

Oasis Dental Care (Central) Limited

# Oasis Dental Care Central - Market Rasen

## Inspection Report

The Old Police Station  
Dear Street  
Market Rasen  
Lincolnshire  
LN8 3BH

Tel: 01673 849024

Website: [www.oasisdentalcare.co.uk/practices/oasis-dental-care-market-rasen/](http://www.oasisdentalcare.co.uk/practices/oasis-dental-care-market-rasen/)

Date of inspection visit: 22 March 2016

Date of publication: 09/05/2016

### Overall summary

We carried out an announced comprehensive inspection on 22 March 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 Care Central - Market Rasen is a dental practice situated in the small market town of Market Rasen in Lincolnshire. The practice is in the old police station that has been adapted for the purpose of dentistry and is situated over two floors. On the ground floor there are two treatment rooms, one of which is on level access and one that is accessed up three stairs. There is a reception desk with a waiting area, a small office area at the back of the reception, staff toilet and a patient toilet, which has been adapted for the needs of disabled patients or those with limited mobility. The first floor has two treatment rooms, a decontamination room, a small staff kitchen area and staff changing room. Waiting areas have high back chairs and chairs with arm rests to enable ease of use for those with limited mobility. The entrance to the practice is at the back of the building from the car park and can be easily accessed by those patients with limited mobility, wheelchair access, or pushchairs via a ramp or steps with handrails.

# Summary of findings

There are four dentists working in the practice alongside one dental hygienist, one dental therapist, four dental nurses and two trainee dental nurses. There are also two reception staff, a practice coordinator and a practice manager.

The practice manager is the registered manager of the practice. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered dentists, 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.

The practice provides NHS and some private dental treatment to adults and children. The practice is open Monday to Wednesday from 8am to 8pm, Thursday and Friday 8am to 7.30pm and on a Saturday morning there is a clinic for private hygiene appointments.

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 received feedback from eight patients about the services provided. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy. They said that they found the staff offered an excellent service and had high confidence in the team. They said that staff were efficient and kind. Patients said that explanations about their treatment were clear and that they were given options in relation to the treatment. Feedback in relation to patients who were nervous commented how the staff were understanding and patient; they were made to feel at ease.

## Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Infection control procedures were in place and staff had access to personal protective equipment.
- The practice had the necessary equipment to deal with medical emergencies, and staff had been trained how to use that equipment. This included oxygen and emergency medicines.
- The practice followed the relevant guidance from the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Policies and procedures at the practice were kept under review.
- Dentists involved patients in discussions about the care and treatment on offer at the practice. Patient recall intervals were in line with National Institute for Health and Care Excellence (NICE) guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks.
- Patients were treated with dignity, respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum where possible.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and policies and procedures were in place to provide and manage the service.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- All staff were clear of their roles and responsibilities.
- There was a process in place for reporting and learning from significant events and accidents however the learning and outcome was not documented.

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

- Review the location of sharps bins so that they are out of reach of small children
- Review whistleblowing policy to give staff the option of contacts outside of the organisation or practice such as the Care Quality Commission (CQC) or General Dental Council (GDC).
- Review the process for complaints and significant events in relation to learning from and feedback to staff

# 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 effective systems and processes in place to ensure all care and treatment was carried out safely. The practice had procedures in place for reporting and learning from accidents, and incidents.

Staff had received training in safeguarding vulnerable adults and children and staff were able to describe the signs of abuse and were aware of the external reporting process and who was the safeguarding lead for the practice.

Infection control procedures were in place; followed published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with robust checks in place to ensure sterilisation of the instruments. The practice had carried out infection control audits six monthly in line with national guidance.

### **Are services effective?**

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

Explanations were given to patients in a way they understood and risks, benefits and options available to them were discussed.

There were clear procedures for referring patients to secondary care (hospital or other dental professionals). Referrals were made in a timely way to ensure patients' oral health did not suffer. A log of referrals was maintained to ensure referrals were completed and could be monitored.

Staff had received training in the Mental Capacity Act (MCA) 2005 and were able to explain to us how the MCA principles applied to their roles. The dentists and staff were aware of the assessment of Gillick competency in young patients and there was a policy in place for this. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. Patients provided positive feedback about the dental care they received, and had confidence in the staff to meet their needs.

Patients said they felt involved in their care. Patient's feedback told us that explanations and advice relating to treatments were clearly explained and options were given. Nervous patients said that they were made to feel at ease.

Patients with urgent dental needs or pain would be responded to in a timely manner with patients of this practice being seen within 24 hours were necessary.

### **Are services responsive to people's needs?**

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

The practice was well equipped. The waiting areas had music playing to help maintain confidentiality and provide a relaxed atmosphere. The practice was accessible for people that used a wheelchair or those patients with limited mobility. Appointments would be held for these patients in the ground floor treatment room.

# Summary of findings

The practice had a patient toilet which was fully accessible for those in a wheelchair or with limited mobility.

The practice surveyed patients monthly and there was a suggestion box so that patients could easily feedback any comments or suggestions however patients comments on NHS choices had not been responded to.

## **Are services well-led?**

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

Staff were involved in leading the practice to deliver effective care.

Staff were supported to maintain their professional development and skills. Appraisals had taken place on an annual basis and there were personal development plans in place for staff which identified areas for development and training needs. The practice manager met with all dentists on a monthly one to one basis.

We saw that practice meetings were regular and that these were minuted.

# Oasis Dental Care Central - Market Rasen

## 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 22 March 2016 and was led by a CQC inspector and supported by a specialist dental advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the practice manager, practice coordinator, dentists, dental nurses and reception

staff and reviewed policies, procedures and other documents. We reviewed eight comment cards that we had left prior to the inspection for patients to complete; about the services provided at the practice. We also spoke with three patients on the day of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents and complaints. There was a process in place for reporting and learning from significant events and accidents. There were forms available for staff to complete which were scanned onto the practice computer system and forwarded to head office for analysis. The sections of the forms for outcome and learning was not completed on the forms which we saw. We spoke with the practice manager about this and the need to document the learning and outcomes in the practice so this could be shared with staff.

There was an accident book where staff would record accidents such as needle stick injuries. There had been four accidents reported in the past 12 months, the last in 2015 which was a patient accident. The accident had been investigated and appropriate steps had been taken. Staff were encouraged to bring safety issues to the attention of the management and staff that we spoke with said that they would inform the practice manager if anything did occur. The practice had a no blame culture and policies were in place to support this.

The practice had received 11 complaints in the last 12 months. There was a practice policy for dealing with complaints and the staff were aware of this. The practice had a process in place which included complaints being investigated and outcomes and learning were shared at a practice meeting with all staff. We saw a record of the complaints received, five of which were verbal which included the response, outcome and learning from the complaints. Complaints were sent to the head office who would collate them then look at trends and themes identified for the organisation. The complaints that were of a clinical nature were discussed with the clinician involved.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and were able to explain who they would contact and how to refer to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of

abuse. The practice had a flow chart for any concerns in relation to safeguarding of children or adults including telephone numbers. This was kept in a folder in the office and also in each treatment room. From records viewed we saw that staff at the practice had completed training in safeguarding adults and children applicable to their roles. The practice manager was the lead for safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. We saw that a safeguarding concern had been raised by the practice in 2011.

The practice had a whistleblowing policy which gave information on how to raise concerns. The details in the policy and also on a poster in the staff area gave details of an advice line within the provider company called 'safecall'. Staff we spoke with were clear on different organisations they could raise concerns with for example, the General Dental Council or the Care Quality Commission if they were not able to go directly to the provider. However, these were not mentioned in the whistleblowing policy. Staff that we spoke with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

We spoke to the dentists about root canal treatment and we were told that it 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).

The practice had an up to date employer's liability insurance certificate which was due for renewal March 2016. Employers' liability insurance is a requirement under the Employers' Liability (Compulsory Insurance) Act 1969.

### Medical emergencies

There were suitable arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), which 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. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. We saw that the expiry dates were monitored by the practice using a monthly check sheet. We

# Are services safe?

were told that the equipment including the oxygen and AED were also checked weekly and there were records to confirm this. The practice had access to oxygen along with other related items such as manual breathing aids in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had been trained annually in basic life support and there were practice training scenarios for staff twice a year. Three staff were trained in first aid and the practice rota ensured that there was one of these staff on site at all times.

## Staff recruitment

The clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy which 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 (DBS) check was necessary. DBS 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.

We saw that all staff members had a Disclosure and Barring Service (DBS) check in place and that the practice renewed these on a three yearly basis.

There were sufficient numbers of suitably qualified and skilled staff working at the practice.

The practice had an induction system for new staff which was documented within the staff files of staff that we reviewed.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies including a well-maintained Control of Substances Hazardous to Health (COSHH) file. The practice had carried out risk assessments including fire safety, health and safety and legionella.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance

with current guidelines and supported by a practice protocol. Water tests were being carried out on a monthly basis. This helped to ensure that patients and staff were protected from the risk of infection due to the growth of the Legionella bacteria in any of the water systems.

Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested. Records showed that this was completed weekly. Fire equipment was checked by an external company and last checked in July 2015. The practice had six monthly fire drills with the last one taking place in December 2015.

Systems, policies and procedures were in place to manage risks at the practice. The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. This included contact details of staff, other local practices, gas, electricity and water companies and also a list of suppliers and their contact numbers. The business continuity plan was held in paper form in the practice and electronically on the 'hub' which the practice manager could access from home if required.

## Infection control

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. The practice employed a contract cleaner who came in each day and was responsible for the general cleaning of the practice. The dental nurses were responsible for cleaning and infection control in the treatment rooms. There were schedules in place for what should be done and the frequency. The practice had systems for testing and auditing the infection control procedures with the last audit having taken place in March 2016.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the dental treatment rooms, decontamination room and toilets.

The practice had a sharps management policy which was clearly displayed and understood by all staff. The dentists were responsible for the removal of needles to reduce the risk of needle stick injury. The practice used sharps bins (secure bins for the disposal of needles, blades or any other



# Are services safe?

instruments that posed a risk of injury through cutting or pricking.) The bins were located out of reach of small children other than one in the downstairs treatment room which was positioned too low and near to the door. We spoke with the practice manager about this who immediately removed this sharps bin and made arrangements to have it sited out of reach of small children. The practice had a clinical waste contract in place and waste matter was stored securely prior to collection by an approved clinical waste contractor.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices. The decontamination room had dirty and clean zones in operation to reduce the risk of cross contamination. There was a clear flow of instruments through the dirty to the clean area. Staff wore personal protective equipment during the process to protect themselves from injury which included heavy duty gloves, aprons and protective eye wear.

We found that instruments were being cleaned and sterilised in line with the published guidance (HTM 01-05). A dental nurse demonstrated the decontamination process, and we saw the procedures used followed the practice's policy. Dirty instruments were transported in purpose made containers that were clearly marked. The dental nurses were knowledgeable about the decontamination process and demonstrated they followed the correct procedures. All the equipment had been regularly serviced and maintained in accordance with the manufacturer's instructions. There were daily, weekly and monthly records to demonstrate the decontamination processes to ensure that equipment was functioning correctly.

Files reflected staff Hepatitis B status. 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 blood borne infections.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing took place on all electrical equipment in January 2016 by a qualified electrician. This was completed every two years with visual checks by staff monthly.

Medicines in use at the practice were in date, stored and disposed of in line with published guidance. We saw detailed logs of checks carried out.

There were sufficient stocks of equipment available for use and these were rotated regularly to ensure equipment remained in date for use.

## Radiography (X-rays)

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These documents were located in the rooms 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. Those authorised to carry out X-ray procedures were clearly named in all documentation. This protected patients who required X-rays to be taken as part of their treatment. We saw certificates that showed maintenance for this equipment was completed at the recommended intervals. Risk assessments and radiation surveys had been conducted and we saw that recommendations that had resulted from these had been carried out.

We saw an X-ray audit had been carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We saw training records that showed the qualified staff had received training for core radiological knowledge under IRMER 2000.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date electronic dental care records. The practice had policies and procedures in place for assessing and treating patients. The provider carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). Radiographs were taken at appropriate intervals and in accordance with the patient's risk of oral disease.

The provider used National Institute for Health and Care Excellence (NICE) guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed general patient care with the dentists and checked dental care records to confirm the findings. Clinical records were comprehensive and included details of the condition of the teeth, soft tissue lining the mouth and gums and any signs of mouth cancer.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Medical history checks were updated by each patient every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

### Health promotion & prevention

The waiting room and reception area at the practice contained literature that explained the services offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that clinical staff had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Two dental nurses had been trained in oral hygiene and were able to educate patients on oral health. These staff members had attended a school in the area in January 2016 and had approached other schools and nurseries to offer this service.

### Staffing

The practice consisted of four dentists working in the practice alongside one dental hygienist, one dental therapist, four dental nurses and two trainee dental nurses. There were also two reception staff, a practice coordinator and a practice manager. The feedback that we received showed that patients had confidence and trust in the dental staff.

Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to undertake their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Files we looked at showed details of the number of CPD hour's staff had undertaken and training certificates were also in place.

Staff had accessed training face to face and online in the form of e-learning. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures for appraising staff performance and we saw that this was done annually. Learning needs were identified and objectives were discussed. We observed a friendly atmosphere at the practice. Staff told us that the management team was supportive and approachable and always 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. The records at the practice showed that referrals were made in a timely way. Letters would be sent and for urgent referrals. The letters were attached to the patient record.

### Consent to care and treatment

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were

# Are services effective?

(for example, treatment is effective)

presented with treatment options, and verbal consent was received and recorded. The dentists we spoke with were also aware of Gillick competency in young patients. The Gillick competency is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Staff were aware of the need to obtain consent from patients and this included information regarding those

who lacked capacity to make decisions. Staff had received Mental Capacity Act 2005 (MCA) training and were fully conversant with the relevance to the dental practice. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect, and maintained their privacy. The reception area had some seats nearby for the downstairs treatment room but the main waiting room was separate to reception up a couple of stairs which helped to maintain confidentiality. There was music playing to also assist with this. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. Treatment was discussed in the treatment room. Staff members told us that they never asked patients questions related to personal information at reception if there were other patients nearby, and to maintain confidentiality a separate area could be used for personal discussions. .

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of, patient information. We observed the interaction between staff and patients and found that confidentiality

was being maintained. Staff were aware of the need to lock computers, store patient records securely, and the importance of not disclosing information to anyone other than the patient.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected eight comment cards completed by patients about the services provided and we spoke with three patients on the day of the inspection. The feedback reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and tidy, that they found the staff offered an excellent service and had high confidence in the team. They said that staff were efficient and kind and that explanations about their treatment were clear and that they were given options in relation to the treatment. Feedback in relation to patients who were nervous commented how the staff were understanding and patient; they were made to feel at ease.

### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing costs of NHS treatments was displayed in the waiting area. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflets and complaints procedure. The practice had a patient information folder in the waiting room which gave details of safeguarding, staff members that were qualified first aiders and other information.

The practice had an appointment system which patients said met their needs. Where treatment was urgent, we were told that patients would be seen within 24 hours. Emergency slots were kept open each day for patients that were in need of urgent care.

### Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to limited mobility or other physical issues. A disability audit had not taken in March 2016 looking at the access to the practice and assessing if any improvements could be made.

There was level access into the building via a ramp at the entrance and the toilet facilities were suitable for those patients that used a wheelchair or had limited mobility. There were steps to the waiting room however there was an area at reception where patients could wait for their appointments if they were unable to use the stairs. The

practice had a hearing loop system which enabled people who use a hearing aid to enhance their hearing within the practice. The practice had access to a translation service if necessary.

### Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. We were shown that emergency slots were kept each day for those patients that were in pain and that patients would be seen within 24 hours if necessary.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice opened Monday to Wednesday from 8am to 8pm, Thursday and Friday 8am to 7.30pm. Saturday morning's clinic was for private hygiene appointments only.

### Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. The practice had received 12 complaints in the past 12 months, five of which were verbal and these were recorded with the details of the complaint and the outcome in relation to each one. Learning from complaints was also recorded and the complaints were sent through to head office who would look at trends for the organisation. The practice manager said that they also looked at trends and reviewed them however this was not formalised or documented. The practice manager told us that this would be documented for the future to look at practice trends and themes. Information for patients about how to make a complaint was seen in the practice leaflet and a poster in reception.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. The practice had a computer system that stored all relevant policies and procedures and would alert the management when any item was due for review or updating. This included training, servicing of equipment, risk assessments and staff information such as DBS. Staff we spoke with were aware of their roles and responsibilities within the practice. The practice had folders which included a sheet to say that staff had read and understood the policies and also that the policies had been reviewed annually. Staff were aware of where policies and procedures were held and we saw these were easily accessible. The practice also had an intranet where staff could access information electronically.

### Leadership, openness and transparency

The staff we spoke with described a close team and a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the manager. They felt they were listened to and responded to if they did raise a concern. Staff told us they enjoyed their work and were well supported.

The practice manager was the lead for the practice and their time was split between this practice and one other. The practice coordinator was responsible for the day to day management of the practice and in the practice manager's absence. The clinical staff had a clinical lead to refer to in the practice and also at head office. We found staff to be hard working, caring and committed to the work they did. Staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

### Learning and improvement

Practice meetings were held and were minuted. We saw that discussions were held in relation to infection control, training, significant events and patient surveys.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources including e-learning. The practice manager had system that showed of all training with the dates completed for each staff member. The system highlighted at a glance when training was due for renewal or overdue.

We found that clinical and non-clinical audits were taking place at the practice including infection control, record keeping and X-ray quality. Results from clinical audits were discussed with clinicians on a one to one basis with the practice manager to review. A reflective log was completed and these would then be included for discussion in the practice meeting. We saw that results from audits were looked at and commented on and if necessary actions would be implemented. We saw that these were also discussed at the practice meetings.

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

Staff told us that patients could give feedback at any time they visited. The practice had a suggestion box and the practice completed surveys monthly where they would aim to have 40 surveys completed. Results of practice surveys were published in the waiting area. Patients were also able to give feedback on the practice website and also through NHS choices. We saw that patients had given feedback through NHS choices – the last one being October 2015. The practice had not acknowledged this or responded. We spoke with the practice manager about this and they said they would look into the system as they should automatically receive notification when anything is submitted so that they could respond.

The practice had systems in place to review the feedback from patients including those who had cause to complain. Any complaints or feedback received would be discussed at the practice meeting.

Staff told us they felt valued and were proud to be part of the team.