Oasis Dental Care (Southern) Limited

Oasis Dental Care Southern - Cambridge

Inspection Report

45 Glisson Road Cambridge CB1 2HA
Tel: 01223 350030
Website: cambridge@oasisdentalcare.com

Date of inspection visit: 21 February 2017
Date of publication: 29/03/2017

Overall summary

We carried out an announced comprehensive inspection on 21 February 2017 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

Background

Oasis Dental Care Cambridge provides both private and NHS treatment to adults and children. The practice is part of Oasis Dental Care Limited, and one of 28 practices in the region. The team consists of seven dentists, four part-time hygienists, five dental nurses, two receptionists and practice manager. It is open on Mondays to Fridays from 8am to 5pm and serves about 8,000 patients.

The practice is situated in a converted residential property and has five treatment rooms and a decontamination room for sterilising dental instruments. There are two waiting areas, a reception area, manager's office and staff room.

The practice manager is registered with the Care Quality Commission (CQC) as an individual. 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.

Our key findings were:

- Information from 23 completed Care Quality Commission comment cards gave us a positive picture of a caring, professional and high quality service.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The treatment rooms and decontamination suite were well organised and equipped, with good light and ventilation.

Summary of findings

- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.
- Risk assessment was robust and action was taken to protect staff and patients.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice had faced some significant staffing difficulties that had affected team morale and continuity of care for patients. However new staff had recently been appointed and staff were confident that the situation would improve as a result.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result
- Review providing the dental hygienist with the support of an appropriately trained member of the dental team at all times.

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 robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Risk assessment was comprehensive and effective action was taken to protect staff and patients. There were sufficient numbers of suitably qualified staff working at the practice and recruitment practices were robust.

The recording of untoward incidents needed to improve to ensure that all incidents were monitored and action taken to prevent their reoccurrence.

No action ✓

Are services effective?

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

There were sufficient numbers of suitably qualified staff working at the practice who had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice kept detailed electronic records of the care given to patients including comprehensive information about patients' oral health assessments, treatment and advice given. Records showed that patients were recalled in line with national guidance and screened appropriately for gum disease and oral cancer.

No action ✓

Are services caring?

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

We collected 23 completed patient comment cards and obtained the views of a further four patients on the day of our visit. These provided a very positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining the treatment that was proposed. They told us they were involved in decisions about their treatment, and did not feel rushed in their appointments. Staff gave us specific examples where they had gone beyond the call of duty to support patients.

Policies and procedures in relation to data protection, security and confidentiality were in place and staff were aware of these.

No action ✓

Are services responsive to people's needs?

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

Good information about the service was available for patients both at the practice itself on its website. Appointments were easy to book and patients were able to sign up for text reminders for them. Patients could access treatment and urgent and emergency care when required.

No action ✓

Summary of findings

The practice had made some adjustments to accommodate patients with a disability and there was access to a hearing loop and translation services. There was a clear complaints' system and the practice responded appropriately to issues raised by patients.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding practice based staff meetings which were documented for those staff unable to attend. There were clearly defined leadership roles within the practice and staff told us they felt well supported and enjoyed their work. The practice had a number of policies and procedures to govern its activity and systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve its services.	**No action** 

Oasis Dental Care Southern - Cambridge

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.

The inspection was carried out on 21 February 2017 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with three dentists, two dental nurses and a receptionist. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 27 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection.

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

Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and we noted that RIDDOR guidance was available in the practice. The practice had specific policies in relation to incident reporting and a specific incident reporting form. Any significant events were reported to Oasis Dental Care's head office. These were reviewed by the clinical governance team and analysed for any trends. Recommendations or changes in procedures were shared with all of Oasis Dental Care's member practices.

The practice also had a report booking in which to record any accidents. However we were told of three patient feints but was no record of these incidents in the accident book so it was not clear how any learning form them shared.

National patient safety alerts were sent to the practice and then disseminated to relevant members of staff for action if needed. Staff we spoke with were aware of recent alerts affecting the dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had a comprehensive safeguarding policy in place and information about how to report concerns was widely available around the practice in treatment rooms and the staff room. One the dentists' was the appointed lead for all safeguarding matters in the practice.

Records showed that all staff had received safeguarding training for both vulnerable adults and children. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. Minutes form the staff meeting held in October 2016 showed that a hypothetical safeguarding scenario had been discussed to ensure staff knew how to respond. The practice manager told us the computer system allowed for 'pop ups' to appear on screen which could be used to indicate if concerns about a patient. The practice had undertaken disclosure and barring checks for all staff to ensure they were suitable to work with vulnerable adults and children

The practice had minimised risks in relation to used sharps (needles and other sharp objects, which might be contaminated). Staff spoke knowledgeably about action they would take following a sharps' injury and a sharps' risk assessment had been completed. Recommendations from this assessment such as using single-use matrix and bands and magnetic bur holders had been implemented. Guidance about dealing with sharps' injuries was on display near where sharps were used and clinicians used a safety sharps systems that allowed them to dispose of dirty needles without the need to re-sheath them.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. Dentists told us they regularly used rubber dams and we saw that kits were available in the practice

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An automated external defibrillator (AED) was available and staff had received training in how to use it. Staff had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Weekly recorded checks of the equipment were undertaken to ensure it was fit for purpose. The emergency equipment and oxygen we saw were all in date and stored in a central location advertised to both patients and staff. Equipment was held in specific drawers according to the type of emergency, so that it could be accessed easily.

The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice and these were checked each week. The emergency medicines we checked were all in date and stored correctly, although it was not clear if the expiry date for the glucagon had been reduced since it had been removed from the fridge prior to our visit.

Are services safe?

The practice had appointed trained first aiders to deal with minor injuries and there were eyewash, bodily fluid and mercury spillage kits available for use. We noted the practice had a specific 'patient transfer form' that accompanied any patient that had to go to hospital in an emergency. The form contained essential information about the patient to help hospital colleagues.

Staff recruitment

We checked recruitment records for staff which contained proof of their identity, references, their GDC registration, an employment contract, references, a record of their interview and a disclosure and barring check (DBS). The Disclosure and Barring Service carries out checks to 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 might be vulnerable. The practice had a policy of checking all staff's status with the DBS every three years to ensure they continued to be suitable to work with vulnerable patients. Only the practice manager interview prospective employees and the practice should consider having two people interview to ensure consistency and fairness in the process.

Staff told us they had received a full induction to their role at the practice, and underwent a probationary period to ensure they had the skills and knowledge for their new job.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments that described how it aimed to provide safe care for patients and staff. We viewed comprehensive practice risk assessments that 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. We also specific risk assessments for lone working and expectant mothers.

A fire risk assessment had been completed in February and the practice had appointed two fire marshals that had undertaken specific training for the role. Firefighting equipment, call points and emergency lighting were regularly tested. However staff did not practice full evacuation from the building so they knew what to do in the event of an incident. A Legionella risk assessment had been completed in February 2017 with only minor recommendations made. Water temperatures were monitored monthly to ensure they were at the correct level. Regular flushing of the dental unit water lines was completed and a biocide was used to reduce the risk of legionella bacteria forming.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and utility companies.

We noted that there was good signage throughout the premises clearly indicating fire exits, the location of emergency equipment, the name of fist aiders, stairways and X-ray warning signs to ensure that patients and staff were protected.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

The practice had comprehensive infection control policies in place to provide guidance for staff on essential areas such as hand hygiene, waste disposal, blood borne viruses and the use of personal protective equipment. Cleaning equipment was colour coded and stored according to guidance. The practice undertook regular infection control audits and most recent one showed that it met essential quality requirements. We saw that action had been taken to address identified shortfalls and the practice had wall mounted its sharps' boxes as recommended.

The practice employed an external cleaning company and we saw daily weekly and monthly cleaning accountability sheets in use. We noted that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilet, corridors and stairway. We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were separate hand washing sinks for staff. Dirty and clean zones were clearly identifiable and there was plenty personal protective equipment available for staff and patients. We noted that instruments and medical consumables held in drawers had been covered to protect them from aerosol.

Are services safe?

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. A dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. We noted that she wore appropriate personal protective equipment during the procedure including heavy-duty gloves, visor and apron. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The dental nurse used a system of manual scrubbing for the initial cleaning process, and the water temperature was checked to ensure it was below 45 degree Celsius. Following inspection with an illuminated magnifying glass, instruments were placed in an autoclave (a device used to sterilise medical and dental instruments). All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored in a large lockable bin which was secured to the wall

We noted that staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that dental staff had been immunised against Hepatitis B.

Equipment and medicines

Staff told us they had appropriate equipment for their work and enough sterilised instruments for each clinical session. The practice's equipment was tested and serviced regularly. For example, fixed wired testing had been completed in February 2017; dental chairs serviced in February 2017, the autoclaves in November 2016 and emergency lightening in January 2017. Evidence that the practice's implant units and boiler were about to be serviced were sent to us following the inspection.

Stock control was good and medical consumables we checked in cupboards and drawers were within date for safe use. The temperature of the fridge used to store temperature sensitive consumables was monitored to ensure it was at the correct level.

The practice stored prescription pads safely to prevent loss due to theft and a logging system was in place to account for any prescriptions issued. However we noted that address of the practice was not written on medicine bottle labels used for private prescriptions and need to be added.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set and the notification to the Health and Safety Executive. A copy of the local rules was available. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations. Rectangular collimation was used to confine x-ray beams.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured. Each dentist completed regular audits of the quality of X-rays and their results were checked by the provider's senior clinical staff.

These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with four patients during our inspection and received 23 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Results from the practice's own patient survey showed that 84% of respondents stated the quality of their treatment had been good.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Where relevant, preventative dental information was given in order to improve the outcome for the patient.

The practice occasionally offered conscious sedation to nervous patients and had completed two such procedures in the previous two years. We viewed the patient care records in relation to one of these. This demonstrated the procedure had been undertaken in line with national guidance; 'Standards for Conscious Sedation in the Provision of dental care' in relation to patient assessment, consent , monitoring throughout the procedure and post-operative care. However it was not clear how the dentist was keeping their skills and knowledge up to date as they were undertaking such few procedures.

We saw a range of clinical that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, the quality of dental radiographs, and infection control.

Health promotion & prevention

The practice also sold a wide range of dental hygiene products to maintain healthy teeth and gums, including interdental brushes, mouthwash and toothpaste. Free samples of toothpaste were readily available to patients. Four dental hygienists to work alongside the dentists to deliver preventive dental care and the practice's web site provided information and advice to patients about how to maintain healthy teeth and gums. The practice manager told us that staff had visited primary schools to deliver oral health education and that fluoride application clinics were held to coincide with school holidays.

Dental care record we viewed showed that patients were given advice about oral hygiene and advice about smoking cessation.

Staffing

The practice had faced considerable staffing issues prior to our inspection, with a high turnover of dental nurses and a heavy reliance on agency staff as a result. This was something that we had received concerns about, and staff told us had affected their morale and patients' continuity of care. However, three new dental nurses and a receptionist had recently been employed. In addition to this, the provider had introduced three 'floating' nurse for the region who could be called in to work at any practice that required support. Staff told us they felt confident that the issue was being resolved. The practice manager was about to go on maternity leave but told us that interim management arrangements had been sorted for her absence.

We viewed appointment records which showed that each dentist saw about 25-30 patient a day.

A dental nurse always worked with each dentist, although not always with the dental hygienists. The General Dental Council (GDC) recommends that dental staff are supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting. Staff told us it was a busy practice but that there were enough of them for its smooth running and that patient care had never been compromised. Both staff and patients told us they did not feel rushed during appointments.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. Training records showed that all staff had undertaken recent essential training including health and safety, information governance and legionella management. The practice had appropriate Employer's Liability insurance in place.

There was an effective appraisal system in place which was used to identify staff's training and development needs.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. A log of the referrals made was kept so they could be could be tracked, although patients were not routinely offered a copy of the referral for their information.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options had been explained to patients. Patients were provided with plans that outlined their treatment and its costs, which they signed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had received training in the MCA and had a clear understanding of patient consent issues. We noted that guidance about Gillick competence was available in each treatment room to remind staff when dealing with younger patients. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Additional written patient consent forms were available for more complex treatments including teeth whitening, conscious sedation and implants.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 23 completed cards and obtained the views of a further four patients on the day of our visit. These provided a very positive view of the practice. Patients told us that staff were friendly and created a relaxed and comfortable environment for them. One patient told us the dentist always gave good advice to their three children in a way they could grasp; another that staff understood their anxiety well.

During our inspection we observed that reception staff were courteous and helpful to patients. Staff gave us examples of where they had gone out their way to support patients, such as staying on late after hours to enable patients to receive dental care, walking patients home and delivering dentures to a patient in a care home. The manager told us she had plans in place to convert the practice's current OPG room to a consultation room so that patients could make important treatment decisions in a less clinical and more comfortable environment.

All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy. To maintain confidentiality electronic dental care records were password protected and paper records were securely stored. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt well informed about the options available to them. A plan outlining the proposed treatment was given to each patient so they were fully aware of what it entailed and its cost. We viewed a small sample of plans which clearly outlined the type of treatment and its cost. Results of practice's own patient survey showed that 80% of patients felt involved in decisions about their care and treatment.

The practice had a helpful website for patients that explained the symptoms and treatment of a number of dental problems such as gum disease, toothache, tooth decay, sensitive teeth and cracked teeth. Dental care records we viewed showed that treatment options were regularly discussed with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a full range of NHS treatments and patients had access to private cosmetic treatments including implants, teeth whitening and non-surgical facial aesthetics. It employed four part-time dental hygienists to support patients with the prevention of gum disease. A helpful website and information leaflet gave details about the dental clinicians, the range of treatments available and charges. We also found good information about NHS and private charges in the waiting areas to ensure patients knew how much their treatment would cost. There was a specific patient folder in each waiting room providing information about the dentist's professional registration details, the practice's complaints procedure and how personal data about them would be handled. There were toys available for children in the upstairs waiting room, but not in the downstairs one where we noted one parent try to keep two small children entertained while she waited for her appointment.

Patients told us they were satisfied with the appointments system and that getting through on the phone was easy. The practice opened from 8am to 5pm Monday to Fridays. Although it did not offer any extended hours opening times, the practice manager told us the practice occasionally opened on a Saturday morning by appointment. Information about emergency out of hours' service was available on the practice's answer phone message, but not on the front door should a patient come to the practice when it was closed. A text and postal appointment reminder service was available for patients. Two slots of twenty minutes for each dentist were reserved each day for patients requiring urgent treatment.

Tackling inequity and promoting equality

The practice had made some adjustments to help prevent inequity for patients that experienced limited mobility. There was ramp-enabled access to the practice, with a call bell for wheelchair users to alert staff of their presence. There was a downstairs level access treatment room, but no disabled toilet for patients to use. A portable hearing loop was available for patients who wore hearing aids. Translation services were available and staff spoke a number of languages between them.

Staff had undertaken training in equalities and diversity to help them understand patients' diverse needs.

Concerns & complaints

The practice had an appropriate complaints procedure in place that included the timescales within which they would be dealt and other agencies that patients could contact. Information about how raise a complaint was available for patients in the waiting areas and reception staff spoke knowledgeably about how they would deal with complaints.

We viewed the paperwork in relation to recent complaints concerns which demonstrated they had been dealt in a professional, timely way and empathetic way. Complaints were a standing agenda item at the practice's monthly meetings to ensure that any learning from them was shared across the staff team

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice supported by an area manager, and clinical and compliance staff who visited to assist her in the running of the service. The practice manager told us she met monthly with her area manager and with other managers in the region. During our inspection we met one of the provider's compliance managers, who was responsible for auditing the practice, using Oasis' bespoke quality assurance tool.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was evidence of appraisals and personal development plans for all staff. Practice specific policies were reviewed and implemented, and staff had signed to show they had read and understood them.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. All staff received training on information governance and there was a system for checking professional registrations and fitness to practice. Communication across the practice was structured around monthly scheduled meetings which staff told us they found useful. We viewed a sample of minutes that were detailed, with actions arising from them clearly documented. There were standing agenda items such as complaints, patient feedback and safeguarding.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The provider's compliance team visited us each year to complete a health and safety audit of the practice.The provider's clinical team also visited once a year to complete record card audits and offer clinicians support on any dental matters

Leadership, openness and transparency

The practice manager was an experienced and enthusiastic dental care practitioner and it was clear she was committed to improving the service. She told us of her plans to introduce a patients' newsletter, to hold practice open days and to expand the range of services on offer. Staff described her as capable and supportive. Stall told us they enjoyed their work, despite the additional pressure they had faced recently due to staffing issues.

The practice had a duty of candour policy in place and staff were aware of their obligations under the policy. The practice manager talked to us about the importance of encouraging a culture of openness and honesty.

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

Patients were asked to complete a survey that asked them for their views on a range of issues including how involved they felt in decision about their care, the quality of their treatment, cleanliness and the ease of getting an appointment. Patents were also able to leave feedback on-line and there was a comments book on the reception desk.

The practice had also introduced their own Friends and Family test as a way for patients to let them know how well they were doing, and recent results showed that 92% would recommend the practice. It was clear the practice listened to its patients and in response to their feedback had changed the position of grab rails, implemented display cabinets for dental products and written to patients to inform them of staff changes.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. We found good evidence that the practice listened to its staff and implemented their suggestions and ideas. For example, their suggestions to colour code clean and dirty areas in clinical areas, to implement communication slips between dentists and reception staff and to introduce daily protocol lists in treatment rooms had been actioned.