Oasis Dental Care Limited

Oasis Dental Care - Burton-on-Trent

Inspection Report

3 Station Street
Burton-on-Trent
Staffordshire
DE14 1AN
Tel: 01283 568985
Website: www.oasisdentalcare.com

Date of inspection visit: 4 January 2016
Date of publication: 14/03/2016

Overall summary

We carried out an announced comprehensive inspection on 4 January 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 Practice Burton-on-Trent is a mixed dental practice providing mainly NHS and some private treatment for both adults and children. The practice is situated in a converted commercial property. The practice provides services on three floors and had reception areas on the ground floor and first floor. The practice had seven dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments.

The practice is open 8:00am to 8:00pm Monday to Thursday and 8:00am to 4:00pm Friday and on Saturday's 8:00am to 2:00pm. The practice has 10 dentists who work a variety of hours and are supported by 15 dental nurses and four reception staff. The practice also has a dental hygienist who works one day per week.

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.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from twenty six patients. These provided a completely positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

Our key findings were:

- The practice manager and lead nurse were proud of the practice and their team. Staff felt well supported and were committed to providing a quality service to their patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these that the practice used for shared learning.
- The practice had enough staff to deliver the service.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health instruction to patients.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Information from 17 patients on the day of our visit gave us a completely positive picture of a friendly, professional service.
- The practice took into account any comments, concerns or complaints and used these to help them improve the practice.
- All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

Are services effective?

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

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

Are services caring?

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

We collected nine completed CQC patient comment cards and obtained the views of a further 17 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and all dentists were good at explaining the treatment or tests that were proposed.

Are services responsive to people's needs?

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

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

Are services well-led?

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

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

Oasis Dental Care - Burton-on-Trent

Detailed findings

Background to this inspection

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

The inspection took place on 4 January 2016 and was conducted by a lead CQC inspector and a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members and proof of registration with their professional bodies.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them.

During the inspection, we spoke with the practice manager, dentists, lead dental nurse, reception staff and reviewed policies, procedures and other documents. We also obtained the views of 17 patients on the day of our visit. We reviewed nine comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice manager described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had adverse incidents reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics that could be considered an adverse incident. The topics listed ranged from cancelling a patient's appointment at short notice to more serious events. At the time of inspection, there were no recent significant events.

The practice received national and local alerts relating to patient safety and safety of medicines through the company's 'Weekly Check Up' and 'Mid-Week Check Up, a series of online documents. This is a national system implemented by the company to cascade important information, including national and local alerts to all practices in the group. They had a national system for logging these and for making sure that all members of the dental team received copies of relevant information. The practice manager explained that they discussed any urgent actions with the team immediately. The practice manager ensured that all staff had access to a copy of the 'Weekly Check Up' in a hard copy format that was displayed in the staff rest room.

Reliable safety systems and processes (including safeguarding)

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

We asked how the practice treated the use of instruments that were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). We found that a rubber dam kit was available on each floor of the practice. Patients were assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

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

Medical emergencies

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

Are services safe?

manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely in a central location known to all staff.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet that enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. We found that all staff had received update training in 2015.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. The Disclosure and Barring Service (DBS) carried out checks to identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager explained that DBS checks had been obtained for all staff employed there. The recruitment file of a recent starter was observed and we found that the process had been followed. There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred cover was available wherever possible for their colleagues that included the use of agency staff.

Monitoring health & safety and responding to risks

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

Infection control

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

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

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

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

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings), the lead dental nurse described the

method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was available for inspection. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

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

The practice used a combination of manual scrubbing and a washer disinfector as part of the initial cleaning process, following inspection with an illuminated magnifier they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized, they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The lead nurse also demonstrated the automatic control and steam penetration tests that are used to ensure that the autoclaves used in the decontamination process were working effectively. The records of these tests were always complete and up to date.

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

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in November 2015 and the practice compressor had been recently serviced. The practices' X-ray machines had been serviced and calibrated in November 2015, within the current recommended interval of 3 years. Dental treatment records we saw showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored securely for the protection of patients. We also found that the practice stored prescription pads in secure cupboards to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

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

A copy of the most recent radiological audit was available for inspection this demonstrated that a very high percentage of radiographs were of a high standard of quality. Dental care records where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured every time. The X-rays we observed were of a high quality. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

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

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

Health promotion & prevention

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

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. A dental hygienist was available one day per week to provide a range of advice and treatments in the prevention of dental disease. Dentists we spoke with explained that tooth brushing and interdental cleaning techniques were shown to patients and dietary, smoking and alcohol advice was given to them when appropriate. Dental care records we saw all demonstrated that dentists had given tooth brushing instructions and dietary advice to patients and detailed prescriptions to the hygienist were provided.

Staffing

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

We confirmed that the dental nurses received an annual appraisal; these appraisals were carried out by the practice manager. The practice manager showed us the system for recording training that staff had completed. We looked at files for staff in various roles. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. It was noted that staff receive an induction programme on joining the company.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice manager explained how they would work with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

A referral letter was then prepared and sent to the hospital with full details of the dentists findings and was stored on the practices' records system. When the patient had received their treatment, they would be discharged back to the practice for further follow-up and monitoring. A copy of the referral letter was always available to the patient if they wanted this for their records. The practice manager reported that there were no patient complaints relating to referrals to specialised services. We noted the practice used a referral tracking system to monitor referrals from the practice. The practice manager explained that the company audited referrals to monitor the quality of the referrals by the dentists to help prevent instances of any inappropriate referrals to secondary care services.

Consent to care and treatment

The three dentists on the day of our visit had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They each stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Dental Care records we saw demonstrated that the processes each dentist described were carried out.

The dentists we spoke with also explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. Each dentist also went on to explain that they would involve relatives and carers 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected nine completed CQC patient comment cards and obtained the views of 17 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. All patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the busy reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly. All the staff we spoke with described treating patients in a respectful and caring way and were aware of the importance of protecting patients' privacy and dignity.

Involvement in decisions about care and treatment

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. Patients in pain or suffering from other urgent dental problems were invited to come and sit and wait at either 9am or 2pm each day. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous or had a disability.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. Receptionists we spoke with explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to go through NHS and other forms. Hearing Loops were available for the hard of hearing. The practice had dentists who spoke several languages, which met the needs of most patients. The company head office had the facilities to convert information into braille for patients who used it. There was level access into the building and one ground floor treatment room for patients unable to go upstairs.

Access to the service

The practice provided extended hours to meet the needs of patients unable to attend during the working day. Appointments were available from 8:00am to 8pm Monday to Thursday, 8am to 2pm on Saturdays. The practice manager told us that as well as being flexible for patients the hours also enabled the practice to make appointments for courses of treatment in a timely way so patients did not have to wait too long and reduced pressure on appointments between 9am and 5pm.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. The practice had a complaints log that the practice manager had to send to the company head office every month so that the organisation could monitor the number of complaints and the reasons for these. We noted that some patients had left negative comments about the practice on the NHS Choices website. However, these related mainly to the telephone system. The practice had endeavoured to address this issue by increasing the number of telephone lines to four.

The practice manager adopted a very proactive response to any patient concern or complaint. Patients were spoken with either by telephone or invited to a face to face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients receive an immediate apology when things had not gone well. We found that the practice manager took personal responsibility and ownership of all complaints received by the practice.

Are services well-led?

Our findings

Governance arrangements

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

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

Leadership, openness and transparency

The practice had benefited from a very stable staff base. The practice manager had been in place for 16 years and provided continuity in terms of management and support to all staff. The practice manager had appointed a lead dental nurse, receptionist and administration lead to assist in the smooth running of the practice. The appointment of these individuals had helped share the load and had produced a very cohesive team. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry with the lead dentist providing clinical leadership and support to the other dentists and hygienists working at the practice. All of the staff we spoke with were happy with the facilities and felt well supported by the practice manager, lead dentist and lead dental nurse. Staff reported that the practice manager was proactive and resolved problems very quickly. As a result staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

The lead dentist had been working at the practice for eight years and provided support for other dentists in areas such as treatment planning and providing a second opinion for complex clinical cases. We saw evidence of systems to identify staff learning needs. For example, results of clinical audits in relation to clinical record keeping, the quality of X-rays and infection control were used to identify additional training or clinical supervision needs and improve confidence and competence in particular clinical techniques. The company had also introduced a system of 'Dashboard reminders'. In this system a variety of parameters were used to inform the practice of policies, protocols, procedures and audits that required review or attention. These included, training in areas such as hand hygiene, equality and diversity training and periodic examination of equipment such as decontamination devices and dental X-ray sets. This system prevented equipment checks and maintenance and prescribed training for staff from becoming overdue.

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

Patients were able to give their views about the practice using paper or online feedback forms. The results were collected and reviewed by the company head office and then passed back to the practice. The practice used a system of ongoing patient satisfaction surveys to ensure good customer care. The range of areas surveyed included the quality of treatment, being involved in the decisions about their care, the cleanliness of the practice and the attitude of the staff. The comment cards and the views of the patients we captured on the day of inspection rated the practice very highly in these key areas. The results of the Family and Friends Test displayed in the reception area on the ground floor showed that 90% of patients were likely or very likely to recommend the practice to family and friends. The results also showed that 100% of patients were happy with the quality of care provided and how they were involved in the delivery of their care.

Are services well-led?

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