Oasis Dental Care (Central) Limited

Oasis Dental Care Central - Millom

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 24 November 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

This practice is also known as the Pavilion Dental Practice. It was established in 2010 as part of the Oasis dental care Network.

The practice offers both NHS and private dentistry to both adult patients and children.

The practice is open Monday, Wednesday and Friday from 09.00 to 5.00pm. 08.00 to 7.00pm on Tuesday and Thursday.

There are two locum dentists, four qualified dental nurses, one dental hygiene therapist, a receptionist and a practice manager.

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.

On the day of inspection we received seven CQC comment cards providing feedback. The patients who provided feedback were very positive about the care and attention to treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be kind, polite and considerate. Patients commented they could access emergency care easily and they were treated with dignity and respect in a clean and tidy environment.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.
- The practice was well-led, staff felt involved and supported and worked well as a team.
- The governance systems were effective.

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

- Review the practice's audit protocols of various aspects of the service, such as radiography at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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?

No action

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

Infection prevention and control procedures followed recommended guidance from the Department of Health: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Equipment for decontamination procedures, radiography and general dental procedures were tested and checked according to manufacturer's instructions.

Medicines were stored appropriately, both for medical emergencies and were in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

Staff we spoke with were knowledgeable about safeguarding systems for adults and children.

The practice had processes for recording and reporting any accidents and incidents.

Risk assessments (a system of identifying what could cause harm to people and deciding whether to take any reasonable steps to prevent that harm) were in place for the practice.

Are services effective?

No action

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

Dental professionals referred to resources such as the National Institute for Health and Care Excellence (NICE) guidelines and the Delivering Better Oral Health toolkit (DBOH) to ensure their treatment followed current recommendations.

Staff obtained consent, dealt with patients of varying age groups and made referrals to other services in an appropriate and recognised manner.

Staff who were registered with the General Dental Council (GDC) met the requirements of their professional registration by carrying out regular training and continuing professional development (CPD).

Are services caring?

No action

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

Patients were very positive about the staff, practice and treatment received. We left CQC comment cards for patients to complete two weeks prior to the inspection. There were seven responses all of which were very positive, with patients stating they felt listened to and received the best treatment at that practice.

Dental care records were kept securely on computer systems which were password protected and backed up at regular intervals.

Summary of findings

We observed patients being treated with respect and dignity during our inspection and privacy and confidentiality were maintained for patients using the service. We also observed staff to be welcoming and caring towards patients.

The waiting room had a selection of dental information leaflets and magazines.

Are services responsive to people's needs?

No action

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

The practice had dedicated slots each day for urgent dental care and every effort was made to see all emergency patients on the day they contacted the practice.

Patients had access to telephone interpreter services when required and the practice provided aids for different disabilities such as a hearing loop. There was access to a disabled toilet on the premises.

Are services well-led?

No action

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

There was a nominated person in respect of Duty of Candour. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle which states the same.

Staff were supported through training and offered opportunities for development.

Staff reported the registered manager was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection prevention and control, X-rays, clinical examinations and patients' dental care records.

The practice held regular staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

Oasis Dental Care Central - Millom

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

The inspection was led by a CQC inspector who was supported by a specialist advisor.

We reviewed the information before the inspection sent by the provider for example; the Statement of Purpose and the number of complaints received by the provider.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the dentist, a dental nurse, the receptionist and the practice manager. We reviewed policies, procedures, and other records relating to the management of the service.

We reviewed seven completed CQC comment cards.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. We were told that no significant events had occurred in the last 12 months. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings in order to disseminate learning.

The practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary.

Reliable safety systems and processes (including safeguarding)

We saw the practice had systems, processes and practices in place to keep people safe from abuse.

The provider had a whistleblowing policy in place with an associated procedure to enable staff to raise issues and concerns.

The provider had a policy for safeguarding children and vulnerable adults. Staff demonstrated a good understanding of the policy. The practice manager held the lead role in safeguarding and provided advice and support to staff where required. Local safeguarding authority's contact details for reporting concerns and suspected abuse were displayed in treatment rooms. Staff were trained to the appropriate level in safeguarding, and were aware of how to identify abuse and follow up on concerns. Staff had access to contact details for both child protection and adult safeguarding teams

The clinicians were assisted at all times by a dental nurse.

We observed the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records contained a medical history which was completed or updated by the patient and reviewed by the clinician prior to the commencement of dental treatment, and at regular intervals of care. The dental care records we looked at were well structured and contained sufficient detail to demonstrate what treatment had been prescribed and completed, and what was due to be carried out. Dental care records were stored securely.

The practice had systems in place to help ensure the safety of staff and patients. These included the use of a needle re-sheathing device, a protocol whereby only the dentist handles sharps and guidelines about responding to a sharps injury.

The dentists told us they routinely used latex free rubber dam when providing root canal treatment to patients (to avoid any possibility of a reaction to latex) in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, which can be latex (rubber) or non-latex, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use a rubber dam the reason is recorded in the patient's dental care records giving details as to how the patient's safety was assured.

We saw patients' dental care records were computerised; password protected and backed up to secure storage to keep personal details safe.

Medical emergencies

The practice had procedures in place which provided staff with guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits were kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.).

No action

Are services safe?

Records showed regular checks were carried out on all the emergency equipment to ensure that it was in working order and available for use.

Staff recruitment

The provider used the skill mix of staff in a variety of clinical roles, for example, dentists, a dental hygiene therapist and dental nurses, to deliver care in the best possible way for patients.

The practice had a corporate policy and a set of procedures for the safe recruitment of staff which included seeking two references, proof of identity, checking relevant qualifications and professional registration. We reviewed a sample of staff files and found the recruitment procedure had been followed. The practice manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

There was a corporate overarching health and safety policy in place, underpinned by several specific policies and risk assessments. A range of other policies, procedures, protocols and risk assessments were in place to inform and guide staff in the performance of their duties, and to manage risks at the practice. Policies, procedures and risk assessments were regularly reviewed and readily available to staff.

The provider also ensured that clinical staff had received a vaccination to protect them against the Hepatitis B virus and the effectiveness of the vaccination was identified. People who are likely to come into contact with blood products, and are at increased risk of injuries from sharp instruments, should receive these vaccinations to minimise the risks of acquiring blood borne infections.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. The COSHH file was in alphabetical order to aid staff.

We saw a fire risk assessment had been carried out. The provider had arrangements in place to manage and mitigate the risks associated with fire, for example, one of the staff undertook a lead role for fire safety, safety signage was displayed, fire-fighting equipment was available, and fire drills were carried out regularly. Staff were familiar with the evacuation procedures in the event of a fire.

Infection control

There was an infection control policy and procedures to keep patients safe. These included hand hygiene, safe handling of instruments, managing waste products and decontamination guidance. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The head dental nurse was the infection control lead and was responsible for overseeing the infection control procedures within the practice.

Staff had received training in infection prevention and control. We saw evidence that staff were immunised against the blood borne virus, (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment rooms and the decontamination room to be clean and hygienic. We noted that the decontamination room was situated away from patient areas to ensure access was restricted.

Local anaesthetic cartridges were stored in the original blister packaging to prevent exposure to contamination.

Work surfaces were free from clutter. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in the treatment rooms and staff had access to supplies of personal protective equipment (PPE) for patients and staff members. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Sharps bins were

appropriately located, signed and dated and not overfilled. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection.

We reviewed the procedures involved in cleaning, disinfecting, inspecting and sterilising of dirty instruments; packaging and storing clean instruments. Instruments were appropriately bagged and stamped with a use by date one year from the day of sterilisation. The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate PPE during the process.

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

The practice had carried out an Infection Prevention Society (IPS) self- assessment audit relating to the Department of Health's guidance on decontamination in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards. We highlighted that national guidance stated that these types of audit were required to be conducted every six months. The practice manager assured us this would be addressed.

Records showed a risk assessment for Legionella had been carried out. (Legionella is a bacteria present in all potable water. If not controlled correctly both staff and patients are at risk of developing a disease called Legionellosis). The practice undertook processes to reduce the likelihood of legionella bacteria being present.

The practice had a cleaning policy in place, with an associated cleaning schedule identifying tasks to be completed on a daily, weekly, and monthly basis. Cleaning of the non-clinical areas was the responsibility of a cleaner and the dental nurses were responsible for cleaning the clinical areas. The practice used a colour coding system to assist with cleaning risk identification in accordance with guidelines for cleanliness as set out in HTM 01-05. We observed that the practice was clean, and treatment rooms and the decontamination room were clean and uncluttered

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclaves and the compressor. As part of the corporate audit tool a comprehensive list of all equipment including dates when equipment required servicing was maintained. We saw evidence of validation of the autoclaves and the compressor. Portable appliance testing (PAT) had been completed in 2016 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed. We saw that a justification, grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out regularly and action plans were discussed amongst the dentists as seen in the practice meeting minutes. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentist. They told us the dental care records were comprehensive and included details of the condition of the teeth, soft tissues, gums and any signs of mouth cancer.

Medical history checks were updated every time the patient 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.

The practice used current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, following clinical assessment, the dentists followed the guidance from the FGDP before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray, quality assurance of each X-ray and a detailed report was recorded in the patient's care record.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. High fluoride toothpastes were recommended as appropriate for patients at high risk of dental decay in line with DBOH.

The practice had a selection of dental products on sale in the reception area to assist patients with their oral health.

The practice participated in the 'Smile for Life' initiative and a dental nurse took the lead role in this. This initiative encourages children to look after their teeth properly. Dental staff visit nurseries and schools to promote healthy eating and dental care. Outcomes of the initiative are monitored by the local team of NHS England.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentists and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting room to support patients.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised training for medical emergencies and safeguarding to help staff keep up to date with current guidance. Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including conscious sedation.

The dentists completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. A copy of the referral letter was kept in the patient's dental care records. Letters received back relating to the referral were first seen by the dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. Staff were knowledgeable about

No action

Are services effective?

(for example, treatment is effective)

how to ensure patients had sufficient information and had the mental capacity to give informed consent. The dentists described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff ensured patients gave their consent before treatment began.

Staff had completed training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented that they were treated with care, respect and dignity. Staff told us that they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included keeping surgery doors shut during consultations and treatment and ensuring no personal details were disclosed at the reception desk.

We observed staff to be helpful, discreet and respectful to patients. Staff told us that if a patient wished to speak in private an empty room would be found to speak with them.

The practice had both male and female dentists and patients were able to choose which dentist they wished to see.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available in the practice information leaflet, on notices in the waiting area and on the practice website.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen the same day. We saw evidence in the appointment book that there were dedicated emergency slots available each day for each dentist. If the emergency slots had already been taken for the day then the patient was offered to sit and wait for an appointment if they wished.

Patients commented they were able to access treatment when they required it and felt the appointment system worked for them. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had equality and diversity, and disability policies to support staff in understanding and meeting the needs of patients. Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. A DDA audit had been completed as required by the Disability Act 2005 and recommendations of the audit report as far as practicable within a listed building, implemented. The ground floor surgeries were large enough to accommodate a wheelchair or a pram.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met their needs. Where treatment was urgent patients would be seen the same day. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Information about the out of hour's emergency dental service was available on the telephone answering service, and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The practice manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice manager kept a log of any complaints which had been raised. Any complaints would be discussed at staff meetings (where appropriate) in order to disseminate learning and prevent recurrence.

No action

Are services well-led?

Our findings

Governance arrangements

The practice was managed practice manager and some staff had lead roles. We saw staff had access to suitable supervision and support in order to undertake their roles, and there was clarity in relation to roles and responsibilities.

We reviewed the provider's systems and processes for monitoring and improving the services provided for patients and found these were operating effectively.

The provider had arrangements in place to ensure risks were identified, understood, and managed, for example, the provider had carried out risk assessments and put measures in place to mitigate risks. We saw risk assessments and policies were regularly reviewed to ensure they were up to date with regulations and guidance.

The provider had arrangements in place to ensure that quality and performance were regularly considered, and used a variety of means to monitor quality and performance and improve the service, for example, the analysis of patient feedback, carrying out a wide range of audits which included infection control and X-rays, prescribing arrangements and the analysis of complaints. We saw evidence that these arrangements were working well. Re-auditing was used to measure improvement and improvements but X-ray audits did not have learning outcomes, they were just lists of grades.

Dental professionals' continuing professional development was monitored by the provider to ensure they were meeting the requirements of their professional registration. Staff were supported to meet these requirements by the provision of training.

Staff were aware of the importance of confidentiality and understood their roles in this. Dental care records were complete and accurate. They were maintained on paper and electronically. Paper records were stored securely in locked filing cabinets. Electronic records were password protected and data was backed up daily.

Leadership, openness and transparency

We saw systems in place to support communication about the quality and safety of the service, for example, staff meetings.

The provider had considered the experience mix of the staff and the service was delivered by experienced staff. This ensured a good exchange of information and ideas between the team. Staff were encouraged and supported to participate in the practice initiatives. Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice held general staff and clinical staff meetings every month The meetings were scheduled in advance to maximise staff attendance. We saw recorded minutes of the meetings, and noted that items discussed included clinical and non-clinical issues. The meetings were also used to deliver training updates, for example, in relation to safeguarding. The practice manager also held management meetings and clinician meetings.

The provider operated an open door policy. Staff said they could speak to the managers or the principal dentist if they had any concerns, and that all were approachable and helpful. Staff confirmed all their colleagues were very supportive.

Learning and improvement

The provider made extensive use of auditing as a means to continuously improve the service. Quality assurance processes were used at the practice to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as dental care records, X-rays, infection prevention and control in line with the recommended guidelines. We looked at the audits and saw the practice was performing well. However findings were not discussed at monthly staff meetings and no learning outcomes had been identified.

Staff told us they had access to training and this was monitored to ensure essential training was completed each year. An annual appraisal system with the practice manager was being reviewed. Each member of staff had a personal development plan which described what the aims and objectives were for the upcoming year. This was a two way process.

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

We saw people who use the service and staff were engaged and involved. The provider had a system in place to seek

No action

Are services well-led?

the views of patients about all areas of service delivery, and carried out regular structured patient surveys. A suggestion box for patient comments was also available in the waiting room.

Staff told us they felt valued and involved. They were encouraged to offer suggestions during staff meetings, and said that suggestions for improvements to the service were listened to and acted on. Staff said they were encouraged to challenge any aspect of practice which caused concern.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.