Oasis Dental Care (Central) Limited

# Oasis Dental Care Central - Pershore

## Inspection Report

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Date of inspection visit: 2 June 2016
Date of publication: 30/06/2016

## Overall summary

We carried out an announced comprehensive inspection on 2 June 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 – Pershore is in Pershore town centre and mainly provides NHS dental treatment. It is the only dental practice in the town. Private treatment is available if patients request this. The practice has four dentists, a dental hygienist, one dental nurse and two trainee dental nurses (one of whom is about to qualify). The clinical team are supported by two reception staff and a practice manager. The practice manager joined the practice at the start of 2016 and is also a dental nurse and the registered manager. Like registered providers, registered managers 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 has four dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. There is level access into the reception, main waiting area and three treatment rooms. There is a slight change of level on the ground floor which the practice has addressed by ramping the floor in preference to steps. We saw signs on the walls to alert patients to this. The patient toilet is equipped for patients with physical disabilities. There are two steps up to one treatment room and the staff areas.

# Summary of findings

The practice is open from 8am to 8pm Mondays,Tuesdays and Wednesdays, 8am to 7pm on Thursdays and 8am to 5pm on Fridays.

Before the inspection we sent Care Quality Commission comment cards to the practice so patients could tell us about their experience of the practice. We collected 17 completed cards and also saw the most recent Oasis, NHS Friends and Family and NHS dental services survey results. This information showed that patients are positive about the practice and appreciative of the service it provides. Patients described the practice team as polite, helpful, and caring. Several used words such as exceptional and considerate and commented that they received detailed explanations of the treatment they needed in a way they understood. The most up to date cumulative Oasis results showed that 97% of patients said the quality of their treatment was good, 98% would recommend the practice to others and 94% felt involved in decisions about their care. The NHS dental services survey and Friends and Family results were similarly positive.

**Our key findings were:**

- The practice was visibly clean and some patients specifically mentioned this. The practice had systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had clear processes for dealing with medical emergencies and for ensuring that dental equipment was regularly maintained. There were some indications that the practice may not have sufficient instruments
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development.
- Patients were able to make routine and emergency appointments when needed.
- The practice had established a variety of ways to gather patients' views including in-house surveys and the NHS Friends and Family test.
- Patients said they received service they felt met their needs and were treated with respect.
- The practice had governance processes in place to manage the service provided.

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

- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- 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 practice protocols and adopt an individual risk based approach to patient recalls giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.
- Review the availability of sufficient quantities of instruments within the practice.
- Review dental nurse staffing levels at the practice taking into account the extended hours service provided and the practice's current recruitment challenges.

# 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 recognised the importance of providing a safe service and had systems for managing this. These included policies and procedures for important aspects of health and safety such as infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety. Staff were knowledgeable and alert to their responsibilities for safeguarding children and adults. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if needed. The practice had recently recognised a safeguarding concern and dealt with this appropriately leading to a positive outcome for the patient concerned.

**Are services effective?**

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration. The information we gathered confirmed that the care and treatment provided reflected published guidance although some dentists were not always following national guidance in respect of recall intervals. Staff understood the importance of obtaining informed consent, but were not fully familiar with the relevant legislation and guidance when treating children, young people and patients who might lack capacity to make some decisions themselves.

**Are services caring?**

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

We gathered patients' views from 17 completed Care Quality Commission comment cards and looked at the practice's combined Oasis and NHS Friends and Family survey results for 2016. This information confirmed a consistently positive view from patients about the service the practice provides. People described the practice team as polite, helpful, and caring. Several used words such as exceptional and considerate and commented that they received detailed explanations of the treatment they needed in a way they understood. The Oasis and NHS dental services surveys and the NHS Friends and Family test results also reflected high levels of patients' satisfaction with the service.

During the inspection we saw staff speaking with patients in a friendly, polite and helpful way. Patients confirmed they were treated with respect. Families with children were positive about the care and treatment children received at the practice. We saw numerous children during the day, all of whom were relaxed and at ease with staff.

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

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

All the patient feedback we looked at showed high levels of satisfaction with a service which met the needs of adults and children in a personalised way.

# Summary of findings

The practice was mostly at ground level and the waiting room had sufficient space for patients using wheelchairs. Staff told us that they booked appointments in the ground floor treatment rooms for patients unable to manage the step to one of the treatment rooms. All the information we reviewed showed that patients could obtain routine treatment and urgent or emergency care when they needed and were satisfied with the time they waited for an appointment.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients and responded to complaints promptly in accordance with Oasis's procedures.

**Are services well-led?**

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

The practice had had arrangements for managing and monitoring the quality of the service which included relevant policies, systems and processes which were available to all staff. Some audits of clinical and other systems and processes already took place and the registered manager planned to develop these further as a means to monitor the quality of the service provided.

The practice team were positive about using learning and development to maintain and improve the quality of the service. There was an appraisal process for all staff and regular staff meetings took place.

The practice took the views of patients seriously and used the NHS Friends and Family test and Oasis surveys to obtain feedback.

# Oasis Dental Care Central - Pershore

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 2 June 2016 by a CQC inspector and a dental specialist adviser. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including dentists, the registered manager, dental nurses, and a receptionist. A compliance auditor from Oasis's national compliance team was present during the inspection and took an active part in this. We looked around the premises including the decontamination room and treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 17 patients in comment cards provided by CQC before the inspection. We also saw the results of Oasis surveys and the NHS Friends and Family test.

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 a significant event policy and recording forms for staff to use. The policy was brief and the registered manager agreed this would be more helpful to staff if it included more information about what should be recorded as a significant event. There was an appropriate accident book and completed forms were filed so the confidentiality of anyone involved in an accident was protected.

The practice had until recently received national alerts about safety issues and we saw that there had been a system for checking and sharing information with the team. The registered manager told us they had not received any recently. This may have been due to a recent change in how these are distributed. They immediately subscribed to the government website so they would obtain immediate updates about alerts and recalls for medicines and medical devices direct. They planned to include a discussion about safety alerts at a staff meeting on 6 June 2016.

We saw that when adverse incidents occurred these were documented, changes were made and relevant information was recorded. Two recent incidents involved a safeguarding concern and an accident at the practice. We saw meticulous notes about both incidents both of which the practice had reported to CQC as required.

The practice was aware of the legal requirement, the Duty of Candour, to tell patients when an adverse incident directly affected them and had discussed this at a staff meeting. Written information was available about this in the practice's policy folder. The registered manager said they would develop the guidance for staff to make the link with the Health and Social Care Act Regulations explicit.

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

Clinical and non-clinical staff we met were knowledgeable about how to recognise potential concerns about the safety and well-being of children, young people and adults whose circumstances might make them vulnerable. All of the practice team had completed suitable safeguarding training for their roles.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines. The contact details for the relevant safeguarding professionals in Worcestershire were readily available for staff to refer to. Staff knew that the registered manager was the named safeguarding lead. The practice had dealt appropriately with a recent situation where they had felt that a patient might be a risk. This included reporting the matter to CQC as well as discussing their concerns with the patient and making a referral to the Worcestershire safeguarding team.

We confirmed that the dentists used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. The use of a rubber dam was included in the practice's risk log and had been discussed at a staff meeting to ensure all staff were aware of the expectation to use one and to fully record information in patients' notes. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

### Medical emergencies

The practice had arrangements 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. We saw evidence that staff had completed basic life support training and training in how to use the defibrillator. In addition to this they had recently worked through a medical emergency scenario as part of a staff meeting. Staff had responded to an accident at the practice by administering first aid and calling an ambulance.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept daily records of the emergency medicines and equipment to monitor that they were available, in date, and in working order. They had a system for making sure replacements were ordered before the expiry date was reached.

# Are services safe?

## Staff recruitment

The practice used the Oasis national recruitment procedures which were structured to ensure accountability for these. We discussed the specific part of the Health and Social Care Act that relates to recruitment checks with the compliance auditor. They acknowledged that the organisation's process, though thorough, did not fully reflect this. They said they would look at developing their guidance for registered managers.

We saw evidence that the practice had obtained Disclosure and Barring Service (DBS) checks for all staff in line with their recruitment policy. The 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.

We looked at the recruitment records for two staff currently employed at the practice and saw that the provider had completed the expected checks including obtaining satisfactory evidence of conduct in previous care related employment.

The practice had evidence that the clinical staff were registered with the General Dental Council (GDC) and that their professional indemnity cover was up to date. The Oasis compliance auditor told us that Oasis paid the professional registration fees and indemnity cover for the dental nurses. They had a structured process for making sure they provided renewal information in a timely way each year. Oasis also had a process for making sure that the dentists had renewed their professional indemnity and GDC registration.

## Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy, a practice risk log and specific risk assessments covering a variety of general and dentistry related health and safety topics. These were supported by a detailed business continuity plan describing how the practice would deal with a wide range of events which could disrupt the normal running of the practice. The registered manager had a copy of this off site and staff knew who they could contact if problems arose when the registered manager was not available. The practice carried out monthly health and safety checks.

The practice had a fire risk assessment completed by an external fire safety consultant and staff kept records of the routine checks they made of the various fire safety precautions.

The practice had detailed and well organised information about the control of substances hazardous to health (COSHH).

The practice had a lone working policy to help ensure the safety of staff if they were alone at any time. Staff were aware of the policy but said it was rare for anyone to be in the building on their own. Staff at the reception desk were often alone in that area and had the means to call other staff for assistance in an emergency.

## Infection control

The practice was clean and tidy and patients who mentioned cleanliness in CQC comment cards were positive about this. The practice used an agency cleaner for daily general cleaning. The dental nurses shared responsibility for cleaning of clinical areas and equipment. There was a written cleaning schedule to ensure all cleaning tasks were carried out and recorded. We highlighted that staff used ticks rather than initials; this limited accountability for tasks completed.

The practice had an infection prevention and control (IPC) policy and one of the dental nurses was the IPC lead for the practice. We saw that IPC audits were carried out twice a year. The practice had a dental head rest and a dental nurse seat with damaged covering. We noted that these issues were not recorded in the most recent IPC audit. The registered manager was aware of these and had been trying without success to arrange for a specialist firm to repair these. They subsequently confirmed that both items had been sent for repair and would be returned by 10 June. In the meantime they had used replacements from another treatment room that was not needed for a few days.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. We found that they met the HTM01- 05 essential requirements for decontamination in dental practices.

# Are services safe?

Decontamination of dental instruments was carried out in a separate decontamination room. The separation of clean and dirty areas in the decontamination room was clear. In the treatment room the clean and dirty areas were labelled but we highlighted that the point at which one ended and the other began could be made clearer. Staff used clearly labelled boxes with lids to carry used and clean instruments between the decontamination room and the treatment rooms.

The dental nurse who showed us the decontamination process explained this clearly. They explained that they cleaned used instruments manually before a visual examination using an illuminated magnifying glass. Clean items were then sterilised. Heavy duty gloves were available for the staff to use for manual scrubbing to reduce the risk of injury to the staff. The dental nurse was knowledgeable about the process, including the correct water temperature range for manual cleaning. During the day we observed one member of staff who was not wearing any gloves while cleaning instruments. We intervened because this placed them at risk; we also informed the registered manager and the compliance auditor.

The practice kept records of the expected decontamination processes and checks including those which confirmed that equipment was working correctly. We saw that instruments were packaged, dated and stored appropriately. The registered manager and the compliance auditor confirmed that Oasis policy was to use single use instruments whenever possible in line with HTM01-05 guidance. During the inspection we found some single use instruments in packs used to sterilise instruments, usually after they have been used. These were named for individual patients. The registered manager and the compliance auditor checked this and assured us that these were new instruments which had been sterilised ready for patients' appointments.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment room and decontamination room had designated hand wash basins for hand hygiene and liquid soaps and paper towels. Suitable spillage kits were available to enable staff to deal with any loss of bodily fluids safely and the cupboard where these were stored was clearly labelled.

The practice had a Legionella risk assessment carried out by a specialist company in 2011. Legionella is a bacterium which can contaminate water systems in buildings. We saw that staff carried out routine water temperature checks and kept records of these. The practice used an appropriate chemical to prevent a build-up of potentially harmful biofilm in the dental waterlines. Staff confirmed they also carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste reflected current guidelines from the Department of Health. The practice had a waste management policy and used an appropriate contractor to remove dental waste from the practice. We saw the necessary waste consignment notices and that the practice kept waste securely stored ready to be collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This was displayed in the treatment rooms and staff were aware of what to do. The practice had documented information about the immunisation status of each member of staff. Boxes for the disposal of sharp items were dated and signed. We noted an information sheet for patients about obtaining a blood test if staff injured themselves on an instrument used for that person. This was not dated or version controlled. The registered manager said they would check the information was still correct and produce a new version.

### Equipment and medicines

The practice had maintenance arrangements for equipment to be maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor, X-ray equipment and portable electric appliances.

Medicines were securely stored and the practice kept daily records to monitor the quantity in stock and the expiry dates. The practice also stored prescription pads securely and kept records of the serial numbers in stock. We confirmed that staff recorded the serial numbers of prescriptions they issued in individual patients' records.

In the past the practice had monitored the temperature of the room where medicines were stored. They no longer did this although it is good practice particularly if the room can become very warm during the summer.

# Are services safe?

The clinical team recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records.

Some information from staff suggested that the practice might not have a sufficient number of dental instruments to cope with the number of appointments each day and time needed to clean and sterilise instruments. For example, one clinician told us said they did not have sufficient dental hand pieces. Some staff commented that instruments were frequently taken from one treatment rooms to supplement what was available in another. The registered manager said they were confident that the practice did have enough instruments but said they would carry out a full review and inventory to confirm this either way.

### Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that maintenance arrangements for the X-ray equipment were in place. We saw the required information to show that the practice had informed the Health and Safety Executive (HSE) of the X-ray equipment present in the building.

We saw the certificates confirming that the dentist had completed IRMER training for their continuous professional development (CPD) and that this was up to date.

We saw evidence that the practice had audited the diagnostic quality grading of the X-rays in the last year and that the dentists justified, graded and reported on the X-rays they took. We noted that the audits had been based on treatment rooms rather than the dentist who had taken the X-rays. This could limit the extent to which the X-ray audits supported dentists' learning and development.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We discussed the assessment of patients' care and treatment needs with the two dentists who were at the practice during the inspection. They confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). The dentists took a risk based approach to taking X-rays for patients which reflected FGDP guidance. They confirmed they were aware of other specific guidance related to the prescribing of antibiotics and lower wisdom tooth removal.

National NHS data available to us showed that the practice had a higher than average number of patients returning for treatment after three to nine months. Discussions during the inspection indicated that this may relate to one or more dentists arranging recalls at six monthly intervals whether or not this was clinically necessary. NICE guidance is that recalls should be at variable intervals according to an assessment of each patient's needs.

The practice kept suitably detailed records about patients' dental care and treatment. They obtained and regularly updated details of patients' medical history. The receptionist showed us how they used the practice computer system to track this and identify patients whose medical history needed to be updated. We confirmed that they completed assessments of patients' oral health including their gum health and checks of soft tissue to monitor for mouth cancer.

### Health promotion & prevention

The practice was aware of and took into account the Delivering Better Oral Health Tool Kit from the Department of Health. Information was available for patients about oral health, stopping smoking and sensible alcohol consumption. We saw evidence that the dentists gave advice to patients about these as necessary. A range of dental care products were available for patients to buy.

The practice prescribed fluoride toothpaste for patients when they assessed a need for this and provided fluoride applications for children in accordance with current guidelines.

### Staffing

We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). The practice had evidence that all clinical staff held current GDC registration. The practice policy was to ask staff for copies of all training certificates. These were kept in a well organised practice CPD folder. The folder included lists of relevant training showing the most recent dates staff had completed each topic and the date they would be due to renew this. Staff received annual appraisals that identified their learning needs.

As well as clinically focused training, staff had also completed safety related training such as basic life support and defibrillator training, fire safety and infection control. The practice had a structured induction process for new staff and we learned that the newest trainee dental nurse was currently only observing treatments while they waited for their immunisations to be completed.

The practice told us that their most significant challenge was that they had been unable to recruit sufficient qualified or trainee dental nurses. Some locum and bank dental provision was available but the one trained dental nurse and two trainees at the practice frequently worked additional hours to ensure a dental nurse was available to assist each dentist at all times. The registered manager and compliance auditor told us that staff working additional hours could take time off in lieu or receive overtime payments. The registered manager was a registered dental nurse and had also needed to spend some time assisting in treatment rooms because of the practice's shortage of dental nurses. Some staff said it was difficult to take time back when the practice was already short staffed.

The dental hygienist worked without the support of a dental nurse although during a staff meeting in March 2016 the dental nurses were asked to carry out the cleaning and sterilising of instruments for them. The hygienist told us that providing treatment, and recording information in patients' notes was difficult to manage in the time available to them. They said they dealt with the decontamination of their instruments themselves.

The registered manager told us how much they appreciated the hard work, good will and loyalty of the staff team and acknowledged that the team was under some pressure at present.

### Working with other services

# Are services effective?

## (for example, treatment is effective)

The practice referred patients to external professionals or other practices, usually those within the Oasis group, if they needed more complex care or treatment that the practice did not offer. This included conscious sedation, dental implants, complex root canal and gum disease treatment.

The practice referred patients for investigations in respect of suspected oral cancer in line with NHS guidelines.

A member of staff followed up referrals when patients informed the practice that they had not received an appointment. We discussed the benefits of a more proactive system with the registered manager. They agreed this would help ensure more timely intervention if there was a delay for some reason.

### Consent to care and treatment

The dentists understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment. We saw completed audits of patient records to monitor that consent was recorded. Standard NHS forms were used for all NHS patients and these were supplemented by specific consent forms for patients who needed more complex treatment and for private patients.

The practice had a written consent policy and guidance for staff about the Mental Capacity Act (MCA) 2005.The MCA 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 staff we spoke with knew they needed to pay particular attention to consent in these circumstances. They had received training about the MCA but were not fully familiar with the relevance of this legislation in dentistry. The dentists also considered whether young people under the age of 16 may be able to make their own decisions about care and treatment. They described the sorts of situation where this might arise and how they would deal with it but were not fully familiar with the legal framework regarding this.

# Are services caring?

## Our findings

### Respect, dignity, compassion & empathy

We collected 17 completed cards and also saw the practice's combined Oasis and NHS Friends and Family survey results for 2016. Patients described the practice team as polite, helpful, and caring and used words such as exceptional and considerate to describe their care and treatment. Families with children said that staff supported children very well so they were happy to go to the dentist.

The waiting room was situated in the same room as the reception area. Staff told us that if a patient needed or wanted more privacy to discuss something they would take them into another room. We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it.

During the day we observed numerous contacts between staff and patients. We saw that they treated patients in a respectful, helpful and friendly way both in person and on the telephone.

### Involvement in decisions about care and treatment

Patients told us the approach of the dentists and other members of the team put them at ease. Several commented that they received detailed explanations of the treatment they needed in a way they understood. We saw evidence that the practice recorded the detailed explanations they provided to patients about their treatment needs. This was supported by comments made by several patients in the CQC comment cards.

The dentists described explaining things to patients, and particularly children, in a way they would understand. They used models, photographs and drawings to help with this. They said they tried to make this fun for children. They told us that they did as much as possible to make sure patients understood the risks and benefits of treatment options, including asking patients to confirm their understanding.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We collected 17 completed cards and also saw the practice's combined Oasis and NHS Friends and Family survey results for 2016. The information this provided showed patients were pleased with the service and considered that it met their needs. This included nervous patients and families with children. We looked at the appointment booking system with a member of staff. This confirmed that the length of each patient's appointments was based on information from the dentists. Reception staff checked this on the computer system when making each appointment.

The practice used the alerts facility on the computer system to identify patients who may need additional assistance with appointments.

Clear information was available for patients on the practice website and in an information folder in the practice waiting room. This included information about members of the practice team, NHS and private treatment costs, the complaints procedure, out of hours arrangements for dental emergencies, and safety information including fire safety arrangements and the practice's water safety certificate.

### Tackling inequity and promoting equality

Staff told us that they had very few patients who were not able to converse confidently in English. In this situation they had details for an interpreting and translation service available in reception. The practice had an induction hearing loop to assist patients who used hearing aids. We noted that the telephone contact details for Deaf Direct were available behind the reception desk. The receptionist explained that they worked with Deaf Direct when patients needed to communicate using Typetalk. Patients could use Typetalk to contact Deaf Direct whose staff then acted as intermediary and passed queries back and forth between the patient and the practice.

There was level access from the pavement into the reception, main waiting area and three treatment rooms. There was a slight change of level on the ground floor which the practice had addressed by providing ramps in preference to steps. We saw signs on the walls to alert patients to this. The patient toilet provided facilities for patients with physical disabilities. There were two steps to one treatment room and the staff areas.

### Access to the service

Patients who commented on this confirmed they were able to make appointments easily.

The practice was open from 8am to 8pm Mondays,Tuesdays and Wednesdays, 8am to 7pm on Thursdays and 8am to 5pm on Fridays. An audit of waiting times had shown that the dentists kept to time well; this was supported by the results of Oasis surveys, NHS dental services surveys and NHS Friends and Family results which showed that patients were not kept waiting. On the day of our inspection we observed that patients were called through for their appointments promptly.

Patients who needed urgent treatment outside usual opening hours were advised to use the NHS 111 service. The practice did not keep emergency appointments free each day but staff told us patients with pain or other urgent dental needs could be seen the same day although they may need to sit and wait. The out of hours arrangements were provided on the practice's answerphone message.

There was information for patients in the waiting room and on the practice website.

### Concerns & complaints

The practice had a complaints policy and procedure and a copy of this was displayed on a noticeboard in reception. The procedure explained who patients should contact about concerns and how the practice would deal with their complaint. The procedure also contained contact details for national organisations that patients could raise their concerns with depending on whether they were NHS or private patients. These included NHS England, the Dental Complaints Service, and the GDC. This information was also available on the practice website, together with details about how to contact Oasis's national patient liaison team.

# Are services well-led?

## Our findings

### Governance arrangements

The registered manager was responsible for the day to day management of the practice and one of the dentists provided clinical leadership. Some responsibilities were delegated to other members of the team.

The practice used a comprehensive range of detailed policies and procedures provided by Oasis to provide the basis for effective management. The registered manager was in the process of reviewing these to make sure the most up to date information was available. The policies reflected relevant national guidance from organisations including the General Dental Council (GDC) and the British Dental Association (BDA).

Staff completed training in respect of information governance and confidentiality to help ensure patient information was treated correctly.

### Leadership, openness and transparency

Staff told us they worked well together as a team and we saw evidence of this ourselves. For example, we saw that the dental nurses supported the receptionist when they were busy. We were told that the team was aware of its strengths and weaknesses and that staff supported each other for the benefit of patients. A member of staff who worked part time told us that the registered manager always briefed them about events or changes at the practice so that they were kept up to date.

### Management lead through learning and improvement

Staff confirmed that Oasis supported them to meet their training needs. We saw that the registered manager had well organised information about the training completed by every member of the team.

The practice had an established programme of clinical and other audits to help them monitor the care and treatment they provided. Audits included patient waiting times, recording of consent in patients' records, X-rays and infection prevention and control. We noted that the audits of X-rays were based on which X-ray machine was used rather than the dentist who had taken the X-rays. This could limit the extent to which the X-ray audits supported the learning and development of individual dentists.

The dentists attended meetings of the Local Dental Committee and conferences arranged by Oasis to maintain links with other dentists and the wider dental community. We were told that the dentists discussed cases informally to benefit from the peer support and shared learning this offered.

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

The practice used Oasis surveys and the NHS Friends and Family test to obtain patients views. The comments made by patients were collated every month. We read the comments for the last 12 months. These were complimentary about the practice and specific members of the team. None of the comments included suggestions for changes or improvements. The most recent NHS dental services survey results gave a similar picture.

We saw minutes of regular staff meetings during 2015 and 2016. These provided staff with the opportunity to discuss a variety of topics. The most recent meeting in May 2016 included a medical emergency scenario. We noted the minutes did not reflect whether the meetings were also used as opportunities to obtain and discuss staff views and ideas.