Care Quality Commission

Oasis Dental Care Limited

Oasis Dental Care - Brigg

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led.

Oasis Dental Practice is situated close to the centre of Brigg. It is a general dental practice providing both NHS treatment and private treatment. The practice treats both adults and children.

The practice is all on one level and consists of the reception area and waiting area. There are five treatment rooms and a separate decontamination room. Patient facilities were located next to the waiting area. There was also a general office sited behind the reception area.

The practice provides dental service to approximately 12,000 patients who were a mix of adults and children. 98% of patients are NHS patients with 4% being private. The practice is part of a national group. The staff structure is six dentists, one of whom is a locum and also an implant dentist, nine dental nurses and two apprentice dental nurses, a decontamination nurse, two hygienist/therapists, two receptionists, a practice co-ordinator 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'. 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.

We spoke with four patients on the day of our inspection and reviewed 19 completed comment cards. All were very positive about the care and treatment they had received. Patients felt that their treatment had been explained in a way that they could easily understand. Common themes were that patients received excellent care and treatment that was provided in a caring and compassionate way.

Our key finding were:

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, fire extinguisher, oxygen cylinder and X-ray equipment.

The practice had systems in place for the management of infection control, clinical waste/segregation and disposal, management of medical emergencies and dental radiography.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to.

We found equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigation and learning from incidents relating to the safety of patients and members of staff.

Summary of findings

The staffing levels were safe for the provision of care and treatment.

At our visit we observed staff were kind, caring, competent and put patients at their ease.

We found that this practice was providing caring services in accordance with the relevant regulation. Patients told us (through comment cards and direct discussion) they had a very positive of experiences of dental and treatment provided at the practice. Patients felt they were listened to, treated with respect and were in involved in discussion about their treatment options, which included risks, benefits and related costs. Patients with urgent dental needs or in pain were responded to in a timely manner, on the same day. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with enthusiasm about their work and were proud of what they did.

We found this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- There was a system in place for when mistakes might be made, patients would receive an apology and would be informed of any actions taken following an investigation.
- There was promotion of patient education to ensure good oral health.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- Staff felt supported by the leadership team.
- The practice sought feedback from staff and patients about the services they provided.
- The practice maintained appropriate dental care records and patients' clinical details were updated appropriately.

However, there were areas where the provider could make improvements, the provider should

- Review governance arrangements including the effective use of risk assessments, audits, such as those for infection control.
- Review the suitability of all areas of the premises and the fixtures and fittings in the treatment room.
- Ensure medicines are in date and follow national guidance.
- Ensure the infection control systems are fully in place.
- Ensure there is evidence that all employment checks have been undertaken.

You can see full details of the regulations not being met at the end of this report.

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 the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. However some systems required improvement. Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

However, in regard to staff recruitment there were inconsistencies as to the availability of recruitment records. This was due to a change in recruitment practice with head office now dealing with recruitment and obtaining the required records, which at the time of inspection were not available within the practice. Also, further attention was needed in respect of infection control.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. The practice provided evidence based dental care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including taking a medical history. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration. Staff understood the Mental Capacity Act and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as approachable, understanding and professional. We observed the staff to be caring, compassionate and committed to their work. Staff spoke with passion about their work and were proud of what they did.

However we did find that patients did not always have the privacy, dignity and confidentiality promoted or protected as we observed that treatment room doors were left open when treatment was being administered. The practice took immediate steps to address this.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Patients told us (through comment cards and in discussion) they had very positive experiences of dental care provided at the practice. Patients felt they were listened to, treated with respect and were involved with the discussion of their treatment options which included risks, benefits and costs. Patients were often contacted after receiving treatment to check on their welfare. People with urgent dental needs or in pain were responded to in a timely manner, often on the same day.

Summary of findings

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. However, there were areas of improvement needed.

The practice had inconsistent governance arrangements. We saw that audits had been completed, however there were gaps and they were not always dated. Action plans had not always been developed to assess, monitor and drive improvement in the quality and safety of the services provided or where they had; there was not always evidence to show the actions had been completed.

We found that not all recruitment records were not available within service, as these are now held at the head office.

Patients' comments in reviews and surveys were positive and there was evidence that the practice listened to the views of patients and made improvements.

Staff felt supported and there was a culture of openness in the practice. Staff told us they were supported to complete training for the benefit of patient care and for their continuous professional development.

Oasis Dental Care - Brigg

Detailed findings

Background to this inspection

The inspection was carried out on 13 July 2015 by a CQC inspector and a dental specialist advisor. We spoke with staff and four patients. We reviewed a range of documentation and carried out observations throughout our inspection.

To get to the heart of patient experience 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.

We asked the practice to provide a range of policies and procedures and other relevant information before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. On the day of our inspection we looked at practice policies and protocols, clinical patient records and other records relating to the management of the service. We spoke to the lead dentist, other dentists, two practice co-coordinators, the decontamination nurse, one receptionist and the area locality manager. We also reviewed 19 comments cards completed by patients and spoke with four patients.

We informed NHS England that we were inspecting the practice; however we did not receive any information of concern from them. We also inform Healthwatch that we were inspecting the practice and did not receive any information of concern from them.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a system in place for reporting, recording and monitoring significant events or safety incidents. All staff had responsibility for reporting significant or critical events and our conversations with them confirmed their awareness of this. We saw where any significant event had been recorded; there were documented details of the event, how learning was implemented and actions taken to reduce the risk of them happening again.

We reviewed the practice complaints system. There were clear complaints logs and actions plans available for staff to use in the event of a complaint being raised. The practice noted patient testimonials and shared these with the relevant staff to ensure any positive feedback is recorded and actions taken to practice procedures as a result of this feedback.

National patient safety alerts were communicated via computer alerts to practice staff. We saw that alerts were discussed at practice meetings, to ensure that staff were aware of any relevant to the practice and where action needed to be taken. Medical history records were updated to reflect any issues resulting from the alerts.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the control of substances hazardous to health (COSHH). Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

There were policies and procedures in place to support staff to report safeguarding concerns to the named responsible person within the practice and to the local safeguarding team. Staff we spoke with demonstrated an understanding of safeguarding patients from abuse and the actions to take should they suspect anyone was at risk of harm. Staff were clear how they would access procedures and policies should they need to raise any concerns.

We saw evidence that all staff had received different levels of safeguarding training for adults and children. The practice also identified a nominated professional as a safeguarding lead. The nominated lead had completed training to allow them to carry out the role as safeguarding lead.

Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff spoken with on the day of the inspection were aware of whistleblowing procedures and who to contact outside of the practice if they felt that they could not raise any issue with the dentists or practice manager. However they felt confident that any issue would be taken seriously and action taken.

Medical emergencies

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. All of the staff we spoke with knew how to react in urgent or emergency situations.

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of

Are services safe?

the practice. Risks identified included power failure, adverse weather, incapacity of staff and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of an electricity company to contact if the electrical system failed. Staff we spoke with were aware of the practice business continuity arrangements and how to access the information they needed in the event of emergency situations.

Staff recruitment

We reviewed the employment files for five staff members. We found there was inconsistency in the recruitment records held by the practice. We could not evidence in all of the files we looked at that they satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This was due to a change in the way the organisation managed its recruitment, with staff at head office now organising this. This meant that all records were held at head office and not within the actual practice and there was no system to demonstrate the appropriate checks had been completed. We did however see in two of the recruitment records for staff employed prior to the new system that effective recruitment arrangement were in place as required. Following the inspection we were provided with additional staff references.

All qualified staff were 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).

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. We saw records that demonstrated staffing levels and skill mix were in line with planned staffing requirements.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, sharps, medication and equipment. The practice also had a health and safety policy. Health and safety information was available to staff on the practice computer system.

The practice had developed clear lines of accountability for all aspects of care and treatment. Key staff were allocated lead roles or areas of responsibility, for example safeguarding and infection control.

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers and smoke detectors had been serviced annually.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins, were stored appropriately in the treatment rooms. A risk assessment was in place.

Infection control

There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

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 service's policy and procedures on infection prevention and control were accessible to staff and had been updated in July 2015.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in

Are services safe?

accordance with the procedure for decontamination of instruments which was displayed. However on the day of the inspection we saw the one piece of equipment has some debris on it.

An autoclave was used to ensure instruments were decontaminated ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicated when they should be reprocessed if left unused. There were both vacuum type and non-vacuum autoclaves being used for sterilising implant and surgical equipment in line with guidance. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of infection spread was greatly minimised.

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 differing 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. We looked at the treatment rooms where patients were examined and treated. Most rooms and equipment appeared very clean and maintained to a high standard. However, one of the surgeries (not in current use) needed some attention as the sink and floor were not clean and the cupboards were not smooth. This was being looked at with a view to replacing the cupboards

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to washing areas to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

Records showed a risk assessment process for Legionella had recently been carried out and steps were in place for ongoing checks. 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).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. The records showed the service had had an efficient system in place to ensure all equipment in use was safe, and in good working order.

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

An effective system was in place for the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice such as local anaesthetics. The systems we viewed were complete, provided an account of medicines used and prescribed, and demonstrated patients were given medicines appropriately. We did however find that in one of the surgeries two medicines had expired.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also

Are services safe?

looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

The practice provided documentation demonstrating that the X-ray equipment in use had been serviced at recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

Patients were required to complete medical history forms to assess whether it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken as well as an examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated to us a risk assessment process for oral disease.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the 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.

Patients told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and their outcomes.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The practice has an oral health educator. This person visits local schools to carry out toothbrush/teeth cleaning education to the school children.

The practice asked new patients to complete a new patient health questionnaire which included further information for health history, consent and data sharing guidance.

Records showed patients were given advice appropriate to their individual needs such as for example; smoking cessation or diet advice.

Information displayed in the waiting area promoted good oral and general health. This included information on healthy eating, diabetes and tooth sensitivity.

Staffing

Practice staffing included clinical, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses for example; health and safety and infection control. All staff were up to date with their yearly continuing professional development requirements and they were encouraged to maintain their continuing professional development (CPD), to maintain their skill levels and records of the number of hours achieved was being maintained.

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies and infection control.

There was an effective appraisal system in place which was used to identify training and development needs. Staff were able to relate to the induction process during the course of our discussions with them.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice.

Where a referral was necessary, the type of care and treatment required was explained to the patient and they were given a choice of other healthcare professional who were experienced in undertaking the type of treatment required. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring.

Where patients had complex dental issues, such as oral cancer, the practice referred them to other healthcare professionals using their referral process. This involved

Are services effective?

(for example, treatment is effective)

supporting the patient to identify a hospital of their choice. The referral was then dealt with centrally by the NHS to ensure that the most appropriate clinical pathway was followed.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Staff spoken with had a clear understanding of consent issues. They understood that consent could be withdrawn by a patient at any time. Clinical and reception staff were aware about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. They told us that children of this age could be seen without their parent/guardian and the dentist told us that they would ask them questions to ensure they understood the care and treatment proposed before providing it. This is known as the Gillick competency test.

The practice ensured valid consent was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients and patients we spoke with.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We also spoke with four patients on the day of our inspection The majority of comments were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. We also observed staff dealing with patients on the telephone and saw them respond in an equally calm professional manner.

Throughout the inspection we observed that consultation room doors were left open while people were receiving treatment, this clearly had an impact on their privacy, dignity and confidentiality. The practice took immediate steps to address this and following the inspection we received confirmation that self-closure devises were being fitted to all of the consultation room door, which would prevent this from re-occurring.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

Involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues and medication were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. This allowed patients to consider the options, risks, benefits and costs before making a decision to proceed. We were told that patients receiving more complex treatments were followed up with a phone call by the relevant clinician to ensure continued support is offered where appropriate.

Information leaflets gave information on a wide range of treatments and disorders such as gum disease and good oral hygiene. Information about procedures such as tooth whitening, veneers, crowns and bridges was accessible on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

Staff told us that the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff could access other support services, for example Age UK or the Alzheimer's Society for up to date information in order to support patients as needed.

The practice was a single storey building, with five surgeries, a decontamination room and a main large reception and waiting area.

Patients with pushchairs were able to access services the building. The practice also had accessible toilet facilities that were available for all patients attending the practice. There was however no easy access for patients who used wheelchairs. Although there was a ramp in place this was not suitable for patients who used wheelchairs due to lack of turning space and access through the door. The practice had recognised this and had looked at options to address this, however there was no straight forward solutions. The practice had this on their agenda and are continuing to try to find suitable solutions for this.

Staff we spoke with explained to us how they supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient understood.

Access to the service

Appointment times and availability met the needs of patients. The practice was open from 08.00am till18.00pm Monday to Thursday and 08.00am - 17.00pm on Fridays. We discussed the appointment system with staff and was shown it. We saw that patients would usually be seen by the same dentist. Patients who might need a longer appointment had been identified and double appointments were available. Patients with emergencies were assessed and seen the same day if treatment was urgent. We saw there were always am and pm emergency appointments available and also if needed a 'sit and wait' system.

The majority of patients were generally satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hour's emergency treatment NHS dental service.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for practices in England. There was a designated responsible person who handled all complaints which was the practice manager.

We saw that information was available to help patients understand the complaints system in the waiting area, in the practice leaflet and the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We reviewed the practice complaints system and noted that no patient complaints had been received over the past 12 months. However, there were clear complaints logs and actions plans available for staff to use in the event of a complaint being raised. The practice noted patient testimonials and shared these with the relevant staff to ensure any positive feedback is recorded and actions taken to practice procedures as a result of this feedback.

Are services well-led?

Our findings

Governance arrangements

The practice had a number of policies and procedures available to staff on the desktop on any computer within the practice. We looked at these policies and procedures and staff spoken with were able to clearly relate to policies and this indicated to us that they had read and understood them. All of the policies and procedures we looked at had been reviewed and were current.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a dental nurse for infection control.

There were some systems in place to monitor the quality of the service. We found that there were a number of clinical and non-clinical audits taking place at the practice. These included audits of infection control, practice safety review and X-ray. However the audit system in many cases was incomplete. For example within the practice safety review for May 2015 and June 2015 there were a number of blanks. We also found that action plans were not always developed or where there were action plans there was no evidence to demonstrate they had been completed. We identified some areas of concern which had not been identified in the infection control audit. Examples included a piece of debris on sterilised equipment andone of the surgeries needed the sink and floor cleaned. It is acknowledged that the organisation had recently implemented a new audit system, which should drive improvement, which we saw evidence of on the day of the inspection.

We looked at patient records and oral health assessment audits. This involved reviewing four clinical records. In particular they were checked to ensure that accurate medical history records had been recorded and to ensure that oral health assessments had been undertaken in line with published guidance. These audits had followed the guidelines for the Faculty of General Dental Practitioners (UK).

Leadership, openness and transparency

We saw from minutes of staff meetings that they were held regularly, on a monthly basis. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings and at any time; with the provider or practice manager without fear of discrimination.

We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We saw that these were easy to understand. We were shown the staff handbook that was available to all staff, which included sections on areas such as disciplinary and harassment at work.

All staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the practice management team.

Management lead through learning and improvement

There had not been any formal complaints received in the practice in the past 12 months. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff we spoke with told us their views were sought informally and there were regular discussions where staff views were sought. They told us their views were listened to, ideas adopted and that they felt part of a team.

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

The practice had gathered feedback from patients through patient discussions and comments received. We saw that following comments received, for example; issues in regard to the temperatures of the surgeries for which the practice was exploring the option of air conditioning.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice noted patient testimonials and shared these with the relevant staff to ensure any positive feedback is recorded and actions taken to practice procedures as a result of this feedback.