Fourways Dental Surgery

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Inspection Report

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Overall summary

We carried out an unannounced comprehensive inspection on 8 September 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

Fourways Dental Surgery is located in Sevenoaks and offers general dentistry services to patients through a recognised dental plan on a private basis and NHS treatment options for patients who are exempt from payment and children. The practice has three dentists and two hygienists who are supported by a practice manager, two qualified and registered dental nurses, two student dental nurses and two receptionists.

The practice has four treatment rooms, over two floors, reception and waiting areas, a decontamination room and staff facilities.

The practice is open: Monday – Friday 8.30am to 5.30pm and Saturdays by appointment only.

The principal dentist 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 did not provide CQC comment cards to the practice as this was an unannounced inspection. We were able to speak with two patients on the day of our inspection and six over the telephone following our inspection. Their comments were very positive about the staff and the service. Patients commented that the practice was clean

Summary of findings

and hygienic, and they found the staff friendly, considerate and caring. They had trust in the staff and confidence in the dental treatments, and said that they were always given clear, detailed and understandable explanations about dental treatment. They also commented that the dentists put patients at ease, had their patient's best interests at heart and listen carefully.

Our key findings were:

- The practice recorded and analysed significant events, incidents and complaints and cascaded learning to staff.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were readily available.
- Premises and equipment were clean, secure and properly maintained.
- Infection control procedures were in place and the practice followed published guidance.
- Staff were supported to deliver effective care, and opportunities for training and learning were available.
- Clinical staff were up to date with their continuing professional development and met the requirements of their professional registration.
- Patient's care and treatment was planned and delivered in line with evidence-based guidelines, and current practice and legislation.
- Patient's received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patient's were treated with dignity and respect and confidentiality was maintained.

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 areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all theequipment 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.

No action ✓

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.

No action ✓

Are services caring?

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

We obtained the views of two patients on the day of our inspection and a further six by telephone following our inspection. 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 dentists were good at explaining the treatment that had been proposed.

No action ✓

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 these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required by telephone or by attending the practice. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. 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.

No action ✓

Summary of findings

Are services well-led?

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

Effective leadership was provided by the principal dentist. The principal dentist, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice. The practice had clinical governance and risk management structures in place; although these structures were in their infancy we could see improvements made already as a result of their implementation. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work

No action

Fourways Dental Surgery

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 was carried out on 8 September 2016 by a CQC inspector who was supported by a specialist dental adviser. On this occasion we did not ask the practice to send us some information as the inspection was unannounced. However, we looked at information we already held about the practice and liased with the General Dental Council (GDC) and looked at information on the NHS Choices website

We informed NHS England area team that we were inspecting the practice and they asked us to look at governance arrangements and maintenance of the building.

During the inspection, we spoke with the registered manager who is a dentist, practice manager, one other dentist, dental nurses and receptionists and reviewed policies, procedures and other documents. We also obtained the views of two patients on the day and six patients following the day of our visit.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had an incident/event reporting system for when something went wrong; this system also included the reporting of incidents and events affecting patients and staff. The practice reported that there was one incident during 2016 that required investigation. The records we saw demonstrated that the reporting forms were completed in full with details of how the incidents could be prevented in future. Staff we spoke with were not sure of their responsibilities in relation to Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013, (RIDDOR). We brought this to the attention of the provider. Following our inspection we were provided with evidence to show that staff had all received training with regard to reporting to RIDDOR, what to report, how to report and the process for recording such an incident through their own significant event procedure.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant these incidents were sent to all members of staff by the practice manger. Staff could explain that relevant alerts would also be discussed during staff meetings to facilitate shared learning these meetings were now occurring every month. Minutes from practice meetings confirmed this.

Reliable safety systems and processes (including safeguarding)

We spoke to a dental nurse about the prevention of needle stick injuries. 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 helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked both dentists how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam.

This was confirmed by the dental nurses we spoke with. (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). Patients could be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The registered manager acted as the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had an automated external defibrillator (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 had received training in how to use this equipment. The practice had emergency medicines as set out in the British National Formulary guidance. However, we noted that the practice did not hold buccal Midazolam. The practice provided evidence following our inspection that they had purchased buccal Midazolam. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines.

The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole

team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated a very good understanding of their responsibilities to respond if a person suddenly became unwell.

Staff recruitment

All of the dentists, the dental hygienists and two dental nurses had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy that detailed 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, immunisation status and references.

The systems and processes we saw were in line with the information required by regulations. Staff recruitment records were stored securely to protect staff personal information. We saw that the majority of staff had received appropriate checks from the Disclosure and Baring 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. However, we noted that some of the DBS checks were from a previous employer and were older than six months. We brought this to the attention of the registered manager. Within 24 hours of the inspection we received confirmation that the practice had applied for new DBS checks for the relevant staff.

Monitoring health & safety and responding to risks

The practice had arrangements to monitor health and safety and deal with foreseeable emergencies. The practice had a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

The practice had a well-maintained comprehensive Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems to reduce the risk and spread of infection within the practice. The practice had an infection control policy that was now regularly reviewed. 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 exceeded. It was observed that an audit of infection control processes carried out in August 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the four dental treatment rooms, waiting areas, reception 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 towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The draws of a treatment room were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use; this included protective gloves, masks and eye protection.

Staff we spoke with described to us the end-to-end process of infection control procedures at the practice. They explained how they cleaned the treatment room following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines. 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) they described the method they used which was in line with current HTM 01 05 guidelines.

We saw that a Legionella risk assessment had been carried out at the practice by a competent person in March 2015. The recommended procedures contained in the report were carried out and logged appropriately. 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. Staff we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning,

Are services safe?

inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in one of the two autoclaves (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

All recommended tests utilised as part of the validation of the ultra-sonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book.

The segregation and storage of clinical 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 in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. 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.

Environmental cleaning was carried out by external cleaners. We saw an extensive file that contained cleaning plans for each treatment room and other areas of the practice. We saw that the practice carried out an audit of these procedures, the audit contained a action plan for the cleaner to follow to improve the standard of environmental cleaning.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in August 2015. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations. Portable appliance testing (PAT) had been carried out in November 2015.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. However we did find some local anaesthetic cartridges had been removed from their blister packs. We brought this to the attention of the principal dentist who disposed of the cartridges immediately. We found that the practice stored prescription pads securely overnight to prevent loss due to theft. The practice also had a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and spill kits to deal with body fluid and mercury spillage.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR99) 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 pertaining 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 maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules.

We saw that a radiological audit for each dentist had been carried out in November 2015. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological law and patients and staff were protected from unnecessary exposure to radiation.

We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 and IRR 99 Regulations. Radiography at the practice was carried out to a high standard.

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 dentists described to us how they carried out their assessment of patients for routine care. 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 diagnosis was then discussed with the patient and treatment options explained in detail. Where relevant, preventative information was given in order to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth 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 reviewed demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).This was carried out where appropriate during a dental health assessment.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed two dental hygienists to work alongside the dentists in delivering preventative dental care. One dentist we spoke with explained that patients at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition.

They also placed fissure sealants (thin coatings on the biting surfaces of permanent back teeth) on patients who were particularly vulnerable to dental decay. Other preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we reviewed demonstrated that dentists and hygienists gave oral health advice to patients.

The practice also sold a small range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

Staffing

The practice had three dentists working different days over the course of a week and supported by two registered dental nurses, two student dental nurses and two dental hygienists. Other staff included a practice manager, two receptionists, and a cleaner. We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the principal dentist and other dentists. They told us they felt they had acquired the necessary skills to carry out their role and were constantly encouraged to progress further. We confirmed that the dental nurses received an annual appraisal and had personal development plans. These appraisals were carried out by the principal dentist.

The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. All of the patients we spoke with said they had confidence and trust in the dentists.

Are services effective?

(for example, treatment is effective)

Working with other services

One of the dentists 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, special care dentistry and orthodontic providers.

We noted the practice used a referral tracking system to monitor referrals from the practice. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke with the dentists about how they implemented the principles of informed consent; all of the dentists 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 and the patients dental care records. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

To underpin the consent process the practice had developed bespoke consent forms for more complex treatment including root canal treatment, or some cosmetic procedures. The dentists went on to explain 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. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed.

They added they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists or the hygienist. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets at various points in the practice. 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.

We spoke with two patients on the day of our inspection and six patients over the telephone after 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 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 reception area. We observed that they 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 fees was displayed in both waiting areas.

The dentists we spoke with paid particular attention to patient involvement when drawing up individual treatment 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. 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

During our inspection we looked at the examples of information the practice had available for patients. We saw that the practice waiting area displayed a wide variety of information including the practice patient information leaflet and leaflets about the services the practice offered, results of the family and friends test, how to make a complaint, fire procedures for patients to follow and the practices quality assurance policy.

The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that would hamper them from accessing services. The practice had access to a translation service, which they would arrange if it was clear that a patient had difficulty in understanding information about their treatment. However, staff told us that they had never had to access the translation service but could if they needed to.

To improve access the practice had level access via a small ramp and a treatment room on the ground floor for patients who needed it; the practice was easily accessible for patients with disabilities or infirmity as well as parents and carers using prams and pushchairs.

Access to the service

The practice was open 8.30am - 5.30pm Monday to Friday. The practice used the emergency dental service to give advice or to obtain an appointment in case of a dental emergency when the practice was closed. This information was publicised in the practice information leaflet, at the entrance to the practice and on the telephone answering machine when the practice was closed. Every effort would be made for the patient to see their usual dentist unless their dentist was away and one of the other dentists would accommodate them. Patients we spoke with spoke highly of this facility and that it worked very well.

Concerns & complaint

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. Information for patients about how to make a complaint was seen in the patient leaflet and on posters in the waiting areas.

The practice had received four complaints during the last 12 months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system which ensured a timely response. Staff told us that in the event of a patient complaining the complaints would be managed according to the practices' policy.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for the practice was facilitated by the registered manager who was responsible for the day to day running of the practice. The practice were in the process of a complete update of their system of policies and procedures. All of the staff we spoke with were aware of the current policies and any that had recently been updated and how to access them. We noted all policies and procedures were kept under review by the registered manager and the practice manager on a regular basis.

Leadership, openness and transparency

Effective leadership was provided by the principal dentist and practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the principal dentist. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern however minor. We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and the standards for dental professionals and were happy with the practice facilities. Staff reported that the principal dentist 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

We saw evidence that the practice learnt from incidents, audits, and feedback. Information was shared for example in staff meetings and informally on an daily basis. The practice could demonstrate how they used the data to inform and improve future practice and management.

The practice carried out training needs analysis for the practice as a whole to reflect the needs of their patient population.

There were a number of policies and procedures to support staff in improving the services provided.

We saw that dentists reviewed their practice and introduced changes to practice incorporating learning from their peer review meetings.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development. The principle dentist encouraged staff to carry out professional development wherever possible. The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses and conferences. The practice ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and dental radiography (X-rays). We saw that the practice maintained a comprehensive record of all staff's training records.

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

The practice gathered feedback from patients through the NHS Friends and Family test (FFT), NHS Choices, compliments and complaints. We saw that there was a complaints procedure in place, with details available for patients in the waiting areas and practice leaflet. Results of the Family and Friends Test (FFT) we saw indicated that 100% of patients who completed the survey were happy with the quality of care provided by the practice and patients were either highly likely or likely to recommend the practice to family and friends. Running in tandem with the FFT was the practices' own patient satisfaction survey programme which was due to be started shortly.

Staff told us that the all of the senior staff were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had recently started practice meetings, monthly; 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 described how they also shared information on a more informal basis through daily chats.

Staff reported they were happy in their roles, the practice was like a family and management took account of their

Are services well-led?

views. Staff commented that they were well supported by management and colleagues and always able to seek clarification and assistance if they were unsure of any of their duties.