintained.

Are services well-led?

The provider had addressed the breaches of Regulation 17 – Good Governance that had been identified during the previous inspections and set out in the warning notice sent to the provider.

At this inspection on 31 July 2018 we found;

- Leadership within the service had identified the non-clinical systems and processes required to run services safely.
- The service had put in place suitable governance frameworks to support the delivery of services. For example: infection control and staff training requirements
- Policies and risk assessments were in place and risks that we identified previously had been considered and acted upon to reduce risks to patients.

Oxforce Limited

Detailed findings

Background to this 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). 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.

Services are provided from:

69-71 Banbury Road

Oxford

Oxfordshire

OX2 6PE

The provider is registered to provide the following regulated activities: Diagnostic and screening, procedures, treatment of disease disorder and injury and surgical procedures.

We inspected Oxforce Limited on 31 July 2018. A dental nurse specialist adviser and a lead inspector undertook the inspection.

We spoke with staff who worked for the service. We spoke with the registered manager who is also the registered person. We reviewed documentation related to the management of the service. The premises are leased and shared with an orthodontal practice. The services are provided on the second floor.

To get to the heart of patients' experiences of care and treatment, we asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during this inspection

Are services safe?

Our findings

At our previous inspection in November 2017 we identified risks associated with infection control, storage of prescriptions and staff checks which had not been identified, assessed and mitigated.

At the follow up inspection in May 2018 we found that some improvements had been made but some risks remained and had not been acted upon, specifically those related to infection control and a warning notice was served where the practice was required to correct the regulatory breaches by 29 June 2018.

Safety systems and processes

At the inspection in May 2018, we found that the registered manager who was also the surgeon did not have any proof of vaccinations, such as Hepatitis B vaccination or immunity which may be required to undertake clinical work. At this inspection we were provided with evidence that the surgeon had immunity to Hepatitis B.

Risks to patients

At the inspection in May 2018, we identified areas of practice which did not meet infection control requirements as detailed in the Health Technical Memorandum (HTM01-05). At this inspection we found improvements had been made which ensured compliance with the regulations. Specifically:

- Three infection prevention control audits had been undertaken which assessed adherence to all standards within HTM01-05 requirements. All three audits demonstrated improvements had been made. For example, areas where the practice now achieved 100% compliance included, prevention of BB virus, environmental design and cleaning and management of dental medical devices.
- The practice was now using an enzymatic cleaner for cleaning instruments prior to sterilisation, which was in line with HTM01-05 requirements.
- The practice now had two face masks, one specifically designated for decontamination purposes and one for use in the surgery as part of their personal protective equipment.
- The decontamination room had clearly identified zones to ensure clean and dirty instruments and equipment were stored separately which met the essential requirements of HTM01-05.
- A risk assessment was in place to ensure patients with an allergy to latex were appropriately identified. Systems were in place to ensure allergies were recorded on patient's notes.
- However, there was no body fluid spillage kit on the premises. We raised this on the day of the inspection and were sent evidence the same day that a kit had been purchased and would be in place within two days.

Are services effective?

(for example, treatment is effective)

Our findings

At the inspection in November 2017, we identified that there was not an adequate system to identify what training was required periodically by staff to ensure they had the skills and awareness required to deliver the regulated activities. At the follow up inspection in May 2018 we found that this had not been addressed and found that the risks remained. A warning notice was served where the practice was required to correct the regulatory breaches by 29 June 2018.

Effective staffing

At this inspection we were shown documentation that confirmed that the anaesthetist had maintained the skills and awareness required to provide care safely. We saw a summary of continuing professional development undertaken and revalidation documentation by the Royal College of Anaesthetists for 2016-17. There was a process in place to ensure oversight of training and competencies was maintained.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

At the inspection in November 2017 we found that the governance arrangements were not sufficient. Leadership was not always in place to ensure tasks and monitoring processes were undertaken. At the inspection in May 2018 we found that risks we had identified had not been assessed and mitigated by implementing appropriate governance systems. A warning notice was served where the practice was required to correct the regulatory breaches by 29 June 2018.

Leadership capacity and capability;

Leadership within the service had identified the non-clinical systems and processes required to run services safely. The registered manager attended the premises to provide care to patients for only a few days a month. This limited their ability to manage non-clinical aspects of the regulated activities provided onsite and there was no one allocated to deputise on these management functions. The member of staff present on each day was undertaking

additional training in practice management to support continued improvement in this area. This meant that there was sufficient resource in place to enable effective governance processes such as infection control and staff training.

Governance arrangements

The service had put in place suitable governance frameworks to support the delivery of services. For example:

- Infection control processes were supported by policies and regular audits.
- There was oversight of staff training requirements. A diary system had been put into place which provided alerts when updating or training was due to be undertaken. Staff files now had a cover sheet detailing training and recruitment information requirements.
- Policies and risk assessments were in place and risks we identified had been considered and acted upon to reduce risks to patients.