

Oasis Dental Care Limited

Oasis Dental Care - Market Harborough

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 February 2016 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 Practice is located within central Market Harborough, a market town. It is approximately fifteen miles south of Leicester and is situated on the Northamptonshire to Leicestershire border. There are good public transport links within the area and a railway station within the town.

The practice has car parking available to the rear of the building for its patients to use and there are a number of public car parks within short walking distance.

The practice provides both private and NHS dental services and treats both adults and children. The practice serves a population of approximately 5800. The practice has total occupancy of a two storey building.

There are 18 members of staff working within the practice team. This consisted of six dentists, six nurses, four receptionists, (two are also qualified as nurses), 1 hygienist and the practice manager.

The practice opening hours are Monday, Tuesday and Wednesday from 8am to 8pm, Thursday 8.30am to 6.00pm and Friday 8.30am to 3.15pm.

We received feedback from 11 patients which included CQC comment cards and patients we spoke with on the

Summary of findings

day. All feedback included extremely positive comments about the practice and the majority made particular reference to the staff. A number of comments referred to the professional treatment received from dentists who were also welcoming, kind and understanding. Comments supported that the practice was able to meet the needs of their patients. We did not receive any adverse comments about care and treatment provided at the practice.

Our key findings were:

- The practice had a system for recording and analysing significant events and complaints. Staff learning from events took place in response.
- Staff had received safeguarding and whistle blowing training and knew the procedures to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet patients' needs.
- Practice staff had been trained to handle emergencies and we found that appropriate equipment and medicines were readily available.
- Robust infection control procedures were in place and the practice followed national guidance on decontamination of dental instruments.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear and detailed explanations about their proposed treatment, its costs, options and risks.
- We observed that patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met patients' needs for urgent or for more routine appointments.
- The practice was well-led and staff worked as a team. There was an open culture in place whereby staff felt able to raise any issues or concerns.
- Governance arrangements were found to be effective although we found these could be strengthened.

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

- Review systems for the documenting of staff practice meetings.
- Review the practice's recruitment policy to ensure it includes the requirement for disclosure barring service checks and evidence of qualifications to be produced by successful applicants.
- Review protocol and procedure to ensure that all references for new staff are suitably obtained and recorded.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the access arrangements in place to computers when staff are away from their desks.

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 procedures in place to investigate and respond to significant events and complaints. The practice could demonstrate staff learning from incidents recorded although the procedure for documenting the sharing of learning with all staff required some strengthening.

The practice had a safeguarding vulnerable adults and children policy and procedures. Staff were trained and demonstrated an awareness of the signs of abuse and knew their duty to report any concerns about abuse.

The practice had procedures and equipment for dealing with medical emergencies. There was an emergency medical kit available including oxygen and an AED (automated external defibrillator) as recommended by the UK Resuscitation Council.

The practice followed national guidance from the Department of Health) in respect of infection control. There were the necessary procedures and equipment available for effective infection control.

Are services effective?

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

Patients were assessed at the start of each consultation and updated their medical history.

Dentists and clinical staff had implemented current best practice guidance which included National Institute for Health and Care Excellence (NICE).

Advice was given to patients on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health.

There were enough suitably qualified and experienced staff to meet patients' needs.

Referrals were made to other services in a timely manner when further treatment or treatment outside the scope of the practice was required.

Are services caring?

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

All comments from patients at the practice were extremely positive about the care and treatment they received. Patients' confidentiality was maintained at all times. Staff treated patients with privacy, dignity and respect.

Patients' electronic dental records were password protected on the computer although when reception staff were away from their desk; their computers did not automatically lock. Paper records were stored in lockable cabinets, although these were unlocked during daytime hours.

We observed the building was suitably alarmed to protect the contents of the building.

Are services responsive to people's needs?

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

Summary of findings

The practice provided patients with detailed information about the services they offered on their website and within the practice. The appointment system responded promptly to patients' routine needs and when they required urgent treatment.

Longer appointment times were available for patients who required extra time or support.

There was a complaints policy and procedure in place. There was assurance regarding compliance with the process.

Are services well-led?

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

The practice manager took an active lead in the day to day running of the practice. Governance arrangements were found to be effective although the management and recording of staff meetings required strengthening to reflect the effectiveness of the systems in place.

The practice had an open and honest culture. We were told that there was a focus at the practice of delivering high quality care and this was evidenced during our inspection.

The practice's philosophy put the patient first. We saw that the dentists reviewed their clinical practice and introduced changes to continuously improve.

Patients were invited to give feedback at any time they visited the practice as well as online through the practice's website. The practice publicised its feedback received.

Oasis Dental Care - Market Harborough

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 11 February 2016. The inspection took place over one day. The inspection team consisted of a CQC lead inspector and a dentist specialist advisor.

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 examined during the inspection.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice as well as information available to the public. We found there were no areas of concern.

During the inspection we spoke with the clinical compliance and health and safety auditor who worked in the provider's head office, the practice manager, dentists, dental nurses and a receptionist. We reviewed a sample of dental records, policies, procedures and other documents held which included some staff files. We reviewed feedback from 11 patients. This included CQC comment cards completed and patients we spoke with on the day.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. We saw documentation of an incident which involved stacked packaging which had collapsed and nearly injured a member of staff. The practice responded appropriately, this included arranging for the removal of items into storage and reporting the incident to their provider's health and safety team.

Discussions of significant events and complaints took place in staff meetings and learning outcomes were shared. This was supported by our review of practice records held and staff we spoke with on the day of the inspection. We found however, that the systems in place for the recording of staff meetings was not comprehensive. This presented a risk that actions and outcomes from discussions might not always be systematically addressed. When we discussed this with the practice, we were advised that they had recognised their recording of staff meetings required a more formal approach to be adopted and this would be put into place for future meetings held.

There was a separate system to record details of accidents. In addition there was a system for reporting Injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Staff we spoke with were aware of these reporting systems. No incidents had been reported in the last 12 months.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts via the practice manager. These alerts identify any problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry. Alerts were shared with staff when considered relevant.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy and procedures which contained key information and contact details for the local authority to raise any concerns. We noted however that the policy was last updated in 2013 and some contact details required updating. We were advised by the clinical compliance and health and safety auditor that all Oasis policies were

currently in the process of being updated. We saw that up to date contact information for safeguarding concerns was also posted on a wall so staff could refer to this quickly if needed.

There was an identified lead for safeguarding in the practice who had undertaken level 2 safeguarding training. Level 2 training has been designed to ensure that dental professionals understand the important role they play when recognising and responding to safeguarding issues.

The staff members we spoke with had also undertaken this training and demonstrated an awareness of the signs of abuse and their duty to report any concerns about abuse. Staff had signed that they had read policies in place and some staff meeting records supported discussion of policy and procedure. For example, in July 2015, confidentiality was discussed.

We asked how the practice managed the use of instruments which were used during root canal treatment. The dentist explained that these instruments were single use only. They also explained that root canal treatment was carried out using both latex and a latex free rubber dam. (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). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a whistle blowing policy for staff to raise concerns in confidence. This included a hotline number where concerns could be reported anonymously. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example, cleaning materials and all dental materials used in the practice. Each of these had been risk assessed and recorded in the COSHH file which all staff were aware of hazardous materials were stored safely and securely. The practice kept data sheets from the manufacturers in the COSHH file to inform staff what action to take in the event of a spillage, accidental swallowing or

Are services safe?

contact with the skin. Staff and patients were provided with personal protective equipment (PPE) (gloves, aprons, masks and visors to protect the eyes). We found sufficient PPE available for practice staff and patients.

Medical emergencies

The practice had robust procedures and equipment in place for dealing with medical emergencies. Training records we reviewed showed all staff had received basic life support training including the use of the automated external defibrillator. (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Staff last received annual training in dealing with medical emergencies in May 2015.

Emergency medicines, an AED and oxygen were available if required. This was in line with the Resuscitation Council UK guidelines. We checked the emergency medicines and all medicines were in date. We saw records which demonstrated that staff had checked medicines and equipment to monitor stock levels, expiry dates and to make sure that equipment was in working order. We also noted emergency eye wash available on walls around the practice if required.

The practice had a first aid kit available within the practice, and we were informed that two members of staff were nominated to administer First Aid – having completed appropriate first aid training.

Staff recruitment

We reviewed staff recruitment files for four members of staff. The practice had a recruitment policy for the employment of new staff. The policy included the checks required for new staff such as proof of the applicant's right to work in the UK, references, General Dental Council (GDC) registration and indemnity insurance. The policy did not include the requirement for Disclosure Barring Service checks (DBS), or evidence of qualifications to be produced. DBS checks identify whether a person has a criminal record or on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We were advised that this policy was also currently under review.

On our review of the staff files held however, we found that a process for DBS checks was in place for all staff. We also found evidence of identity, qualifications, and General

Dental Council (GDC) registration information on the files we reviewed. We noted that copies of references were held on one staff file, but not on the three other files we reviewed. We were advised by the practice manager that they would ensure that references for any newly recruited member of staff would be sought and evidence retained on file.

The practice had an induction system for new staff. We reviewed the induction documentation for the newest member of staff and saw that the documentation was complete and detailed.

There were sufficient numbers of suitably qualified and skilled staff working within the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with potential emergencies. There was a health and safety policy to guide staff.

The practice had nominated three members of staff to act as fire marshals. Information about what to do in the event of a fire was displayed in each treatment room and fire drills took place on a six monthly basis. Fire extinguishers were serviced annually and fire alarms were regularly checked.

The practice also undertook environmental risk assessments and checks of equipment and the premises. Policies included infection control and a legionella risk assessment. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

Infection control

The practice had an infection control policy, which identified cleaning schedules at the practice including the treatment rooms and the general areas of the practice. The practice manager told us that the practice utilised an external cleaning contractor but dental nurses had set cleaning responsibilities in each treatment room. The practice had systems for testing and auditing the infection control procedures. We saw records of an Infection Prevention Society (IPS) infection control audit that had been completed in line with recommendations in the Department of Health document HTM01-05.

Are services safe?

We found that there was an adequate supply of liquid soaps and hand towels throughout the practice. Sharps' bins were signed and dated and were not filled above their identified capacity. A clinical waste contract was in place and waste matter was appropriately sorted and stored until collection.

We looked at the procedures the practice used for the decontamination of used or dirty dental instruments. The practice had a dedicated local decontamination unit (LDU) that had been constructed according to the Department of Health's guidance, 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' We did however note that the LDU did not have a lock to restrict access when not in use. This meant that patients or members of the public could gain unauthorised access to this room. We discussed this with the practice who advised us that they would purchase a lock to secure the room. We were then provided with evidence after the inspection that the LDU had been fitted with a lock. Within the decontamination room there were clearly defined dirty and clean areas to reduce the risk of cross contamination and infection. Staff wore appropriate personal protective equipment during the process and these included heavy duty gloves, aprons and protective eye wear. We observed this practice was conforming to best practice as defined by HTM01-05.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM01-05). During our inspection, a dental nurse demonstrated the decontamination process to us, and we saw the procedures used were in line with the guidance. The practice cleaned their instruments by manual scrubbing followed by ultrasonic cleaning. Ultrasonic cleaning is the rapid and complete removal of contaminants from objects by immersing them in a tank of liquid flooded with high frequency sound waves. These non-audible sound waves create a scrubbing brush action within the fluid. Instruments were then placed into an autoclave for sterilisation. An autoclave is a pressure chamber used to sterilise dental instruments by subjecting them to high pressure saturated steam at 121 °C (249°F) for around 15–20 minutes depending on the size of the load and the contents. At the end of the sterilising procedure the instruments were dried on racks, packaged, sealed, stored

and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they were stored correctly and all had an expiry date that met the recommendations from the Department of Health.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Daily records were kept of decontamination cycles (validation) to ensure that equipment was functioning properly. This allowed the clinical staff (the dentists and dental nurses) to have confidence that equipment was sterilising the dental instruments effectively and patients were not exposed to cross infection.

Records examined showed that staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of contracting Hepatitis B. A needle stick injury is the type of injury received from a sharp instrument or needle. We saw evidence that the provider had a needle stick injury policy which the staff were aware of. A member of staff was able to describe what action they would take if they had a needle stick injury and this reflected the practice's policy.

There was a legionella risk assessment in place. This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and steps taken to reduce the risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium which can contaminate water systems in buildings.) Records showed that the Legionella risk assessment was in date.

Equipment and medicines

The dental equipment was monitored to ensure it was in working order and we found that regular maintenance was carried out to ensure patient and staff safety. We also checked dental instruments and found that there were sufficient quantities in place.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use. Emergency medicines were checked and were in date. Emergency medicines were located centrally but securely for ease of use in an emergency.

Radiography (X-rays)

Are services safe?

X-ray equipment was situated in individual treatment rooms and X-rays were carried out in line with local rules that were relevant to the practice and equipment. The local rules were displayed in each area where X-rays were carried out.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This was as identified in the Ionising Radiation Regulations 1999 (IRR 99). Those authorised to carry out X-ray procedures were clearly identified. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained documentation to demonstrate the X-ray equipment had

been maintained at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced with repairs undertaken when necessary.

The practice monitored the quality of its X-ray images on a regular basis and maintained appropriate records. This reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. Patient's notes showed that information related to X-rays was recorded and followed guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included justification for taking the X-ray, quality assurance and reporting on X-ray results.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Discussions with the dentist identified that at the start of each patient consultation, patients received a full dental assessment. The assessment included taking a medical history from new patients and updating information for returning patients. This included their health conditions, current medicines being taken and whether the patient had any allergies.

The dentists we spoke with told us that the results of each patient's assessment was discussed with them and treatment options and costs were explained. The patient's notes were updated with the proposed treatment after discussing the options. Patients we spoke with said they were involved in those discussions, and were able to ask questions. This was supported by our observations.

Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. The dentists were aware of NICE guidelines which included recalls of patients, prophylactic anti-biotic prescribing and removal of wisdom teeth.

We reviewed feedback left by patients in CQC comment cards. All feedback was extremely positive with patients expressing their high levels of satisfaction with their treatment received. The majority of patients referred to the word excellent in describing their treatment. Patients also spoke highly about all of the staff.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. Patients were provided with information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Our review of information recorded in dental records supported that the dentists were providing preventive care and advice as detailed within the Public Health England document 'Delivering better oral Health: an evidence-based toolkit for prevention'.

Staffing

The practice had six dentists working at the practice. There were two head nurses and four other dental nurses, one hygienist, head receptionist, and three other receptionists. Two of the receptionists were also qualified as dental nurses. The practice manager was also qualified as a dental nurse. We spoke with members of staff and noted how motivated they all were to support excellence of care for patients.

Dental staff had appropriate professional qualifications and were registered with their professional body. Prior to our inspection we checked the status of all dental professionals with the General Dental Council (GDC) website. We saw that all registrations were up to date. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the GDC. CPD contributes to the staff members' professional development. Records showed details of the number of hours staff members had undertaken and training certificates were also held.

Staff training was monitored and training updates and refresher courses were provided. Records we viewed showed that staff were up to date with training, for example, basic life support and infection control. Staff we spoke with said they were supported in their learning and development and to maintain their professional registration.

The practice had a system for appraising staff performance annually. Staff we spoke with said they felt supported and involved in discussions about their personal development. They told us that the practice manager was supportive and available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or referral to the dental hospital if the problem required more specialist attention. Our review of a sample of dental records supported these referrals made.

Consent to care and treatment

The practice had a policy for consent to care and treatment with staff. We saw detailed evidence that patients were

Are services effective?

(for example, treatment is effective)

presented with treatment options and consent forms which were signed by the patient. Discussions with patients also supported that consent was discussed at their consultations and treatment.

We were not assured however that all staff had received training which incorporated awareness of the provisions contained within the Mental Capacity Act 2005 (MCA). The practice's consent policy did not refer to the Act although it had included information regarding the treatment of

vulnerable adults. 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. We were advised that the practice would include specific awareness training of the Act following our inspection.

The practice had adopted a policy that young people under the age of 16 would not be seen by a clinician unless they were accompanied by an adult who had legal responsibility for the young person.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw that staff at the practice were treating patients with dignity and respect. Discussions between staff and patients were polite, respectful and professional. We also saw that staff maintained patients' privacy, and discussions took place either in a treatment room or a separate area if this was required.

Patient electronic dental records were password protected on the computer. We observed however that if a member of staff was away from their computer, the computer did not automatically lock. Whilst computers were positioned away from access by members of the public, access to electronic dental records could be made by other staff whilst one staff member was recorded as being logged in. When we discussed this with the practice manager we were assured that appropriate action would be taken to ensure computers would automatically lock when left inactive. We also observed that paper dental records were stored in lockable drawers in one of the surgery rooms. We found that the drawers containing the records were unlocked during the daytime and were therefore potentially accessible by members of the public. We were assured that

the records were locked in the drawers when the practice was closed but additional measures would be taken to ensure the records were also kept locked during practice opening hours.

We reviewed Care Quality Commission comment cards that had been completed by patients, about the services provided. All comment cards contained extremely positive comments about the services provided. Patients said that practice staff were friendly, professional and the dentistry was of a high standard. Many of the patients who provided feedback had been registered with the practice for a number of years.

Involvement in decisions about care and treatment

Patients we spoke with were all very positive about their experience of the practice. Patients remarked upon the quality of the dentistry at the practice and how caring and friendly the staff were. We were told that the dentists ensured patients felt relaxed throughout their treatment. All patients spoken with said that treatment was explained clearly including the cost and they had been involved in care decisions, discussions or had been able to ask questions or offer an opinion. We also found that treatments and costs were explained clearly in literature at the practice as well as on the practice's website.

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 on their website. In addition, we saw a range of patient information was available in the waiting room. We found the practice had an appointment system to respond to patients' routine needs and when they required urgent treatment. Those who were in pain were offered an emergency appointment during normal working hours. During the inspection we noted that two patients who had called the practice on this day were offered appointments within 48 hours. Our discussions with patients and staff and a review of a sample of dental records supported that a responsive system was in place.

The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

If patients required services that were not provided at the practice, there were established referral pathways to ensure patients' care and treatment needs were met.

Tackling inequity and promoting equality

The practice provided NHS and private dental treatment to adults and children and was situated in the centre of Market Harborough.

The practice building included level access, treatment rooms on the ground floor and a downstairs toilet which was accessible to people with restricted mobility. Doorways and corridors were wide enough to accommodate those who used wheelchairs. During the inspection we were provided with an Equality Act risk assessment which had been completed. This ensured that considerations had been made for any patients with disabilities.

Access to the service

The arrangements for emergency dental treatment outside of normal working hours were through a service provided by NHS England. This meant patients could always seek urgent dental treatment. A telephone number was made available for patients in need of emergency treatment outside of normal working hours.

The practice opening hours were Monday, Tuesday and Wednesday 8am to 8pm, Thursday 8.30am to 6pm and Friday 8.30am to 3.15pm. The practice's opening hours gave patients who could not attend during normal working hours the opportunity to attend for a convenient appointment.

Feedback from patients about the appointments system was positive. Patients said that appointments were easy to arrange, and emergency treatment was usually on the same day.

Concerns & complaints

The practice had a complaints procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. The policy also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or felt that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

We saw evidence relating to seven complaints received over the past year. We reviewed the complaints' documentation and found that the practice had followed due process and procedure in their responses to complainants. For example, in respect of written complaints, the complainant received an initial acknowledgement within timescales set by the practice for its response, as outlined in its complaint handling policy. Discussions took place in practice meetings and lessons were learnt where appropriate. We noted that two complaints were discussed in practice meetings in August and November 2015 where staff discussed learning points to ensure patient care was optimised. One of the examples involved discussion on improved communications amongst staff to patients in explaining a particular process. We noted that apologies were given to patients where it was considered appropriate.

Patient survey feedback had been analysed and included on the practice's website. This reflected high levels of customer satisfaction with the treatment received at the practice.

Care Quality Commission (CQC) comment cards also reflected that patients were extremely satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

The practice manager took an active lead in the running of the practice and had a thorough understanding of the day to day operation of the practice.

The practice had arrangements in place for monitoring and improving the services provided for patients. For example, patients were invited to complete satisfaction surveys. We reviewed a practice survey analysis in January 2016 which showed that patients rated the services provided highly. Information displayed within the practice waiting area invited patients to feedback their opinions anonymously.

Minutes of staff meetings we reviewed identified that issues of safety and quality were discussed. Staff said they found these meetings beneficial. We found however that the systems in place for recording of staff meetings required strengthening as records were not comprehensive. Meetings were not planned and structured to occur at set times during the year. Adjustments made to the current system would enable the practice to plan and demonstrate outcomes from all meeting objectives.

We found that there were governance arrangements in place. This was demonstrated by audits of patients' notes and various other audits undertaken including an X-ray audit and infection prevention audit. We found that there was a range of policies and procedures, some of which were in the process of being updated by the provider. Policies included health and safety, infection prevention and control, complaints and patient confidentiality. Staff were able to demonstrate many of the policies through their actions, and this indicated they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use the system. We saw that staff were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

The practice had an open and honest culture which included focus on safety. We found clear lines of staff responsibility and accountability within the practice. Staff told us that they could speak with the provider and practice

manager if they had any concerns. Our observations together with comments from patients and staff supported that clinical staff were able to discuss any professional issues openly.

Staff said they felt well cared for, respected and involved in the practice, with staff meetings in which they were encouraged to participate.

We were told that there was a focus at the practice of delivering high quality care. Response to patients' complaints had been recorded, and showed an open and transparent approach. Documentation showed a willingness to engage with complainants and resolve matters wherever possible.

Management lead through learning and improvement

The practice strove to deliver high quality, consistent dental care and this was a key element of their statement of purpose. The practice highlighted patient safety as a priority and encouraged all feedback from patients. We found staff were aware of the practice values and ethos and demonstrated that they worked towards these.

Staff members we spoke with said that the practice put the patient first. We saw that clinical staff reviewed their clinical practice and introduced changes to make improvements. This was demonstrated in its complaints' procedures, audit cycle and reference to best practice such as NICE and FGDP guidelines.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Patient survey analysis on the practice's website was positive and reflected that patients felt involved in decisions about their care, were happy with the quality of their treatment and would recommend the practice to others. Staff said that patients could give feedback at any time they visited and this was supported by information displayed in the practice waiting area inviting patients to give their views.

Feedback from patients to CQC in the comment cards received and the patients we spoke with said that they were extremely happy with the care and treatment they received.

Are services well-led?

The practice had systems in place to review the feedback from patients who had complained. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held staff meetings and appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to. We were also informed that they felt part of a team and well supported.