Oasis Dental Care (Southern) Limited

Oasis Dental Care Southern - Banstead

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 25 May 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 Southern – Banstead is a dental practice that is a part of Oasis Dental Care (Southern) Limited. Oasis Dental Care Limited is a large corporate provider of dental services across England. The practice Oasis Dental Care Southern – Banstead is located next to residential properties that are located along the A217 in Surrey. The practice has a car park available at the front of the property for patients and staff to park. The practice has two levels. The ground level has the reception area, a waiting area, three treatment rooms a staff room with an office space and a two toilets. The first floor level has a sub waiting area for patients, a further three treatment rooms, a decontamination room and an X-ray room.

The practice provides NHS and private services to adults and children. The practice offers a range of general dental services including routine examinations and treatment, orthodontics, implants, dentures, veneers, crowns and bridges.

The practice staffing consisted of six dentists, three dental hygienists, five dental nurses, three receptionists, a

Summary of findings

treatment co-ordinator and a practice manager. There is a larger support network that is located at headquarters in Bristol that provides support as part of the wider corporate management structure.

The practice opening hours are Monday to Thursday from 8.00am to 7.00pm and Friday from 8:00am to 5:00pm.

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'. 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Twelve people provided feedback about the service. All patient's comments were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- All clinical staff were up to date with their continuing professional development.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal and management of medical emergencies. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were suitably decontaminated. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant checks and regulations.

No action ✓

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DOH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

No action ✓

Are services caring?

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

Patients commented via the CQC comment cards that the team were friendly, kind and caring. During the inspection we observed staff in the waiting area when they called patients through. They were polite and welcoming towards patients.

No action ✓

Are services responsive to people's needs?

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

Patients were able to access treatment within a reasonable time frame and had enough time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.

No action ✓

Summary of findings

Are services well-led?

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff told us that they felt comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had robust clinical governance and risk management processes in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

No action

Oasis Dental Care Southern - Banstead

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.

We carried out an announced, comprehensive inspection on 25 May 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with ten members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Twelve patients provided feedback about the service. All patient's comments were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures. They told us this included recording them in the accident book and reporting them to the practice manager. We saw there was a protocol posted up in the office for staff to refer to if needed. We reviewed the accident and incident log and saw an event that involved a fall in the car park. The practice discussed the accident in staff meetings and new markings were painted to highlight areas to prevent a repeated incident.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no RIDDOR incidents within the last 12 months.

All staff we spoke to were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. The practice manager was the lead for safeguarding and the staff we spoke with were aware of this.

We saw evidence that staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the management team.

The practice followed national guidelines on patient safety. For example, the dentists told us they used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. [A rubber dam is a thin, rectangular sheet, usually non latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. We saw the practice had gone to additional efforts and organised well labelled individual grab bags that were colour coded for the various different medical emergencies that could occur. This would help make the response quicker and clearer for the team when involved in an emergency.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had

taken place in June 2015 and the next one was for June 2016. We noted that the training included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills.

Staff recruitment

The practice staffing consisted of six dentists, three dental hygienists, five dental nurses, three receptionists, a treatment co-ordinator and a practice manager. There is a larger support network that is located at headquarters in Bristol that provides support as part of the wider corporate management structure.

There was a recruitment policy in place and we reviewed the recruitment files for eight staff members. We saw that relevant checks had been carried out to ensure that the person being recruited was safe and competent for the role. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC), references, ID checks and employment profiles. All staff were up to date with their Hepatitis B immunisations and records were kept on file. [The 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].

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of health and safety risk assessments for slips, trips and falls, stress, using spiral stairs, car park, using burners, latex allergy, ultrasonic cleaner, fire and sharps injury.

The practice had carried out a risk assessment around the safe use and handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a COSHH folder which was updated regularly.

The practice manager was responsible for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by email. These were disseminated to staff and discussed in meetings, where appropriate. We saw evidence of the alerts, where relevant, being kept on file.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy that was updated in February 2016 which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene and environmental cleaning. The practice had followed the guidance on 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to all staff and where appropriate staff had signed and dated to indicate they understood the contents. The practice carried out an infection control audit every six months. We reviewed the last two audits for October 2015 and April 2016. The audit scored high at 97 and 98 percent.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A dental nurse showed us how they used the clean and dirty zones in the room and demonstrated a good understanding of the correct processes. The dental nurse explained that dirty instruments were transported from the treatment rooms in sealable boxes and placed in the dirty zone. The instruments were cleaned and placed in an ultrasonic machine and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were then placed on sterilising trays and put in an autoclave (steriliser) for processing. Once instruments were sterilised they were stored on sterilised trays and taken back to the treatment rooms for use on the same day. Any unused instruments were re-processed through the sterilising system and pouched at the end of each day and dated to indicate when they should be reprocessed if left unused.

We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was

Are services safe?

kept of the results. We saw evidence that the parameters for temperature and pressure were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms and equipment where patients were examined and treated were observed to be clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective apron and safety glasses to wear when they were receiving treatment. We saw there were good supplies of protective equipment for patients and staff members.

Records showed that a Legionella risk assessment had been carried out by an external company in November 2011. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy, however we noted the extractor fan in the decontamination room had collected dust and required cleaning. The practice had a cleaning schedule that covered all areas of the premises and detailed the daily checks that had been completed. The practice manager told us they would review this oversight with the cleaning company.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. There were service contracts in place for the maintenance of equipment. For example, we saw documents showing that the air compressor and autoclaves had all been inspected and serviced annually; the last service was completed in October 2015. The practice had portable appliances and had carried out portable appliance tests (PAT) every two years; the last test was completed in July 2015. We saw records which showed that the fire extinguishers were checked regularly and weekly alarm tests were conducted.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment. All staff had signed and dated to indicate they had read the contents.

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in July 2015 which was within the recommended timescales of every three years. One of the dental team was the radiation protection supervisor (RPS). All dental staff including the RPS had completed the necessary radiation training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentists described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire covering any health conditions, medicines being taken and any allergies suffered. During the course of our inspection we reviewed a small sample of dental care records. We saw evidence that the assessment included checking soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We saw the dental care records included the proposed treatment after discussing options with the patient and this included the details of the costs involved.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dental staff told us they discussed oral health with their patients and explained the reasons why decay and dental problems occur. They were a preventative focused practice and referred to the advice supplied in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'. (This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

They told us they spent time developing their prevention focused practice by employing and liaising with dental hygienists to help promote improving oral health care.

Where appropriate they had discussions with their patients, around smoking cessation, sensible alcohol use, dietary advice and maintaining good oral hygiene through brushing and flossing.

The dentists we spoke to discussed with us how they carried out examinations to check for the early signs of oral cancer. Where any signs were detected or suspicious, patients were referred to the appropriate services.

Staffing

There was a comprehensive induction and training programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete an induction programme which included training on health and safety, fire safety, emergency procedures, infection control and disposal of clinical waste. The practice had policies available to staff which included information on consent, data protection and complaints. All staff we spoke to were aware of where to find this information to refer to.

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, infection control, safeguarding and radiology protection.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and periodontology. We found the practice monitored their referral process via a 'referral tracker system' to ensure patients had access to treatment they needed within a reasonable amount of time. Where patients were suspected to have cancer the practice followed a two week fast track process that ensured patients would be seen quickly.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were

Are services effective?

(for example, treatment is effective)

experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral included the patients' personal details and the details of the issues. Copies of the referrals had been stored electronically in patients' dental care records and where necessary referrals had been followed up. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients would be given time to consider the information before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

Staff we spoke with explained how they would obtain consent from a patient who suffered with any mental health problems that might mean they were unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16 years old. Gillick competence 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?

Our findings

Respect, dignity, compassion & empathy

We saw from the CQC comment cards that patients were complimentary of the care, treatment and friendliness of the staff and gave a positive view of the service. During the inspection we observed staff in the reception area. They were polite, welcoming and personable towards patients.

The practice had a confidentiality policy and staff explained how they ensured information about patients using the service was kept confidential. Patients dental care records were kept on the computer system which was password protected and only accessed by an authorised person. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

We observed that dental staff kept doors closed so that the conversations could not be overheard whilst patients were being treated.

Involvement in decisions about care and treatment

Staff told us they explained care and treatment to individual patients clearly and were always happy to answer any questions. Patient's comments confirmed that the dentist discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

The dentists told us they used a number of different methods including tooth models, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment and this was always shared with the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and dental hygienists could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patients needs, including scheduling additional time for patients who were known to be anxious or nervous.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they would access a translation service if required and that they could provide written information for people who were hard of hearing and use large print documents for patients with some visual impairment. We saw the practice had access for patients with mobility problems that used a wheelchair.

Staff told us all patients had notes in the dental records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice opening hours were Monday to Thursday from 8.00am to 7.00pm and Friday from 8:00am to 5:00pm.

We asked the staff about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message directed patients to access out-of-hours emergency treatment.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. We noted two comments from patients feedback referred to long waiting times to see a dentist. The practice manager told us they had this under review to improve as staffing hours increased.

Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. Information about how to make a complaint was on display and available at the reception desk. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received one complaint in the last 12 months and this had been handled in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained and files were kept that were regularly reviewed and updated. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the practice manager and management team. They felt they were listened to and responded to when any concerns were raised.

We spoke with dentists and dental hygienists who told us they aimed to provide high-quality care with a focus on prevention. They were committed to both maintaining and continuously improving the quality of the care provided.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a formal system of staff appraisals to support staff in carrying out their roles to a high standard. Notes from these appraisals also demonstrated that they identified staff's training and career goals.

We found staff to be hard working, caring and committed to their work and overall there was a strong sense that staff worked together as a team.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping and X-ray quality. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made. The auditing system demonstrated a generally high standard with only small improvements required.

The practice manager told us the dental team discussed the results of audits at monthly meetings in order to share achievements or action plans for improving performance. We saw evidence of this recorded a set of meeting notes we reviewed.

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

The practice gathered feedback from patients on an ongoing basis through the use of a Patient Survey form available online and a comments book held in reception. We saw information was available at the desk informing patients how to provide feedback online. The practice manager told us they routinely sent patients an email at the end of their treatment with a link to the online survey form. We noted the practice website displays 100 percent satisfaction from patients regarding quality of treatment received, being involved in decisions about care and recommending the practice to others. We asked the practice manager to provide us with the numbers of responses received however they were unable to provide this as they told us it was handled by the management team in head office. We were unable to review how many patients had responded to the surveys and any comments that may have been included to quantify the results displayed on the website.

We saw there was a visitors book with comments from patients on the reception desk. We noted there were not many comments from 2016 and most of the comments in 2015 were positive about the service and treatment received at the practice. Some of the comments were in line with what we received in the CQC comment cards;

Are services well-led?

dental team were efficient, friendly, kind and caring. However we also noted two negative comments recorded in 2015 and three negative comments from the NHS Choices website recorded in 2015.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.