Care Quality Commission

Oasis Dental Care (Central) Limited

Oasis Dental Care Central - Corby 2

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 July 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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Oasis Dental Care Central Corby 2 is part of the Oasis Dental Care network. The service provides a wide range of dental services including social orthodontics (tooth straightening) and private hygiene treatments. Services are available to NHS and private patients of all ages. The practice is situated close to a GP practice and NHS walk in centre. The practice has three dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. The building is at ground floor level and is therefore very accessible.

The practice opens 8am to 8pm seven days a week including bank holidays. The practice employs four dentists and a dental hygiene therapist. They were supported by a team of five dental nurses and one trainee dental nurse, a practice manager and four reception staff.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback from nine patients either in person or on CQC comments cards from patients who had visited the practice in the two weeks before our inspection. The cards were all positive and commented about the caring and helpful attitude of the staff. Patients told us they were happy with the care and treatment they had received.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties and the equipment was well maintained.
- Staff had been trained to handle emergencies and life-saving equipment was readily available in accordance with current guidelines. Emergency medicines were available in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Infection control procedures were in place and followed by staff.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines
- The practice appeared clean and free from clutter.
- Staff received training and development and an annual appraisal.
- Patients told us they were able to get an appointment when they needed one and the staff were kind and helpful.
- Governance arrangements were effective in monitoring the quality of the service. Action was taken following audits to help make improvements. Patient feedback was sought, considered and appropriate actions were taken.

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

- Review and strengthen the process used to identify significant events and ensure that all actions taken are recorded.
- Review the health and safety risk assessments at regular intervals.
- Review staff training in the Mental Capacity Act (2005) and Gillick competency test.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had effective arrangements in place for managing infection control, clinical waste, medical emergencies 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. However, we found the practice needed to review and strengthen the process used to identify significant events and the records of any actions taken. 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?

No action

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. Staff we spoke with described the care and treatment approach they used with their patients to ensure good patient outcomes. The staff received professional training and development appropriate to their roles and their learning and support needs were reviewed through an annual appraisal. However, we found the practice should review staff training in the Mental Capacity Act (2005) and their awareness of Gillick competency. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

No action

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

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patient information and data was handled confidentially. We received feedback from ten patients who used the service. They told us that staff were very professional, friendly, put them at ease and provided a service they were happy to receive.

Are services responsive to people's needs?

No action

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

Appointment times met the needs of patients and waiting times were kept to a minimum. Patients could access treatment and urgent and emergency care when required. The practice had made reasonable adjustments to the service to ensure it was accessible and the service

Summary of findings

could be tailored to individual needs. Information was available to patients and there was access to interpreter services if this was required. The practice was on one level which made it accessible to patients with mobility difficulties and families with prams and pushchairs. A complaints process was in place and we saw these had been well managed.

Are services well-led?

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

The practice manager and staff had an open approach to their work and worked together as a team to continually improve the service. Governance procedures were in place. Policies and procedures were regularly updated and quality monitoring checks were used to measure performance and take improvement actions when it was required. Patient feedback was sought, considered and acted upon. Staff told us that they felt well supported and could raise any concerns with the practice manager or dentists.

No action

Oasis Dental Care Central - Corby 2

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.

This inspection took place on 19 July 2016 and was led by a CQC Inspector who was supported by a specialist dental advisor. Before the inspection, we asked the practice to send us some information for review and this included a summary of complaints received.

During the inspection we spoke with two dentists, three dental nurses, the practice manager and two reception staff. We reviewed policies, procedures and other documents. We also obtained the views of four patients on the day of the inspection and received six comment cards that we had provided for patients to complete during the two weeks leading up to the inspection.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a process in place for reporting and recording accidents or incidents. An accident book was in place and we saw that three had been reported during the last two years. Records showed that initial action was taken however the detail of any follow up was not recorded. For example after becoming unwell during treatment, a patient was assessed by the emergency service and was sent home. The practice completed a follow up call the following day but this was not recorded. This included an incident reporting policy and incident form that was reported to the practice manager and sent to the provider's health and safety team. The practice manager was able to show us that three accidents had been reported in the last two years. Records demonstrated that appropriate action had been taken at the time however the detail of any follow up was not recorded. For example the practice manager had called a patient the day after the reported accident to check how they were but this was not documented.

The practice manager described the process used for reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations) incidents to head office.

A significant event/incident policy was in place and it had been shared with staff in May 2016. We found there had been no reported events and upon further discussion, found that staff did not fully understand the definition of a significant event or incident and the policy was unclear.

The practice manager had signed up to receive national patient safety alerts such as those relating to medicines or the safety of clinical equipment. The practice manager received the alerts and raised them with the dentists and dental nurses as appropriate. Records of this were maintained. Other alerts were cascaded from the head office and this included details of any corporate wide issues that had resulted in learning and improved practice.

The practice manager had a broad understanding of the principles of the duty of candour and we saw that patients had received an apology when they experienced a poor service.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding vulnerable adults and children which linked to the local guidelines. The practice manager was the designated lead for safeguarding concerns and escalated these to the corporate safeguarding lead to advise on further action. Information on the reporting process was visible and accessible to staff who had received relevant training and were able to demonstrate sufficient knowledge in recognising safeguarding concerns. There had been no referrals made.

We spoke with dentists and dental nurses to ask about the use of rubber dam for root canal treatments and found this was in routine use. 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. Staff were able to describe their assessment of the risk and the importance of documenting this in the patient's dental care record.

Medical emergencies

Staff had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. 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. Staff checked this equipment on a daily basis to ensure it was ready for use. Additional equipment for use in medical emergencies included oxygen which was also checked on a weekly basis to ensure the cylinder was full and within its expiry date. The practice also held medicines and equipment used for managing medical emergencies for diabetic patients with a low blood sugar level. Staff had received update training in dealing with medical emergencies.

The practice had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that the items were all within their expiry dates. There was a system in place to ensure that the dental nurses checked the expiry dates of medicines on a weekly basis.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental

Are services safe?

professionals' regulatory body.The practice followed a detailed recruitment policy that included the checks required to be undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover and references. We reviewed the recruitment files for two staff who had joined the practice within the last two years. This demonstrated that a robust recruitment process had been followed.

Newly recruited staff received an induction to their role and formal reviews took place at regular intervals. Staff recruitment records were stored securely in a locked cabinet to protect the confidentiality of staff personal information. We saw that relevant staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager led on health and safety issues and there were a number of general risk assessments in place. These included lone working, slips, trips and falls and the operation of key equipment. The assessments were detailed but required a review. Assessment information for the Control of Substances Hazardous to Health (COSHH) was also available and the manager told us these were reviewed annually although the review dates were not recorded. Safety kits were available in the practice for cleaning and disposing of spillages of mercury or body fluids in a safe way. A first aid kit was also available and two staff were designated as first aiders.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments. Staff knew how to take appropriate action if an injury occurred although no such injuries had been recorded. A sharps risk assessment was in place and staff had signed up to this in May 2016. Relevant staff had received immunisation for Hepatitis B and records were monitored by the practice manager.

A fire risk assessment had been completed in April 2016 and recommendations had been actioned. A fire drill had last been completed in April 2016 and these took place at six monthly intervals.

The practice had a business continuity plan in place to deal with any emergencies that could disrupt the safe and smooth running of the service. Copies of the plan were held by two senior members of staff and a copy was stored at the reception.

Infection control

The lead dental nurse had overall responsibility for ensuring that effective decontamination processes were being followed. The practice had a robust infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process, discussion with staff 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.

An infection control audit was last completed in May 2016. This resulted in 98% compliance with minimal actions. This confirmed to us that staff followed systems to ensure they were compliant with HTM 01 05 guidelines.

We saw that the dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. In the treatment rooms, there were clearly marked areas to separate the clean from dirty areas to prevent any cross contamination. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

The practice had a separate decontamination room for instrument processing. The dental nurse working in the decontamination room demonstrated the process from taking the dirty instruments through the cleaning process to ensure they were fit 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. Once items had been cleaned, they were stored in a central clean storeroom.

There were systems in place to ensure that the equipment used in the decontamination process was working effectively. Records showed that regular daily, weekly and

monthly validation tests were recorded in an appropriate log book. 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). Dental nurses described the method they used which was in line with current HTM 01 05 guidelines. A legionella risk assessment had been booked to take place the following week.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Arrangements were in place to ensure that an approved contractor removed clinical waste from the premises on a weekly basis. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained Cleaning equipment for the premises was stored in line with current guidelines. A contracted cleaner was responsible for the general cleaning and daily schedules and quality monitoring checks were in place. The dental nurses were responsible for clinical cleaning and records of this were maintained.

Equipment and medicines

There were systems in place to check that the equipment had been serviced regularly and in accordance with the manufacturer's instructions. Items included the items used for decontamination of the dental equipment, the dental chairs, electrical items and firefighting equipment.

An effective system was in place for the prescribing, dispensing, use and stock control of the medicines used in clinical practice such as antibiotics and local anaesthetics. We found that the practice stored prescription pads securely and had a clear tracking system to monitor prescriptions that were issued. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Radiography (X-rays)

The practice had a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation in relation to the maintenance of the X-ray equipment. 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. The maintenance logs were within the current recommended interval of three years.

We saw that radiographic audits were completed regularly and actions were taken in response to any findings. Dental care records included information when X-rays had been taken, how these were justified, reported on and quality assured. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation. Training records showed all staff where appropriate, had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. 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 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. Following the clinical assessment the outcomes were discussed with the patient and treatment options explained to them if relevant.

Patients were provided with preventative dental information which included dietary advice and general dental hygiene procedures to help improve patient outcomes. The patient's 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 attendance of follow up appointments at regular and appropriate intervals in accordance with their individual need.

Staff we spoke with described ways they assessed the condition of patient's gums and soft tissues of the mouth using the basic periodontal examination (BPE) scores. The BPE score 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 completed as part of a dental health assessment.

The practice did not offer conscious sedation to anxious patients and referred them to other dental specialists. Their treatment was then monitored after being referred back to the practice once it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care.

Health promotion & prevention

The dentists focussed on the preventative aspects of their practice to promote better oral health and dental hygiene. Two dental hygiene therapists worked alongside the dentists to deliver preventive dental care. Appropriate internal referrals were made and patients could also self-refer. Patients received advice during their consultation of the steps to take in order to maintain healthy teeth. This included tooth brushing techniques and dietary, smoking and alcohol advice. Patients we spoke with confirmed they had received such advice. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Fluoride varnish was applied for children on a biannual basis and high concentration fluoride toothpaste was prescribed for patients at risk of dental caries.

The waiting room and reception area contained leaflets that explained the services offered at the practice. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice employed four dentists and two dental hygiene therapists. They were supported by a team of five trained dental nurses and one trainee dental nurse. In addition there was a practice manager and four reception staff. The staff were further supported by a corporate management and advisory team. Staff we spoke with told us they had enough staff to meet patient's needs.

The practice had nurses trained to complete extended duties such as radiography and fluoride treatments.

There was a system in place to monitor staff training and we found evidence of this in their staff files. There was a head office based training academy and we saw records that showed staff completed core training through eLearning as well as in person. This included areas such as responding to medical emergencies.

An appraisal system was in place and this ensured that staff received an annual performance review. Staff we spoke with told us they received an appraisal and were able to discuss their training and development needs with the practice manager who was very supportive.

Working with other services

When required, patients were referred to other dental specialists for assessment and treatment. The practice had a system in place for referring and recording patients for dental treatment and specialist procedures such as orthodontics, oral surgery and sedation. Where possible

Are services effective?

(for example, treatment is effective)

patients were offered a choice about the service they could be referred to so that the waiting time for an appointment could also be taken into consideration. We saw that dental records were updated with referral details and outcomes. Patients were offered a copy of their referral letters.

The dentists we spoke with told us they completed a referral following discussion with the patient so that informed choices could be made where possible. Staff told us the care and treatment required was fully explained to the patient and referrals were completed promptly. The practice manager monitored referrals to ensure they were completed promptly.

Consent to care and treatment

The practice sought valid consent from patients for all care and treatment. Staff confirmed individual treatment options, risks and benefits were discussed with each patient who then received a detailed treatment plan and an estimate of costs. This information was recorded in dental care records. Staff told us that if a patient was unable to give their consent, the treatment would not be completed.

Requests for patient information were not issued to a third party without the written consent of the patient.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them. All staff received training in the MCA as part of their induction. However we found that not all staff had a clear understanding of the MCA and were not familiar with the Gillick test. This 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

The reception desk and waiting area was an open plan style which meant there was a risk that conversations including patient's confidential details could be overheard at times. We spoke with reception staff who were very aware of these risks and described ways they ensured that personal information was not disclosed. Patients could be taken to a more private area if they preferred. Treatment rooms were situated away from the waiting area and doors were closed at all times when patients were with dentists so that treatment and conversations remained private.

Patients' clinical records were stored electronically and computers were password protected. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to share their experience of the practice. We collected six completed CQC patient comment cards and obtained the views of four patients on the day of our visit. The feedback gave a very positive view of the service. All of the patients who had received treatment said the quality of dental care was very good and staff were welcoming, treated them with respect and were friendly and supportive.

During the inspection we observed that practice staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area and similar information could be found on the practice website. Patients we spoke with confirmed that the dentists always explained their dental health needs and provided them with advice to enable them to make decisions about their treatment. We found that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area contained an information folder for patients about the practice. This included opening times, access to urgent care out of hours, Oasis code of practice and how to raise any concerns about the service. Other information displayed included costs for NHS and private dental care, basic dental health information and a copy of the standards for dentistry care issued by the General Dental Council providing details about what patients can expect from their dentist.

We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments. On the day of the inspection, there were some urgent appointments available. If a patient requested a routine check they would have a four week wait to see a dentist. There was capacity to arrange follow up appointments and the dentists advised when these should take place.

Staff took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment and booked the length of appointment that was most relevant to the patient's need. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment or an urgent appointment.

Tackling inequity and promoting equality

The practice was situated on the ground floor which made it very accessible to patients with disabilities. There were accessible toilets, disabled parking spaces and baby change facilities also available.

A hearing loop was available in the reception area and staff told us they used an interpreting service when patients did not have a suitable family member to attend with them. Staff explained they provided support for patients to complete NHS and other forms if they were unable to do so without help. For example if the patient was partially sighted or not literate. Staff told us they had several patients with a learning disability who were supported to access the service in a way that respected their independence and used the minimal level of support they required. The practice provided treatment to other vulnerable groups such as homeless patients and travellers. All patients were treated with respect and compassion.

Access to the service

The practice was open 8am to 8pm seven days a week. The service at weekends had a limited number of appointments for other patients who were not registered with the practice but required emergency care. Patients registered with the practice were provided with an emergency contact number and an out of hours contact number when the practice was closed. This information was available on the telephone answering service.

Patients could make online appointments or call the practice direct. There were four telephone lines to the practice although at times, there was only two staff to manage the incoming calls. To help manage patient's expectations, a recorded message explained why patients were waiting to have their call answered. Patients that we spoke with told us they had no difficulties arranging convenient appointments.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed. This included the person with overall responsibility for dealing with a complaint and the timeframes for responding. Information for patients about how to make a complaint was seen in the patient leaflet and in the waiting area. None of the patients who gave us comments about the practice had needed to make a complaint. They all told us the staff they had contact with were approachable and they would not hesitate to raise any concerns with them.

It was the practice policy that staff attempted to resolve patient concerns or complaints at the time they are raised. If staff were unable to do this, the issue would be referred to the practice manager. Patients received an apology when things had not gone well.

The practice had received 13 complaints in the last year. We reviewed the management of the complaints which were recorded on an electronic tracker and shared with the head office team. We saw these had been managed in a timely way and opportunities to improve the safety and the quality of the service had been taken. We also saw that the manager had taken additional time to help a patient

Are services responsive to people's needs?

(for example, to feedback?)

understand their right to free dental care, in response to their complaint. Staff received training in the management of concerns and complaints as part of their induction programme and the practice manager had completed additional training in relation to dental complaints.

Are services well-led?

Our findings

Governance arrangements

It was the responsibility of the practice manager to lead on governance and quality monitoring issues. The practice shared business support services and policies issued by the provider which aimed to support a common approach. A range of policies and procedures were in use at the practice. These included health and safety, infection prevention and control, patient confidentiality and recruitment. Staff we spoke with were aware of the policies and how to locate them. Monthly practice meetings were in place and these included issues such as patient feedback, significant events, health and safety and training.

The practice manager monitored the systems used to manage the safety of the environment which included fire safety and health and safety risk assessments. They also ensured that maintenance of equipment such as machinery used in the decontamination process and other electrical equipment was checked and serviced regularly. fire safety equipment. Records we reviewed demonstrated that a regular audit programme was in place.

Leadership, openness and transparency

There was a clear leadership structure in place and staff understood their roles and responsibilities within the practice. For example there was a lead dental nurse, a lead receptionist, fire marshals, first aiders and a safeguarding lead. The practice manager had responsibility for monitoring the service overall and worked closely with all staff to achieve this.

Staff we spoke with told us that they worked well as a team and they were supported to raise any issues about the safety and quality of the service and share their learning. We were told that there was an open and transparent culture at the practice and that the delivery of high quality care was a top priority. We found through our discussions with staff, that they were hard working, caring and committed to the work they did. All staff knew how to raise any issues or concerns and were confident that action would be taken by the practice manager. All staff had signed the policy to say they would follow the duty of candour by being open and honest in their work roles.

Learning and improvement

Systems were in place to identify staff learning needs through an appraisal system and staff were supported to develop their knowledge and skills by accessing a range of training. Annual core training programmes were available to staff online through the provider. The dentists also received performance reviews with the provider's clinical lead for the area. This ensured that staff registered with the General Dental Council, maintained the requirement to keep up to date.

We found there were a number of clinical and non-clinical audits taking place at the practice. These included clinical record keeping, infection control, waiting times, root canal treatments and X-ray quality audits.The audits we reviewed demonstrated the practice were focused on improving the service and comparing results with other practices in the organisation.

The area manager conducted quality and improvement visits, the last one had been in May 2016. The outcomes were shared with staff and action taken. For example, the dental chairs were all being upgraded and improvement was made to storing and archiving dental care records.

The practice team held a one day meeting each year to review their achievements and plan improvements for the coming year. They told us that some of these improvements had included a review of the patient cancellation policy and of the process used to decontaminate dental instruments.

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

The practice gathered feedback from patients on a monthly basis by sending out their own feedback forms and asking patients to provide online feedback. We saw the practice had displayed the results of the survey taken during June 2016. This indicated that the friendliness of staff was rated 99%, the quality of treatment as 98% and 99% patients who completed the survey would recommend the practice to others.

The practice also participated in the NHS Friends and Family test. The results received by the practice gave a mixed picture in terms of satisfaction and we saw that all of the feedback was shared with staff at practice meetings.

Are services well-led?

All of the staff told us they felt involved in the running of the practice and the practice manager listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued and enjoyed working as part of the team.

The practice manager regularly monitored the NHS Choices website and responded to patient's comments. We saw that patients were invited to contact the practice manager if they had raised any concerns on the website.