Mazdak Eyrumlu and Honar Shakir

Frinton Dental Care

Inspection Report

84A Connaught Avenue
Frinton On Sea
Essex
CO13 9PT
Tel:01255 674988
Website:

Date of inspection visit: 10 September 2015
Date of publication: 28/01/2016

Overall summary

We carried out an announced comprehensive inspection on 10 September 2015 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.

We carried out an announced comprehensive inspection on 10 September 2015 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

Summary of findings

Frinton Dental Care offers NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and restorative treatment options.The practice has waiting areas and treatment rooms on the first floor and is accessed by stairs or chair lift. There are plans to move to a ground floor location in the near future.

The practice has three dentists; they are supported by two dental hygienists, dental nurses, receptionists and a practice manager. 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.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection.
- There were systems in place to check all equipment had been serviced regularly.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- The practice was well-led and staff felt involved and worked as a team. The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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

Review the recommended actions from the fire risk assessment undertaken in September 2014 to ensure patient can be safely evacuated from the premises.

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 provided care and treatment in a safe way; risk assessments, incidents and safety issues relating to the health, safety and welfare of patients were completed, reviewed and plans for mitigating reoccurrence identified and actioned. The infection prevention and control practices at the surgery followed current essential quality requirements. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Patients' medical histories were obtained before any treatment took place. The dentist was aware of any health or medication issues which could affect the planning of treatment. Staff were trained to deal with medical emergencies.

Staff had received training in safeguarding and whistleblowing and knew the signs of abuse and who to report them to. Staff were suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

We reviewed a fire assessment undertaken by an external company in September 2014 and found some of the recommendations made had not been implemented/actioned.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. Consultations were carried out in line with guidance such as that from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs including a review of their medical history. The practice ensured that patients consent to treatment was sought in line with legislation and guidance.

The staff employed had the correct skills, knowledge and experience to deliver effective care and treatment. The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Oral health education for patients was provided by the dentists and dental hygienists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. The staff provided patients with treatment that was personalised for them. Their treatment assessments took into account current legislation and relevant nationally recognised evidence based guidance.

Patients were complimentary about the practice and how the staff were caring and sensitive to their needs. Patients commented positively on how caring and compassionate staff were, describing them as friendly, understanding and professional.

Patients felt listened to by all staff and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each option.

Summary of findings

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations. Services were planned and delivered to meet the needs of the patients. Details about how to make, reschedule and cancel appointments was available to patients on the practice website and in their leaflet. Staff told us all patients who requested an urgent appointment would normally be seen the same day. They would see any patient in pain, sometimes extending their working day if necessary.

A practice leaflet was available in reception to explain to patients about the services provided. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. Patients who had difficulty understanding care and treatment options were supported.

The practice handled complaints in an open and transparent way and apologised when things went wrong.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations. Governance arrangements ensured that responsibilities were clear, quality and performance were regularly considered and risks were identified, understood and managed.

The leadership and culture reflected the practices vision and values, encouraged openness and transparency and promoted delivery of high quality care. Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place.

Frinton Dental Care

Detailed findings

Background to this inspection

This announced inspection was carried out on 10 September 2015 by an inspector from the Care Quality Commission (CQC) and a specialist dental advisor.

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.

Prior to the inspection we reviewed information we held about the provider. This included information from NHS England and notifications which we had received.

During the inspection we viewed the premises, spoke with three dentists, three dental nurses and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and objectives and a record of any complaints received in the last 12 months.

We obtained the views of 27 patients who had completed CQC comment cards and we spoke with three patients who used the service on the day of our inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice maintained clear records of significant events. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentists or the practice manager. We saw evidence that incidents were documented, investigated and reflected on by the practice. Patients were told when they are affected by something that went wrong; they were given an apology and informed of any actions taken as a result. We reviewed practice meeting minutes and spoke with staff who confirmed that lessons learnt form incidents were discussed at meetings and mitigating actions shared and logged.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by one of the dentists. Where they affected patients, it was noted in their electronic patient record and this also alerted the dentists each time the patient attended the practice. Medical history records were updated to reflect any issues resulting from the alerts.

The dentists and staff spoken with had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

Reliable safety systems and processes (including safeguarding)

All staff at the practice had received safeguarding training that was relevant and to a suitable level for their role. The registered manager was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. This was confirmed by certificates seen in their continuing professional development files. A policy was in place for staff to refer to and this contained telephone numbers of who to contact outside of the practice if there was a need.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Patients told us and we saw dental care records which confirmed that new patients were asked to complete a medical history; these were reviewed at each appointment. The dentist was aware of any health or medication issues which could affect the planning of a patient's treatment. These included for example any underlying allergy, the patient's reaction to local anaesthetic or their smoking status. All health alerts were recorded electronically in the patient's dental care record. Staff spoken with were able to demonstrate a good level of knowledge about the effects of patients with diminishing mental capacity. They were able to explain how they would make sure they worked within the requirements of the Mental Capacity act 2005 to ensure patients were able to make an informed decision about their treatment.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had undertaken a sharps risk assessment to reduce the likelihood of sharps injuries. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

A fire risk assessment was undertaken by an external company in September 2014. However, some of the risks identified had not been fully actioned. For example, there were no Personal Emergency Evacuation Plans (PEEP) in place for means of escape. A PEEP is to provide people with any form of disability, who cannot be adequately protected by the standard fire safety provisions within a premises, with a similar level of safety from the effects of fire as all other occupants. In addition, there was no fire detection system installed which meant, there was no way of alerting the business on the ground floor if a fire was detected in the practice.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency.

Are services safe?

(An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. Staff had also undertaken a simulator based medical emergency course specifically aimed at medical emergencies which were more likely to occur in a dental practice.

Staff recruitment

The practice had systems in place to ensure sufficient numbers of suitably qualified, competent skilled staff were deployed to make sure patients care and treatment needs were met.

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity; checking skills and qualifications; registration with professional bodies where relevant; references and whether a Disclosure and Barring Service check was necessary. We looked at three staff files and found that the process had been followed.

All staff at this practice were qualified and registered with the General Dental Council GDC where relevant. There were copies of current registration certificates and personal indemnity insurance. (Dental professionals are required to have these in place to cover their working practice).

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 and principal dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date.

There were policies and procedures in place to manage risks at the practice. These included infection prevention and control, a pregnant person's risk assessment, and risks associated with Hepatitis B. There were robust processes in place to monitor and reduce these risks so that staff and patients were safe.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice identified how they managed hazardous substances in their health and safety and infection control policies and in specific guidelines for staff, for example in their blood spillage and waste disposal procedures.

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 plan identified staff roles and responsibilities in the event of such an occurrence and contact details for key people and agencies. Copies of the plan were accessible to staff and kept in the practice and by the principal dentist.

Infection control

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse who had responsibility for infection prevention and control. They were able to demonstrate they were aware of the safe practices required to meet the essential standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

The equipment used for cleaning and sterilising dental instruments was maintained and serviced as set out by the manufacturer's guidelines. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

There were processes in place to ensure used instruments were cleaned and sterilised. These processes were compliant with relevant guidance. Decontamination of dental instruments was carried out in a separate decontamination room. A dental nurse demonstrated to us the process; from taking the dirty instruments out of the dental surgery through to clean and ready for use again. We observed that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of

Are services safe?

Legionella bacteria. (Legionella is a particular bacterium which can contaminate water systems in buildings.) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in any of the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines; this mitigated the risk of staff against infection. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental clinical waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

The practice maintained a comprehensive record of all equipment including dates of when maintenance contracts required renewal. The practice manager told us this helped them check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had an effective system in place regarding the prescribing, recording, dispensing, use and stock control of the medicines and materials used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office when the surgery was not in use. Prescriptions were stamped only at the point of issue to maintain their safe use. The dentist we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure that the equipment was operated safely and by qualified staff only. The practice told us only the dentists were qualified to take X-rays. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in all surgeries and within the radiation protection folder for staff to reference if needed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. This protected patients who required X-rays to be taken as part of their treatment.

X-ray audits were carried out every six months. This included assessing the quality of the X-ray and also checked that they had been justified and reported on. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations and assessments in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. The lead dentist we spoke with was aware of the latest NICE guidelines and the preventative care and advice known as "Delivering Better Oral Health Toolkit". This involved identifying patients at high risk of tooth decay and then taking appropriate action to improve their oral health.

Each patient received an oral examination prior to deciding whether further care and treatment was required. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissue and whether there were any signs of mouth cancer. Patients were then made aware of the condition of their oral health and treatment discussed with them.

At each visit, dentists checked the medical history of each patient and recorded any changes in the patient record. We looked at ten patient records on the day of our inspection and found that they had been completed to a satisfactory standard. There was clear evidence of the record of the examination and the findings and the entries made followed NICE guidance.

Following a consultation X-rays were taken in line with Faculty of General Dental Practice (FGDP) guidelines. This identifies patient's risk factors and gives suggested intervals to take X-rays in order to diagnose or monitor tooth decay. All X-rays taken were justified, graded and reported on and recorded in the clinical records. A diagnosis was then discussed with the patient and appropriate treatment was planned. Care was taken to ensure that patients who were or maybe pregnant were risk assessed before an X-ray was taken.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of posters that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Free samples of recommended toothpastes were available for patients.

The dentist we spoke with confirmed that adults and children attending the practice were advised during their consultation of steps to take to prevent tooth decay and this was monitored at subsequent visits to ensure it had been effective. Smoking cessation and lifestyle advice were given to patients where appropriate. This was evident in the ten patient records that we viewed.

Patients were recalled at appropriate intervals to check on their teeth to ensure that prevention methods were effective.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work. The provider was aware of the training their staff had completed even if this had been done in their own time.

Records showed staff were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Staff records showed professional registration was up to date for all staff and they were all covered by personal indemnity insurance.

Dental nurses were flexible in their ability to cover their colleagues at times of sickness. We were told there had been no instances of the dentist working without appropriate support from a dental nurse.

Working with other services

The practice had systems in place to refer patients for specialist treatment if it was required. These were dealt with on the day of the consultation in the majority of cases. Letters were prepared and information about the patient was included to support the specialist in their consultation. The practice had a way of monitoring the referrals made to ensure patients received care and treatment in a timely manner.

Consent to care and treatment

Clinical staff spoken with had a clear understanding of consent issues in relation to children, adults and vulnerable persons. They understood that consent could be withdrawn by a patient at any time. The practice had a

Are services effective?

(for example, treatment is effective)

consent policy in place to support staff. Some dental treatments required written consent and forms were available for this purpose. Patients were made aware that consent could be withdrawn at any time.

Staff were clear about consent in relation to children under the age of 16 years who attended for treatment without a parent or guardian. This is known as Gillick competence. The dentist we spoke with displayed knowledge of the guidelines of the Mental Capacity Act 2005 and explained how they would take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We found that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan but if a confidential matter arose, a private room was available for use.

The comment cards we reviewed reflected that patients were extremely satisfied with the way they were treated at the practice by clinical and non-clinical staff. They said that they were treated with dignity and respect and their confidentiality maintained.

A data protection and confidentiality policy was in place of which staff were aware. Staff spoken with understood the need to handle patient information securely and had read and signed the policy to reflect that they had understood it.

Patients who had undergone a tooth extraction were supplied with a courtesy bag to support them. This included after-care instructions, guidance on taking pain relief medicine and contact numbers in the event that they required further advice or emergency support.

Involvement in decisions about care and treatment

The ten comment cards we viewed reflected that patients felt that the dentists listened to them and involved them in the decisions about their care and treatment. They told us that consultations and treatment options were clearly explained to them followed up by a written treatment plan that explained the costs involved.

We spoke with three patients on the day of our inspection and were told that explanations were clear and they were involved in the decisions about the care and treatment proposed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in leaflets and on their website. The services provided include preventative advice and treatment and routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients who requested an urgent appointment would be seen that day, or within 24 hours if they presented late in the day.

The dentists we spoke with told us the appointment system gave them sufficient time to meet patient needs and they could determine the length of the appointment times. Patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Patients we spoke with told us (and comments cards confirmed) they had flexibility and choice to arrange appointments in line with other commitments. Patients also commented that they were offered cancellation appointments if these were available.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The practice made adjustments to meet the needs of patients. The waiting areas and dental surgeries located on both the ground and first floor. There was step free access from street level into the surgery via a ramp for people using wheelchairs or with prams.

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

Access to the service

Appointment times and availability met the needs of patients. The practice was open Mondays, Tuesdays and Thursdays between the hours of 8.45am and 5pm and from 8.10am to 3.30pm on a Friday. They also opened until 7pm on a Wednesday. Information about opening times was displayed for patients to read.

Patients needing an appointment could book by phone or attend the practice personally. Patients with emergencies could usually get an appointment on the same day or within 24 hours. Time was allocated for emergencies each day. A system was in place for patients to obtain emergency dental treatment out of normal surgery hours. An answer phone message at the practice directed them to a dentist in the local area that could provide this service.

CQC comment cards we viewed commented positively about the appointment system Text messages were sent to patients to remind them of the day and time they should attend. The patients spoken with on the day of the inspection told us that they were able to obtain an appointment at a time that suited them.

Concerns & complaints

The practice had a complaint policy that outlined the procedures to follow including the person responsible for handling complaints and the timescales involved. It also made clear to patients the details of other organisations they could contact if they wished to do so.

The complaint procedure was advertised in the reception area. Staff spoken with were aware of the procedure to follow if they received a complaint. There had been one complaint in the last 12 months. The record of this complaint demonstrated that it was dealt with to the satisfaction of the patient concerned. A suitable explanation and an apology had been supplied to the patient.

Are services well-led?

Our findings

Governance arrangements

The lead dentist with support from the practice manager was responsible for all matters relating to governance. The practice monitored their compliance with the Health and Social Care Act 2008 regulations and it was evident that time and resources had been allocated to achieve compliance with them. There was a clear understanding of the requirements of the act and how it applied to dental practices.

There was a full range of policies and procedures. These included health and safety, infection prevention control, patient confidentiality and clinical decision making. Staff were aware of the policies and they were readily available for them to access. They were required to read them and sign to indicate they had been understood. The policies had been the subject of review and were up to date.

We found that there was a timetable of audits carried out at the practice. There was clear evidence that these were taking place every four months and had been repeated over a number of years. Audits in place included medical histories, patient records, infection prevention control, X-rays and emergency drugs.

The findings of the audits included an analysis and a summary and where areas for improvement had been identified these had been actioned and discussed at team meetings. It was clear from these audits that they were being used to drive improvement and to maintain standards. The repeat audits evidenced that improvements had been maintained.

Leadership, openness and transparency

The practice had a small number of staff members and it was clear that they worked together as part of a team. The culture of the practice encouraged, openness, honesty and a duty of candour.

There was strong leadership at the practice by the lead dentist. This was reflected in the way the practice was managed and staff told us that support was made available to them. All documents we viewed were clear and concise. Staff were being managed effectively and supervised to ensure standards were being maintained.

Staff spoken with told us that they were encouraged to report safety issues or to raise any concerns they had. They were aware of whom to raise any issue they would be listened to and their concerns acted upon appropriately. They felt confident that issues raised would be dealt with professionally.

Staff told us that team meetings were used to discuss relevant practice issues and their ideas for improvement were sought. Minutes were being kept of the staff meetings and there was a clear audit trail when improvements had been identified. Staff spoken with told us that they felt part of a team. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos. Staff told us that they worked in a happy environment and felt supported.

Management lead through learning and improvement

The practice was focused on achieving high standards of clinical excellence and this was monitored by the lead dentist at the practice. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

Staff meetings were held regularly and when required. Minutes were recorded which reflected that discussions had taken place about practice matters. We looked at the minutes of the last four meetings held this year. We found that safety issues and complaints had been discussed at these meetings to cascade learning to staff.

Meetings were also used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice. Staff told us that they were encouraged to undertake their continuous professional development and to identify their training needs for development purposes. Staff told us that additional training was provided if requested.

The results of audits undertaken at the practice were used to drive performance and this led to improvements that were of benefit to the staff and the patients.

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

Are services well-led?

The practice acted on feedback from staff through staff meetings and informally. Staff spoken with told us that they felt part of a team and confirmed that they were consulted about areas for improvement and felt involved in identifying where services could be improved.

The practice used questionnaires for patients to help them identify where services could be improved. These included questions about the treatment received by patients, the appointment system, the facilities and cleanliness and staff friendliness and courtesy. The results of the surveys we saw over the last three years reflected that patients were very satisfied with the services provided and the majority of patients graded them as good or excellent.