

Mazdak Eyrumlu and Azad Eyrumlu Corby Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 20 February 2017 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

Corby Dental Care is situated in the old village of Corby and provides a range of dental NHS services to patients of all ages with some private treatments also available. The practice has its own small car park and is situated close to public car parks. The practice is situated on two floors with two dental treatment rooms, a decontamination room, and a ground floor reception/waiting area.

The practice opens weekdays from 9am until 5pm and closes at lunchtimes between 12.30 and 1.30pm. The service is run by Southern Dental Limited who provide care at approximately 80 NHS and private dental practices. They employ two dentists and one hygienist. They are supported by a practice manager, two registered dental nurses and a cleaner.

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 received feedback from 13 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 level of care and treatment they had received and the caring and compassionate attitude of the staff.

Summary of findings

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was generally well maintained. We identified that one item of equipment had not been serviced for more than a year and immediate action was taken to address this.
- Staff had received training in handling medical emergencies and they had access to appropriate medicines and life- saving equipment in accordance with current guidelines. However, we found that medicine used for treating a diabetic patient had not been stored at an appropriate temperature. This was immediately discarded, reordered and the storage was reviewed.
- The practice appeared very clean and well maintained.
- Infection control procedures were in place and the practice followed published guidance. However the manual cleaning of dental instruments and the use of the ultrasonic washer required a review to ensure appropriate and safe procedures were being followed at all times. Most hand wash sinks were compliant with guidelines with the exception of the sink in the decontamination room.
- An accident and incident reporting system was in place although few had been reported. The policy required strengthening so that staff were clear on how to recognise and respond to significant events, incidents and accidents and use opportunities to reflect on their learning.
- Patients told us they received good dental care and were usually able to book convenient appointments. They told us staff were welcoming and caring.
- Governance arrangements were in place for the smooth running of the practice; however the practice

did not have a structured plan in place to audit quality and safety beyond the mandatory audits for infection control and radiography. They planned to establish a more detailed system for this.

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

- Review the arrangements for sharing and recording the response to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA), the Central Alerting System (CAS), and Public Health England (PHE).
- Review the procedures in place so that staff are clear on how to recognise and respond to significant events, incidents and accidents. Review and use opportunities to reflect on learning following significant events, incidents, accidents, complaints and external advisor reports so that learning is shared and actioned appropriately.
- Review the procedures for cleaning dental instruments and ensure that hand wash sinks are appropriate giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the protocol for completing accurate, complete and detailed records of interviews relating to the employment of staff as well as their Hepatitis B immunity records.
- Review and consider the introduction of a hearing loop system.

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 clear policies and procedures in place for essential areas such as infection control, clinical waste control, management of medical emergencies and dental radiography (X-rays). However, the cleaning procedure for used dental instruments needed a review. We found that all the equipment used in the dental practice was well maintained. The practice staff were aware of the importance of investigating and responding to patient safety incidents although few had occurred. Further improvement should be made to the policies to support this process to improve staff knowledge and strengthen learning opportunities. There were sufficient numbers of suitably qualified staff working at the practice, although records relating to the interview process during staff recruitment needed to improve. 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. Staff described 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 collected 13 completed Care Quality Commission patient comment cards and obtained the views of a further two patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients told us that the quality of care was good; staff were welcoming, compassionate and provided excellent care and treatment.

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 those into account in how the practice was run. Many patients had used the service for a number of years and staff were able to provide a personalised response. Access to treatment, urgent and emergency care was available to registered patients and arrangements were in place for patients to attend

No action



Summary of findings

alternative dental care when the practice was closed. Staff had access to an interpreting service when required. Treatment rooms were available on the ground and first floors of the building and arrangements were in place to ensure that patients with limited mobility could access the practice.

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 as a team to improve the service they provided. There were clear clinical governance and risk management structures in place although we found that improvement was required in two areas. This related to following appropriate recruitment procedures and procedures used during the cleaning process for used dental instruments. Overall the leadership structure within the practice appeared to function well although staff meetings would benefit from a structured agenda so that quality issues were regularly discussed. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they enjoyed working at the practice. Patient and staff feedback was monitored so that action could be taken when relevant to do so.

No action



Corby Dental Care

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

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 none reported since 2014. Although the accident book had been used, there was no records to identify or track the progress of each accident to demonstrate how it been managed. Health and safety accident forms were available for completion by the practice manager and the information was provided to head office. A policy to support this was also in place. However, the policy did not provide clear guidance for staff in recognising and reporting significant events. The practice manager told us they completed a monthly tracker which included details of any significant events and was sent to head office for further monitoring. In the last year the reception area at the practice had been flooded due to a fault in the dental chair in the room above. The practice manager told us that the incident had disrupted the serviced on a temporary basis. There were no records at the practice to demonstrate this significant event had occurred as the records had been sent to head office.

The practice manager described the process used for reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). A clear process was in place to report such incidents to head office.

The practice manager received patient safety alerts from the head office and raised them with the dentists and dental nurses as appropriate. However, there were no records made to evidence this.

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. A member of staff was the designated lead for safeguarding concerns and knew how to escalate any concerns appropriately. 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.

We asked the dentist and dental nurses 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.

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 checked on a daily basis to ensure the cylinder was full and within its expiry date. Staff had received annual training in dealing with medical emergencies. The practice team had recently had training in an emergency scenario and planned to repeat this on a more regular basis.

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 and stored securely. There was a system in place to ensure that the dental nurses checked the expiry dates of medicines on a daily basis.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental professionals' regulatory body. A corporate recruitment policy was in place and the process was supported by the resource team at head office. The policy 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.

The practice had a very stable workforce and had recruited one member of staff in the last 18 months. We reviewed the

Are services safe?

recruitment file and found that appropriate recruitment checks had been completed including references and the relevant check with the Disclosure and Barring Service (DBS). However, there was no evidence that an interview had taken place. The practice manager told us she interviewed applicants alone, with no supporting member of staff and did not maintain any interview records.

Staff recruitment records were stored securely 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 covering all areas of the premises which were regularly reviewed. Assessments had been completed in relation to the Control of Substances Hazardous to Health (COSHH) and these were reviewed on an annual basis to ensure that records reflected the products that were in use. 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 there were two staff as designated first aider's.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments. Staff knew how to take appropriate and immediate action if an injury occurred and this would be reported as a significant event. No sharps injuries had been reported in the last two years. Records of staff immunisation for Hepatitis B were in place although there was no record to check if one member of staff had received a booster prior to their employment at the practice.

A fire risk assessment had been completed in October 2016 and recommendations were made. There was no record that action had been taken although the practice manager was able to show us that most of these had been completed. One recommendation had been discussed with the area manager and a decision was taken not to take

action. There was no documentation or a risk assessment to support this decision. Firefighting and detection equipment had been serviced, staff had received relevant training and a fire drill had taken place in December 2016.

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 senior members of staff and a further copy was accessible to other staff.

Infection control

The practice had an infection control policy in place that was regularly reviewed. The lead dental nurse was responsible for the decontamination of used dental instruments. We met with the lead, spoke with other staff and observed the procedures and practice that was being followed. We found that overall the practice was meeting HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control although some improvements were needed to strengthen the cleaning process of dental instruments.

Infection control audits were completed every six months. The last audit had been completed in December 2016 and had scored 100%. This supported compliance with HTM 01 05 guidelines.

We saw that the dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. However we noted that one hand wash sink in the decontamination room had an overflow which should be blocked off as this was not in line with recommendations. Hand washing protocols were displayed appropriately in various areas of the practice.

Most dental items were stored in pouches within drawers of the treatment rooms. However, there were a few loose items in drawers (for example suction tips) which could become contaminated over time.

The practice had a separate decontamination room for instrument processing. We observed the decontamination process from taking the dirty instruments through the cleaning process to ensure they were fit for use again. We found the manual cleaning process was not always completed under water. Dental nurses did not always

Are services safe?

monitor the temperature of the water and ensure the appropriate dilution of cleaning solution. The instruments were then cleaned in an ultrasonic washer, then visually inspection with a magnifier before being sterilised in an autoclave. At busy times, there was a risk that the single ultrasonic washer could become overloaded resulting in ineffective washing. Cleaned instruments were pouched and date stamped in accordance with HTM 0105 guidelines.

Records demonstrated that staff followed systems to ensure that the decontamination equipment was working effectively. Dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for a particular bacteria which can contaminate water systems in buildings). A legionella risk assessment report had been completed in February 2016 and actions had been implemented to monitor safe systems. Through their weekly monitoring process, staff had recently identified a problem with the hot water temperatures being achieved. This had resulted in a new boiler being ordered which was due to be fitted in the next few days.

We observed that the segregation, storage and removal of clinical waste was in line with current guidelines laid down by the Department of Health. The general cleaning of the premises was completed by an employed cleaner who completed daily schedules and discussed any issues or concerns with the team to help maintain high standards. Cleaning equipment was appropriate and stored in accordance with national guidelines. The dental nurses were responsible for clinical cleaning.

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. This included dental chairs, electrical items and firefighting equipment. However, we found the ultrasonic washer had not had annual validation. During the inspection visit a new replacement was ordered.

A refrigerator was used to store some dental materials and glucagon, a medicine for treating diabetic patients in an emergency situation. We noted the temperature of the refrigerator was too high to ensure the safe storage of the glucagon. The item was discarded and a new replacement ordered.

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 maintenance logs and a copy of the local rules which had been read by all relevant members of staff. Routine maintenance checks were completed by the staff every six months. Training records demonstrated that relevant staff had received training for core radiological knowledge under IRMER 2000.

We saw that radiographic audits were completed for each dentist. Dental care records included information when X-rays had been taken, the rationale and the findings. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described how they carried out their assessment of patients for routine care and we saw this evidenced in some dental care records. The assessment for new patients included a verbal discussion with them about their medical history, health conditions, medicines being taken and any allergies suffered. This was reviewed at each routine check or before every course of treatment.

Patients received an examination to assess the condition of their teeth, gums and soft tissues and this included a check for signs of mouth cancer. The assessment outcome was shared with the patient to inform them of the condition of their oral health and whether it had changed since the last appointment. Any treatment options were explained to them in detail. Where appropriate a health assessment using the basic periodontal examination (BPE) scores for the soft tissues lining the mouth, was used. BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on the treatment required. The patient's dental care record was updated with the full details of their assessment and the proposed treatment options that were discussed with the patient. Patients received a copy of their treatment plan and were provided with information about the costs involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements and recommended guidelines.

Health promotion & prevention

The staff used opportunities to promote dental and general health of their patients and referred them to local services if appropriate for example, smoking cessation clinics and dietary advice. Patients were also provided with health information leaflets from dental staff. Adults and children attending the practice were advised during their consultation of the steps to take to maintain healthy teeth. It included advice about tooth brushing techniques, diet, smoking and alcohol where it was appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

The practice employed two dentists a dental hygienist, two dental nurses and a practice manager. The patients we spoke with had confidence and trust in the staff at the practice and this was also reflected in the Care Quality Commission comment cards we received.

We found that staff were at ease with each other and focused on providing a professional and efficient service for their patients. Staff told us they felt supported by the practice manager and they enjoyed working within a friendly team. Staff told us they were supported to maintain their professional development and we saw evidence that regular performance appraisal were completed. The practice manager monitored training records for all staff to ensure that appropriate training was completed according to their role and responsibilities. We saw that training records included training in medical emergencies, safeguarding, managing information, the Mental Capacity Act (2005) and infection control.

Working with other services

Dentists referred patients to other specialists within the provider group if the treatment they required was not provided by the practice. A clear referral process was in place and this included for example, nervous patients, suspected oral cancer and a range of specialist dentistry. The practice maintained records so that progress could be tracked and followed through. A process for fast track referrals for patients who required specialist assessment within 24 hours was also in place.

Consent to care and treatment

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then recorded in their dental records. Staff we spoke with stressed the importance of effective communication when explaining care and treatment options with patients. They told us they used photographs and leaflets to help ensure patients received adequate information to make an informed decision about their treatment and also information about the consequences of having no treatment. Detailed records of these discussions were recorded in dental care records.

Are services effective?

(for example, treatment is effective)

The practice had an appropriate consent policy in place and staff were knowledgeable about the principles of informed consent and specifically, the Mental Capacity Act 2005. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them. Staff were knowledgeable about Gillick

competence to ensure that appropriate verbal and written consent was sought for all treatments offered to children and young people. Gillick competency is a test 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 privacy for patients was maintained by closing treatment room doors during consultations. Conversations between patients and dentists could not be heard from outside most treatment rooms. However, reception staff were aware that one treatment room was less private and helped clinical staff manage this by reminding them to speak in low tones. Dental care 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 at the reception desk.

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 13 completed CQC patient comment cards and obtained the views of two

patients on the day of our visit. These provided a positive view of the service the practice provided from all of the patients. Patients told us that they were treated with respect and compassion and that children were welcomed and treated appropriately. During the inspection we observed that practice staff were polite, 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 treatment costs was displayed in the waiting area. The practice website also gave details of the cost of NHS treatments as well as the costs of various private treatments that were available across the Southern Dental group. Information about monthly dental plans was also available at the practice. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the dental records that the dentists recorded the detailed information they had provided to patients about their treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area had some information on display that referred to the services available at the practice. It also included information about the role of the hygienist and good practice standards issued by the General Dental Council so that patients were made aware of what they could expect from the service. Information about NHS treatment costs were also displayed and detailed information about the costs for private treatment were available on the Southern Dental website. Health information leaflets included a guide to a local smoking cessation service.

We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments to meet the demands of the registered patients. If patients required an emergency appointment staff were able to add them into an appointment slot if they called before 10am. If the patient who requested an urgent appointment was in pain, the practice always did their best to provide a same day appointment. If the request was not urgent, appointments were provided as soon as possible. The dentists advised staff about the length of time required for any follow up treatments. We saw that a patient who had attended their appointment required a follow up one week later and this was accommodated.

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.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. Staff had access to a translation service if a patient had difficulty in understanding information about their treatment and some staff spoke alternative languages. Staff explained they would also help patients on an individual basis if they

were partially sighted or hard of hearing to ensure they were able to access services and consent to treatment. However, the practice did not have a hearing loop installed to assist patients with hearing difficulties.

There was step access to the practice which could cause some patients difficulty in accessing the practice if they had limited mobility. In response, staff positioned a portable ramp for patients who required this prior to their appointment arrival time. Staff told us they were also considering the installation of a hand rail at the entrance of the practice. Patients with a disability could be seen in the ground floor treatment rooms.

Access to the service

The practice opened from 9am until 12.30 and 1.30 until 5pm each week day. When the practice was closed, a recorded message on the practice telephone system advised patients to seek urgent care advice through the local out of hour's service contracted by NHS England. This information was also available in the practice leaflet.

Patients received telephone or text message reminders about their scheduled 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 displayed in the waiting area and the practice leaflet advised how to provide comments about the service. The provider's website also included a feedback section for comments and complaints. These were sent direct to head office through the use of an online form. None of the patients who gave us comments about the practice had needed to make a complaint.

Staff told us they always tried to resolve patient's issues at the time they were raised. If it was not possible to do so, the concerns were referred to the practice manager. The practice manager was responsible for ensuring that complaints were managed appropriately. There had been one complaint in the last twelve months. We reviewed the records and found this had been acknowledged in a timely way, a response and an apology was provided to the

Are services responsive to people's needs?

(for example, to feedback?)

patient. However, there were no records to show that learning as a result of the complaint had been shared with relevant staff. Staff had received training in the management of concerns and complaints.

Are services well-led?

Our findings

Governance arrangements

The practice manager had overall responsibility for monitoring the quality of the service at the practice with the support of a regional management team. We found that the governance arrangements were effective

Policies and procedures were in place which covered a wide range of topics. For example, control of infection and health and safety and the management of information. We noted these were kept under review by head office and updated versions once received, were shared by the practice manager with the staff team. Staff were aware of policies and procedures and how to access them.

Although a recruitment process was in place and followed, this did not include the maintenance of interview records and staff were interviewed by one member of staff. This meant there was no record to justify the interview decision.

The practice manager held monthly practice meetings with staff who were also able to contribute to the agenda. Records of these meetings included issues such as dental activity, staff changes and policy reminders for example uniform policy. However, there were no standing agenda items to promote continuity for discussing quality issues to ensure that staff remained well informed about the care they were providing.

The practice manager was the lead for health and safety. We found that systems were in place to monitor and manage the safety of the environment. However, there was no record of actions taken in response to the fire risk assessment completed by an external advisor.

Systems were in place to manage the maintenance of equipment such as machinery used in the decontamination process and other electrical equipment. Although we found the ultrasonic washer had not been serviced, the practice manager took immediate action to ensure the reliability of this equipment.

Leadership, openness and transparency

The practice manager had overall responsibility for the day to day running of the practice and had the appropriate knowledge and skills for the role. Other leadership responsibilities were shared for example a registered dental nurse was the decontamination and infection control lead

and two members of staff had received first aid training. Leadership support also came from a regional compliance manager and a clinical lead for the Southern Dental group who advised and reviewed the performance of the dentists.

Staff we spoke with told us that they worked well together as a team and supported one another in providing a caring and high quality service. They told us the practice manager was very approachable and they felt able to raise any issues about the safety and quality of the service and share their ideas. This included raising any concerns and staff told us they had confidence in the practice manager's ability to take action in such circumstances. A whistle blowing policy was also available and staff had signed up to this. Regular staff meetings took place and the staff team met together each day on an informal basis to ensure good communication.

Learning and improvement

Monthly audits were completed in key areas such as infection control, dental records and X-rays in accordance with current guidelines. We also saw that audits had been completed against waiting times, health and safety and the referral process.

The area management team provided monthly support visits where the practice manager and staff received feedback on their general performance. A network of support for the practice managers had recently been established.

Systems were in place for managing complaints, incidents and accidents. Few complaints had been received however; further improvement was needed to ensure that any learning from complaints was shared with staff.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They also received annual appraisals and the dentists were appraised by the clinical lead. Training was completed through a variety of resources and media provision and accurate records of training were maintained.

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

The practice gathered ongoing feedback from patients through a corporate patient survey. Results were reviewed and reports were produced by head office every six months. The practice showed us that they had received 10

Are services well-led?

feedback forms the previous month which demonstrated a high level of satisfaction. The practice manager told us they received few comments as part of the ongoing survey and usually had high satisfaction scores. They were unable to provide us with any examples of actions taken in response to patient feedback.

The practice participated in the NHS Family and Friends Test and had received 19 responses during January 2017. All of the patients said they were either extremely satisfied or very satisfied with the care and treatment they had received.

All the staff told us they felt included in the running of the practice and that senior staff listened to their opinions and respected their knowledge and input at meetings. Staff told us they felt valued and trusted to work effectively.