

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oakthorpe Dental

27 Oakthorpe Road, Oxford, OX2 7BD

Tel: 01865515755

Date of Inspection: 24 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oakthorpe Practices Limited
Registered Manager	Mrs. Seetal Patel
Overview of the service	Oakthorpe Dental offers private dental treatment for adults and NHS treatment for people under the age of 18.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During our visit to Oakthorpe Dental we met with the registered manager. We spoke with two members of staff and with four people who used the service.

People told us their treatment options were explained to them. They told us they were able to get appointments to suit them. One person said "it is very easy to get an appointment" another said their appointment was "chosen to suit".

We spoke with four people who used the service and they told us they were happy with the treatment they had received. One person described their treatment as "an integrated care package". They appreciated being able to see the dentist and hygienist on the same day and said "one visit is very helpful".

The practice was clean and tidy. Personal protection equipment was used appropriately and infection control policies were followed. This meant the risk of cross infection was reduced.

Staff told us they felt well supported and that "we all get on very well".

The provider had effective and adequate systems in place to monitor the quality of service that people received. We saw that complaints had been dealt with efficiently and effectively.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw people being greeted politely and professionally at a main reception area. The receptionist then directed people to the waiting rooms which were on both floors. People were treated with respect and with regard to their privacy. For example, the dentist called each person in for treatment personally. Staff explained there were arrangements in place for people to speak in private if they wanted to; surgery rooms that were not in use were used for this purpose. We saw that all treatments took place in private. The provider was moving from a manual record system to holding electronic records for people who used the service. The risk of people seeing personal information relating to others was reduced because paper records were held securely behind the reception area. The computer screen at the reception was positioned so that people could not see the information on the screen. Staff had personal passwords to access the computerised records system.

Peoples' diversity, values and human rights were considered. People who received treatment were able to be accompanied if they requested or needed someone with them. We saw one person accompanied by a relative giving them support communicating with the dentist. The premises enabled people with a physical disability to gain access and receive treatment in ground floor surgery rooms. We saw a person in a wheelchair gain access and receive treatment.

People expressed their views and were involved in making decisions about their care and treatment. People who used the service told us that options for their treatment were discussed with them and they understood the care and treatment choices available to them. One person told us "I had a choice, I have a crown or I don't have a crown it's my choice". Treatment charges were clearly displayed at the reception desk and people we spoke with told us that they were informed of the fees at the time they agreed their treatment plans. A person we spoke with told us they had required an urgent appointment and "they did very well in getting me in and they go as far as they can to accommodate me".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The people we spoke with were very happy with their treatment. A person we spoke with told us explanations of treatment were "very thorough. I think this is good as I knew the scope of my treatment". Another person said "things are always explained very clearly. I have often been given two or three treatment options. I have been impressed with the advice given". Three people told us they chose the service based on recommendation. One of them said "I've been happy with the service" and "Up to this moment the service has been good as far as I am concerned". We asked people to describe the treatments they had received recently. What they told us matched their treatment records. We saw evidence that treatment plans explained to people were backed up with a written plan sent to them by e-mail or in the post.

The dentists worked to an agreed set of abbreviations on people's treatment records. People were therefore, able to see any dentist at the surgery and their treatment plan could be followed.

The staff we spoke with were aware of the policies and procedures in place to promote the care and welfare of staff members and the people who use the service. There were policies covering areas such as clinical governance, quality assurance, patient care and safety, decontamination and fire safety. The policies we saw were supported by relevant research and guidance.

There were arrangements in place to deal with foreseeable emergencies. This consisted of a clear emergency policy which staff we spoke with were aware of. Staff described to us what they would do in an emergency and this followed the policy. An emergency box containing medicines, oxygen cylinder and face masks were held in the staff room. The emergency box was sealed and had an expiry date tagged to it. The provider told us it did not have to be checked whilst sealed. A contract was in place with the local ambulance service to replace the entire box at expiry date or if used. We saw that the electronic treatment records contained an alert for people with identified medical risks for example, allergies. The dentist treating a person would see any specific risk on the person's record before starting their treatment. We saw this on treatment records and people told us that

their medical histories were updated at each visit.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We found the surgery to be very clean and tidy. General cleaning was undertaken by one member of staff with cover arranged when they were absent. The provider had a clear cleaning schedule for both clinical rooms and general areas. Dental nurses were responsible for cleaning the dental chair and equipment between each treatment. We observed this taking place. Cleaning materials were stored on a designated shelf away from other items. Different mops and buckets were used for clinical and non-clinical areas.

The risk of cross infection was reduced because clinical waste was held away from general waste in a locked cupboard. The certificates of collection were held on file in accordance with regulations. The provider held an up to date contract for the collection and disposal of clinical waste.

A toilet was designated for people who used the service. This was clean on the day of our visit. There was a plentiful supply of soap in a dispenser and hand drying facilities as was required.

We looked at the infection control policy. The policy was comprehensive and up to date. The premises did not have a dedicated decontamination room. Decontamination of instruments and equipment was carried out in each of the surgery rooms. Non vacuum sterilisers were used. We observed a member of the clinical team carrying out the decontamination process. Their practice met the requirements contained in the current guidelines issued by the department of health. We looked at the records of autoclave tests. The records were complete and showed that the equipment had passed the necessary checks.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to a high standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with two members of staff who told us they had received induction training when they started their jobs. Their personal files showed this had taken place. We found evidence of staff receiving mandatory training in basic life support and infection control within the last year. Staff told us, and their personnel records confirmed, that they had an appraisal with the registered manager. The staff records held a brief record of the discussion and outcome of the appraisal meeting. One member of staff commented "I am very happy, feel comfortable and well supported".

The provider may wish to note that records of appraisals were not signed by both parties. We advised the registered manager of this at the time of our visit. They told us they would devise a structured appraisal and ensure both parties signed the appraisal record in the future.

The registered manager (owner) had taken over in November 2012. A member of staff told us that they had been "kept informed during changeover and the registered manager is great". They also said the registered manager is "always ready to listen if we look at a training opportunity". Staff held their professional development records personally and we were not able to see evidence of verified training being completed.

We reviewed the notes of three staff meetings held in December 2012, January 2013 and April 2013. Issues discussed included cross infection policies, on call and appointment times. Staff confirmed frequent meetings took place. The registered manager told us they were aiming to increase the frequency of team meetings

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about care and treatment and they were acted upon. We saw completed satisfaction questionnaires from November 2012 completed by people who used the service. The registered manager told us the results were due to be summarised.

The complaints policy was on display at reception. Staff we spoke with were clear about what to do if a person told them they wanted to complain about their care or treatment. The receptionist told us they had dealt with a person who wanted to make a complaint. The person submitted a written complaint and then withdrew it. The complaint and retraction were held in the complaints file. We saw evidence of two further complaints that were dealt with appropriately.

The registered manager carried out the required audit of infection control. We reviewed the results of the last two audits. The results were satisfactory. Data relating to use of x-rays had been collected and the registered manager told us that they intended to bring the data together to form an audit. The registered manager took responsibility for the surgery in November 2012. They told us they were in the process of developing an audit plan for the year ahead.

We looked at the accident and incident records. An accident was recorded in February 2013. We saw evidence of the registered manager issuing instructions to staff to avoid similar accidents occurring in the future.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
