Oasis Dental Care (Central) Limited

Bognor Regis

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26th June 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

Oasis Dental Practice Bognor Regis is a mixed dental practice providing NHS and private treatment and caters for both adults and children.

The practice is situated in a converted domestic property. The practice provides services on two floors and had a reception area on the ground floor. This is separate from the ground floor waiting room to provide greater privacy for patients when speaking with reception staff. The practice had six dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments.

The practice had six dentists and four dental nurses one of whom is the practice's lead nurse. Two dentists work full time and others work part-time hours and one dentist is on maternity leave. There were two part time dental hygienists who provide preventative advice and gum treatments on prescription from the dentists working in the practice. There is also a dental therapist who is currently on maternity leave.

The Practice Manager is the registered manager. 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'.

Summary of findings

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 10 completed cards. These provided a positive view of the service the practice provides. All of the patients commented that the quality of care was very good. Some patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. We spoke with 3 patients who also said that the quality of care was good.

Our key findings were:

- The practice manager and lead nurse were proud of the practice and their team. Staff felt well supported and were committed to providing a quality service to their patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health instruction to patients.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Information from 10 completed CQC comment cards gave us a positive picture of a friendly, professional service.
- The practice took into account any comments, concerns or complaints and used these to help them improve the practice.
- All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.

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 care which was safe in accordance with the relevant regulations. The practice had robust arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive team work within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

We found that this practice was caring in accordance withthe relevant regulations. We collected 10 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Some patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in other languages or formats if they needed this and had access to telephone interpreter services. Several dentists at the practice spoke one or more European languages. The practice had a ground floor treatment room and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

We found that this practice was providing care which was well led in accordance with the relevant regulations. The practice manager, lead dental nurse and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was a good place to work.

Bognor Regis

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 took place on 26th June 2015 and was conducted by a CQC inspector who was also specialist dental adviser.

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 and consulted with other stakeholders, such as NHS England area team / Health watch, however we did not receive any information of concern from them.

During the inspection we spoke with the practice manager, dentists, lead dental nurse and a receptionist and reviewed policies, procedures and other documents. We also spoke with three patients. We reviewed 10 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 an adverse incidents reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics that could be considered to be an adverse incident. The topics listed ranged from cancelling a patient's appointment at short notice to more serious events. At the time of inspection there were no recent significant events. The practice also had an appropriate accident record book which was used correctly to protect the privacy of individuals filling in the forms.

The practice received national and local alerts relating to patient safety and safety of medicines through the 'Weekly Check Up' an online document. This is a national system implemented by the company to cascade important information, including national and local alerts to all practices in the group. They had a national system for logging these and for making sure that all members of the dental team received copies of relevant information. The practice manager explained that they discussed any urgent actions with the team immediately. The practice manager ensured that all staff had access to a copy of the 'Weekly Check Up' in a hard copy format which was displayed in the staff rest room. We saw the previous week's hard copy and no incidents were reported.

Reliable safety systems and processes (including safeguarding)

We spoke with the lead dental nurse about the reporting of incidents that could occur in a primary dental care setting. This included needle stick injuries and medical emergency incidents. She explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A single use delivery system was used to deliver local anaesthetics to patients. It was also practice policy that the discarding of the used needle was the dentist's responsibility. The practice had a special risk assessment in place which we were shown. The lead dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. There had been no contaminated sharps injuries since the introduction of the safe sharp system. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. He explained that root canal treatment was carried out where practically possible using a rubber dam. (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). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We discussed with a dentist on duty about the different types of abuse that could affect a patient and who to report them to if they came across abuse of a vulnerable child or adult. He was able to describe in detail the types of behaviour a child would display that would alert them if there were possible signs of abuse or neglect. He also had an awareness of the issues around vulnerable elderly patients who present with dementia that require dental care and treatment. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. We observed that information was available which contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff received annual training in how to use this. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. Oxygen and other related items such as manual breathing aids and portable suction

were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. The Disclosure and Barring Service (DBS) 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 may be vulnerable. The practice manager explained that DBS checks had been obtained for all staff employed there. Two staff files were observed and found that the process had been followed. There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred cover was available for their colleagues which included the use of agency staff.

Monitoring health & safety and responding to risks

The Oasis company had a dedicated health and safety team which had developed their national systems and processes in respect of health and safety. This team visited practices in the group regularly to ensure compliance with health and safety practise. It was observed that the practice had a detailed general risk assessment looking at a variety of environment risk factors in the practice and specific risk assessments related to the provision of dental services. A comprehensive business continuity plan was observed which described situations which might interfere with the day to day running of the practice and treatment of patients. This included extreme situations such as loss of the premises due to fire. The document contained essential contact details for utility companies, practice staff and Oasis head office support staff. The practice had a fire safety risk assessment which was carried out by a specialist company and was updated on an annual basis.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices' lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines.

It was noted that the six dental treatment rooms, waiting area, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towels in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The lead nurse who was responsible for infection control described the end to end process of infection control procedures at the practice. The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. She demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room was inspected in the presence of the dental nurse. These were well stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines. A

Are services safe?

Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was available for inspection. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was very well organised and was very clean, tidy and clutter free. Displayed on the wall were protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The dental nurse demonstrated to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing utilising the double sink method as part of the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated that systems were in place to ensure that the autoclaves used in the decontamination process were working effectively. These included the automatic control test and steam penetration tests. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. Medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A well maintained radiation protection file in line with these regulations was observed. This file was very well maintained and complete. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. It also contained the Local Rules, X-ray set inventory and notification to the Health and Safety Executive.

A copy of the most recent radiological audit was available for inspection this demonstrated that a very high percentage of radiographs were of grade 1 standard. A sample of dental care records where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured every time. The X-rays we observed were of a high quality. 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

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. Two dentists we spoke with described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. The assessment also included details of their dental and social history. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. The clinical records observed were well-structured and contained sufficient detail about each patient's dental treatment. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out at each dental health assessment. The records we saw showed that dental X-rays were justified, reported on and quality assured every time.

Patients who required any specialised treatment were referred to other dental specialists as necessary. Their treatment was then monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care. Details of the treatment were also documented and included local anaesthetic details including type, the site of administration and batch number and expiry date.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Dental hygienists were available to provide a range of advice and treatments in the prevention of dental disease under the prescription from the dentists. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was also given to them. The sample of dental care records we reviewed all demonstrated that dentists had given tooth brushing instructions and dietary advice to patients and detailed prescriptions to the hygienist were provided.

Staffing

The practice manager told us that the practice ethos was that all staff should receive appropriate training and development. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice provided a rolling programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics.

We confirmed that the dental nurses received an annual appraisal, these appraisals were carried out by the practice manager. The dentists received one to one performance reviews with the practice manager at various times during the year. We saw evidence of one such review. The practice manager provided support and advice to a dentist who was

Are services effective?

(for example, treatment is effective)

having difficulty with effective patient communication. The review captured some effective advice from the practice manager on the principles of effective communication with patients.

The practice manager showed us their system for recording training that staff had completed. We looked at files for staff in various roles. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. It was noted that staff receive an induction programme before they join the company.

Working with other services

The practice manager explained how they would work with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by the Dental Referral Management Service. This is a local single point of access service which has been set up by the local health authorities. This ensured that patients were seen by the right person at the right time for patients requiring oral surgery and orthodontic services

A referral letter was then prepared and sent to the hospital with full details of the dentists findings and was stored on the practices' records system. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. A copy of the referral letter was always available to the patient if they wanted this for their records. The practice manager reported that there were no patient complaints relating to referrals to specialised

Consent to care and treatment

The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists we spoke with gave specific examples of how they had taken mental capacity issues into account when providing dental treatment. They were aware of the Mental Capacity Act and explained how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family along with social workers and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. They were therefore able to demonstrate a clear understanding of requirements of the Act.

The dentists explained how they obtained valid informed consent. They explained how they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them. They also explained that they used bespoke consent forms in areas such as dental and surgical extractions and root canal treatments to assist in the process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 10 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Some patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection we observed staff in the busy reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly. All the staff we spoke with described treating patients in a respectful and caring way and were aware of the importance of protecting patients' privacy and dignity.

Involvement in decisions about care and treatment

The two dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. It was also observed that the practice scanned signed treatment plans including the cost of treatment into the patients dental care record.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice used posters displayed in the waiting areas and the treatment rooms to give details of NHS dental charges. The waiting room also gave details of private dental charges. We saw that the practice had a comprehensive website. This gave details of out of hours care, the types of care offered and details of professional charges. This ensured that patients had access to appropriate information in relation to their care.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous or had a disability.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The topic was included in the practice's induction training.

The practice used a translation service which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The practice manager would also help patients on an individual basis if they were partially sighted or hard of hearing to go through NHS and other forms. The practice had a multi-national team and between them spoke several languages which met the needs of most patients. Oasis head office had the facilities to convert information into braille for patients who used it. There was level access into the building and one ground floor treatment room for patients unable to go upstairs.

Access to the service

The practice provided extended hours to meet the needs of patients unable to attend during the working day. Appointments were available from 8:30am to 8pm Monday to Thursday, 8am to 5:30pm on Fridays. The practice manager told us that as well as being flexible for patients the hours also enabled the practice to make appointments for courses of treatment in a timely way so patients did not have to wait too long and reduced pressure on appointments between 9am and 5pm.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. The practice had a complaints log which the practice manager had to send to Oasis head office every month so that the organisation could monitor the number of complaints and the reasons for these. We noted that some patients had left negative comments about the practice on the NHS Choices website. However these related to periods before the present practice manager was in post which began in July 2014.

The present practice manager adopted a very proactive response to any patient concern or complaint, with 'customer care' at the heart of his professional ethos. This ethos had been absorbed by the rest of the team as a result of the leadership provided by the practice manager. Patients were either spoken with either by telephone or invited to a face to face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients receive an immediate apology when things had not gone well. We found that the practice manager took personal responsibility and ownership of all complaints received by the practice. As a result of this approach practice complaints had dramatically reduced.

Are services well-led?

Our findings

Governance arrangements

Oasis owns a chain of dental practices throughout the UK and had developed a robust on line clinical governance system which we observed. This was known as 'The Hub', managers and staff were able to access a wide range of policies and protocols covering all aspects of clinical governance, information governance and HR in relation to dentistry. We observed one such area pertaining to the use of safer sharps. This resource contained the policy, downloadable risk assessment forms and protocols should a member of staff sustain a contaminated sharps injury. We found a section on training with a training log which staff were required to complete. The company had made a short training video covering all aspects of sharps handling and a demonstration of how to use the single delivery system for giving a patient a local anaesthetic. We viewed this video which was very clear and informative.

Underpinning the 'Hub' we were shown a comprehensive file of risk assessments covering all aspects of clinical governance. These included COSHH, fire and Legionella, these were well maintained and up to date. We saw examples of monthly staff meeting minutes which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients.

Leadership, openness and transparency

The practice now had in place an experienced and empowered practice manager who had turned the practice around. Until his appointment in July 2014, the practice had gone through a difficult period with rapid staff turnover and a high level of patient complaints. This had led to low morale within the existing staff. The practice manager had since stabilised the practice and had improved the morale within the practice, we found the culture of the practice open and supportive. He was supported clinically by the practice's lead nurse and an experienced dentist who had returned to the practice. They all demonstrated a firm understanding of the principles of clinical governance in dentistry with the lead dentist providing clinical leadership and support to the other dentists and hygienists working at the practice. All of the staff we spoke with were happy with the facilities at the practice and felt well supported by the practice manager, lead dentist and lead dental nurse. Staff reported that the practice manager was proactive and resolved problems very quickly. As a result staff had regained their motivation enjoyed working at the practice again and were proud of the service they provided to patients.

Management lead through learning and improvement

Oasis uses a system known as 'Focus' to monitor the performance of a practice. The system monitors a range of performance indicators including complaints, customer service and clinical performance. As a result of the improvements made by the leadership team within the practice and the staff as a whole, the practice had now come 'off focus' which had improved practice morale and confidence.

The practice manager provided enthusiastic leadership and the staff we met described him as excellent and described how he had turned the practice around. The lead nurse worked closely with the practice manager and had responsibility for the clinical leadership of the dental nurses. She had been developed in her role by the practice manager shortly after he joined the practice. The lead dentist provided clinical leadership to other dentists within the practice by giving advice and encouragement when they were dealing with difficult clinical problems. This dentist would also take over difficult cases from other dentists working within the practice to ensure that patients had a good clinical outcome.

We saw evidence of systems to identify staff learning needs. For example, results of clinical audits in relation to clinical record keeping, the quality of X-rays and infection control were used to identify additional training or clinical supervision needs and improve confidence and competence in particular clinical techniques.

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

Patients were able to give their views about the practice using paper or online feedback forms. The results were collected and reviewed by Oasis head office and then passed to the practice. The practice used a system of on-going patient satisfaction surveys to ensure good customer care. The range of areas surveyed included the quality of treatment, being involved in the decisions about

Are services well-led?

their care, the cleanliness of the practice and the attitude of the staff. The comment cards and the patients we spoke with on the day of inspection rated the practice very highly in these key areas.

Staff told us that the practice manager and lead nurse were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had monthly meetings, the minutes of these were made available if they could not attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.