Oak Dental Care Ltd

Oak Dental Care Limited - Ormskirk

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 October 2015 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

Oak Dental Care-Ormskirk offers mainly private dental care services to patients of all ages. The practice has a small NHS contract including services to children. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has six treatment rooms, two waiting areas and a decontamination room. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has four dentists, a hygienist, six qualified dental nurses and a dental nurse trainee; in addition there were two receptionists. The practice is one of four within the Oak dental Care Limited organisation. A lead nurse is responsible for managing staff training and staff rotas and for infection control procedures and audits across all practices. The principal dentist and provider for the Oak dental care Limited Group is the registered manager for each of the practices. 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.

Summary of findings

The practice is open on Monday, Wednesday and Thursday from 9.00am until 5.00pm, Tuesday from 9.00am until 7.00pm and Friday from 9.00am until 4.30pm. Saturday morning appointments are available one Saturday each month in conjunction with another practice in the Oak Dental Care Group.

We viewed 45 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. In addition we spoke with three patients on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was overwhelmingly positive about the care they received from the practice. They commented staff were caring and respectful and that they had confidence in the dental services provided. Patients told us that staff put them at ease and listened to their concerns.

Our key findings were:

- There were systems in place to help ensure the safety of staff and patients. These included maintaining the required standards of infection prevention and control and responding to medical emergencies
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- Patients commented they felt involved in their treatment and that it was fully explained to them. We reviewed 45 CQC comment cards that had been completed by patients. Common themes were patients felt they received very good care in a clean environment from a helpful practice team.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were defined leadership roles within the practice and there was a range of clinical and non-clinical audits undertaken to monitor the quality of the service.

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

- Implement a process to assure compliance with the annual monitoring of the quality of the water supply.
- Review how documentation relating to policies and procedures are maintained; in order to ensure they are up to date and easily accessible to staff in the practice.
- Review how the actions arising from audits are recorded to evidence changes made and provide assurance that changes are implemented in a timely manner.
- Review the process in place regarding the storage and dispensing of high fluoride toothpaste, having due regard to current guidelines.

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 to assess and manage risks to patients; these included maintaining the required standards of infection prevention and control, health and safety and responding to medical emergencies. Medicines and equipment for use in the event of a medical emergency were safely stored and checked to ensure they were in date and safe to use.

Staffing levels were safe for the provision of care and treatment. Equipment used in the dental practice was well maintained. This included equipment used for decontamination of dental instruments and carrying out X-rays.

The practice dispensed higher-fluoride toothpaste to patients who had been previously prescribed it by their dentist. Following discussion the principal dentist confirmed they would review how this medicine was stored and dispensed giving due regard to current guidelines.

Are services effective?

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

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent.

Are services caring?

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

We looked at 45 CQC comment cards patients had completed prior to the inspection and spoke with three patients attending the service on the day of the inspection. Comments were overwhelmingly positive about the care and respect they received from practice staff.

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. The practice supported patients to attend their forthcoming appointment by having a text reminder system in place. They offered extended opening hours each Tuesday to support patients to arrange appointments in line with other commitments. There were clear instructions for patients requiring urgent care when the practice was closed.

The practice had made adjustments to meet the needs of patients including providing ease of access into the building for patients with limited mobility and families with prams and pushchairs.

There was a procedure in place for responding to and learning from complaints, concerns and suggestions made by patients.

Summary of findings

Are services well-led?

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

The practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example for use of equipment, administration of local anaesthetics, surgical procedures and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. Staff described changes made as a result of the audits. There were no formal action plans in place to identify actions required and monitor progress with implementing changes. There was a full range of policies and procedures in use at the practice. There was no clear process in place to ensure they had been reviewed as required and were easily accessible to staff in the practice.

Oak Dental Care Limited - Ormskirk

Detailed findings

Background to this inspection

This inspection took place on the 20 October 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with practice staff including, three of the dentists, the dental hygienist, the lead nurse, three dental nurses and a receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

The practice had systems in place to learn from and make improvements following any accidents or incidents. The practice had accident and incident reporting procedures which included information and guidance about the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

We reviewed accidents that had taken place in the last 12 months and found the practice had responded appropriately. There had been no serious incidents but the staff we spoke with were aware of their responsibilities for reporting any serious incident or injury.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff.

Reliable safety systems and processes (including safeguarding)

The practice had safety systems in place to help ensure the safety of staff and patients. These included a risk assessment regarding handling sharps and guidelines about responding to a sharps injury (needles and sharp instruments). We spoke with the lead dental nurse about the prevention of sharps injuries. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. Only the dentist was responsible for disposing of used needles. Dentists we spoke with told us they were confident about the system in place. We saw that sharps bins were appropriately positioned in the treatment room and were not over full. The systems and processes we observed were in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. There had been no needle stick injuries in the last 12 months.

Rubber dams were used routinely in root canal treatment in line with guidance from the British Endodontic Society. 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.

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. They included the contact details for the local authority safeguarding team, social services and other relevant agencies The lead nurse confirmed the flow chart with contact details would be displayed in the practice to ensure staff had easy access to the information.

The principal dentist was the safeguarding lead professional for the practice and all staff had undertaken safeguarding training in the last 12 months. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They told us they were confident about raising any concerns to the safeguarding lead dentist.

Medical emergencies

The practice provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored on the ground floor with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed staff carried out checks to ensure the AED and emergency medicines were safe to use. An up to date certificate of testing of the oxygen cylinder by an external specialist was in place, however this was not recorded on the cylinder. Staff told us weekly in house checks of the oxygen cylinder were carried out but not recorded. The oxygen cylinder gauge indicated it was full. The principal dentist told us they would address this immediately, in order to provide assurance that up to date and timely checks were being carried out.

Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. One of the dentists attended additional medical emergency training to support them to respond quickly to medical emergencies.

Are services safe?

Staff recruitment

A recruitment policy and set of procedures were retained in the principal dentist's main practice, along with staff files. The lead nurse was knowledgeable about the requirement to seek references, check qualifications, identification and professional registration as part of the recruitment process. Disclosure and Barring Service (DBS) checks were carried out for all for all newly employed clinical staff. These 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. No new staff had been appointed to the Ormskirk practice in the last 12 months. Staff confirmed they had job descriptions and contracts of employment.

The lead nurse for Oak Dental Care checked the professional registration for newly employed clinical staff and each year to ensure that professional registrations were up to date. Indemnity insurance was in place for all members of staff. There was employer's liability insurance in place which covered employees working at the practice.

Monitoring health & safety and responding to risks

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. Risks identified covered the health and safety concerns that arise in providing dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on fire safety and handling sharps (needles and sharp instruments). We saw there was an independent fire risk assessment of the building carried out in April 2015. Fire extinguishers had been regularly serviced and were available at appropriate points in the practice. Records showed monthly checks of the fire alarm and emergency lighting were carried out.

The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered provider had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice had procedures in place to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included key contact numbers for IT and facilities support. Oak Dental Care reviewed health and safety across their practices using on-line external support which the lead nurse could access and update as required. They told us they were planning to attend health and safety training in the next three months to support them to carry out regular health and safety audits at each practice.

Infection control

The lead nurse was the infection control lead professional and they worked with the principal dentist to ensure there was an infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to supplies of protective equipment for patients and staff members.

Are services safe?

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented. This helped to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. The lead dental nurse described the decontamination process to us. There was a clear flow from dirty to clean areas within the decontamination room.

The lead nurse showed us the procedures involved in cleaning, inspecting, sterilising, packaging and storing clean instruments. The practice routinely used a washer-disinfectant machine to clean the used instruments, then examined them visually with an illuminated magnifying glass to check for any debris or damage, then sterilised them in one of two autoclaves (sterilising machines). A vacuum type autoclave was used for sterilising implant and surgical equipment in line with guidance. Sterilised instruments were then placed in sealed pouches with a use by date.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment for Legionella had been carried out in the practice in 2013 by the lead nurse and preventative measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients. (Legionella is a term for particular bacteria which can contaminate water systems in buildings).

We saw a certificate, covering the period June 2014 to June 2015, from an external water quality specialist which confirmed the practice maintained a quality water supply from the dental equipment. However this had not been renewed at the time of the inspection. The lead nurse confirmed a renewal of the certificate was being arranged as soon as possible.

The practice carried out the self- assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards. Action plans arising from the audits were not recorded; however the lead nurse described changes made as a result of the auditing process.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly and for the reporting and maintenance of faulty equipment. Records showed these were up to date, including for the s autoclaves, fire extinguishers and the X-ray equipment.

The lead nurse described the results of their recent audit regarding the recording of the batch numbers of local anaesthetics both in patient care records and on a paper log. This had identified that this was not being completed routinely. The practice was introducing an electronic prompt within the patient record to ensure these were recorded consistently in the future. Further audits were planned over the next few months to ensure this was fully implemented.

The dentists used the British National Formulary to keep up to date about medicines. NHS and private prescriptions were generated by the dentist as required. Prescription pads were securely stored and details were recorded in patients' dental care records of all prescriptions issued. The practice dispensed higher-fluoride toothpaste to patients who had been previously prescribed it by their dentist. Following discussion the principal dentist confirmed they would review how this medicine was stored and dispensed giving due regard to current guidelines.

Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out every three months for each dentist. The results of the most recent audit in 2015 confirmed they were meeting the required standards.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed a sample of dental care records and found they provided information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health.

The dentist used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Medical history checks were updated at every check-up. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits.

Health promotion & prevention

The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; there was a selection of dental products on sale to assist patients maintain and improve their oral health and a display in the downstairs waiting area advised patients of the sugar content of a range of soft drinks. The practice had a dental hygienist available to support this area of work. One of the dental nurses had received training in oral health education.

The medical history form patients completed included questions about smoking and alcohol intake and patients were given advice about maintaining good oral hygiene, alcohol consumption and dietary information, as appropriate. The practice recalled patients, as appropriate, to receive fluoride applications to their teeth. Information in the waiting area also provided patients with advice regarding mouth cancer and the contact details of local smoking cessation support services.

Staffing

There were sufficient numbers of suitably qualified and skilled staff working at the practice and there was a system in place to cover for sickness and leave. The practice team consisted of four dentists, a dental hygienist, six qualified dental nurses, a trainee dental nurse and two receptionists. The lead nurse for Oak Dental Care Limited visited the practice on a regular basis.

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) and professional registrations were up to date for all staff. The principal dentist arranged training for staff in core areas such as managing emergencies, safeguarding and infection control; and for customer care, marketing and handling complaints. Staff confirmed they had attended training in these areas in the last 12 months and told us they retained their certificates of attendance in their individual CPD files. The practice did not maintain a central record of the training staff had attended to ensure they had the right skills to carry out their work. Following discussion, the principal dentist confirmed they would consider introducing such a system.

Dental nurses received day to day supervision from dentists and support from the lead nurse. There was an appraisal system in place which was used to help identify training needs and monitor their performance. Staff told us they had received an appraisal in 2014. The principal dentist confirmed they would be arranging appraisals for staff as soon as possible.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed proformas or referral

Are services effective?

(for example, treatment is effective)

letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

The practice consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent, in line with the principles of the Mental Capacity Act (MCA) 2005. The 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 described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients gave their consent before treatment began.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 45 CQC comment cards patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were overwhelmingly positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet. Staff we spoke with were aware of the importance of providing patients with privacy and were able to describe their responsibilities in relation to data protection and how to maintain confidentiality.

Sufficient treatment rooms were available and used for all discussions with patients. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

Involvement in decisions about care and treatment

Patients were given verbal and written information to support them to make decisions about the treatment they received. Feedback in CQC comment cards and from patients we spoke with confirmed they were provided with sufficient information to make decisions about treatment options. Patients commented they that they had sufficient time and were at ease discussing their treatment with the dentist and felt listened to.

Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the practice leaflet and on the practice website. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Each dentist had two urgent appointments available daily to accommodate such requests. Patients confirmed they had good access to routine and urgent appointments.

The practice supported patients to attend their forthcoming appointment by having a text reminder system in place. They offered extended opening hours each Tuesday to support patients to arrange appointments in line with other commitments.

The practice information leaflet displayed in reception contained a variety of information including opening hours, private and NHS fees and emergency 'out of hours' contact details and arrangements.

Tackling inequity and promoting equality

The practice had equality and diversity policy in place and staff had attended training in the last 12 months to support them in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. Staff told us they ensured patients who were unable to use the stairs were treated in the downstairs treatment rooms and dental care records included alerts about assistance patients required. An audio loop system was displayed on the reception counter for patients with a hearing impairment. There were disabled toilet facilities on the ground floor, wheelchair access to the side of the premises and two downstairs treatment rooms suitable for wheelchairs and pushchairs.

Access to the service

The practice's opening times were Monday, Wednesday and Thursday from 9.00am until 5.00pm, Tuesday from 9.00am until 7.00pm and Friday from 9.00am until 4.30pm. Saturday morning appointments are available one Saturday each month in conjunction with another practice in the Oak Dental Care Group. CQC comment cards reflected that patients felt they were able to contact the service easily and had choice about when to come for their treatment.

Patients requiring out of hours care were directed to the NHS111 service, or if private were seen as part of a local out of hour's service run by neighbouring private practices.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet. The practice had received no complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

We looked at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example for use of equipment, administration of local anaesthetics, surgical procedures and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

The principal dentist and provider for Oak Dental Care Limited is registered with CQC as the registered manager for this and its three other practices. (Registered providers 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 principal dentist was responsible for maintaining human resource and clinical policies and procedures. These included guidance about confidentiality, incident reporting, whistleblowing, and consent to treatment. However there was no clear process in place to ensure all policies and procedures had been reviewed as required and were easily accessible to staff in the practice, to support the safe running of the service. The principal dentist confirmed they were considering how they could develop a more robust process for maintaining and reviewing practice policies and procedures electronically.

Leadership, openness and transparency

The practice had a statement of purpose and a code of good practice that described their vision, values and objectives. Dentists we spoke with told us they were aware of their responsibilities under the duty of candour and would ensure patients were given an apology and informed of any actions taken as a result if something went wrong.

There were clearly defined leadership roles within the practice; for example a lead dentist was responsible for managing practice based complaints, clinical audits and the day to day running of the practice and a lead receptionist was responsible for administration duties such as stock control, cleaning and accounts. A lead nurse supported the four practices within the Oak Care Dental Group regarding for example staff rotas, infection control and staff training.

There were arrangements for sharing information across the dental team, including holding staff meetings every three months, which were documented for those staff unable to attend. Staff had access to regular Hug meetings where they could raise any concerns with the lead nurse. Notes and action points from these meetings were recorded. Staff told us they felt confident about raising any concerns or suggestions for improvement at these meetings or directly with the lead nurse or lead dentist

Learning and improvement

Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) and professional registrations were up to date for all staff.

We saw there was a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits. These included audits of record keeping, X-rays, hand hygiene, waste management and fire safety procedures. The lead nurse described changes that had taken place or were planned as a result of the audit process. These included the introduction of non linting cloths for drying re-usable instruments after sterilisation and plans to wall mount sharps boxes in all the Oak Dental Care Limited practices over the next three months. However we did not see formal action plans in place to identify actions required and monitor progress with implementing changes. There was evidence of repeat audits to monitor that improvements had been maintained.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included inviting patients to complete a brief survey following their visit to the practice based on the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Records of the survey results for the last three months were positive about the service provided.

Staff told us they felt confident about raising any concerns or suggestions for improvement at practice and Hug meetings or directly with the lead nurse or lead dentist.