

Bredbury Dental Practice Limited

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Inspection Report

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Ratings

Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection of this service on 19 October 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?

Summary of findings

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

Background

Bredbury Dental Practice is located on George Lane a residential area of Bredbury Stockport. There are public transport links close by. There is a small car park on site and on road parking outside the practice.

There are four treatment rooms which are located on the ground and first floors. The reception and waiting room are located on the ground floor. A dedicated decontamination room was located on the first floor.

There are five dentists working at the practice and they are supported by five dental nurses and three trainee dental nurses. In addition there is a receptionist and a practice manager.

The practice provides primary dental services to predominantly (99.9%) NHS patients with a very small amount (0.1%) of private patients.

The practice is open Monday, Wednesday and Thursday from 8am until 7pm, Tuesday from 8am until 5.30pm and Friday from 8am until 5pm. In the event of a patient requiring emergency treatment when the practice is closed they are advised to contact the NHS out of hour's service. The emergency telephone number is in the patient leaflet, on the website and on the practice answer machine.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 five patients who completed CQC comment cards and we spoke with seven patients who were attending the practice for an appointment. Patients' spoke highly about the staff and told us staff were respectful and caring.

Our key findings were:

- Staff were clear about their role and responsibility to safeguarding children and adults. There were good safeguarding procedures in place that gave detailed information about local authority and NHS safeguarding teams and support groups.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been regularly serviced.
- Staff recruitment records contained the required documents and checks.
- Patients were provided with sufficient information about their treatment options to enable them to make informed decisions.
- The practice kept detailed dental care records that showed on-going monitoring of patients' oral health.
- New patients were asked to complete a medical history form that included information about allergies, general health and any medications they were taking. This was checked verbally at each consultation.
- Patients were provided with information and guidance relating to good oral health such as smoking cessation and healthy diet.
- Staff had been trained to handle medical emergencies. Appropriate medicines and life-saving equipment were readily available.
- Staff were supported to maintain their continuing professional development (CPD) and had undertaken training appropriate to their roles.
- The practice had clear procedures for managing comments, concerns or complaints.
- The practice kept up to date with current guidelines and was led by a proactive management team.

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

- Review the decontamination process to ensure all instruments are clean and free from contaminants before being pouched.

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 followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining two references.

There were effective and reliable systems to enable staff to deliver safe care and minimise any risks to patients, staff and visitors. This included a range of policies and procedures in place that provided guidance to staff. The policies and procedures were reviewed on a regular basis the most recent reviews had taken place in August, September and October 2015.

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

Emergency medicines in use at the practice were stored safely and checked to ensure they were within their expiry dates and safe to use.

We saw evidence to show that clinical staff had a Disclosure and Barring Service (DBS) check in place.

Are services effective?

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

The review of dental care records and our discussions with patients showed patients were advised about maintaining good oral health, smoking cessation, alcohol consumption and diet. The practice was using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Patients were given appropriate information to support them to make decisions about the care and treatment they received. Consultations were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to dental recall intervals.

Patient records were detailed and showed patients received a comprehensive assessment of their dental needs including a review of their medical history.

Are services caring?

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

Patients told us in completed comment cards and in discussions on the day of inspection that they were treated with dignity and respect. Patients told us the practice staff were polite, friendly, professional and caring.

Patients commented they felt involved in their treatment, it was fully explained to them and they were listened to and not rushed. They told us were given time to consider their treatment options and felt involved in decisions about their care and treatment.

Our observations showed staff were respectful, caring, considerate and reassuring.

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.

A practice leaflet was available in reception to explain to patients about the services provided.

Appointment times varied in length according to the proposed treatment and to ensure patients and staff were not rushed. The practice offered dedicated emergency slots each day so that patients with dental emergencies received treatment on the same day or within 24 hours.

There were systems in place for patients to make a complaint about the service. The practice had a complaints procedure that explained the process to follow, the timescales involved for investigation and the person responsible for handling the issue.

The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. For example: there were ground floor surgeries and adapted toilet facilities.

Are services well-led?

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

There were regular team meetings where staff were given the opportunity to give their views of the service. In addition daily breakfast meetings took place to discuss topics such as; dress code and training needs. There were appropriate policies and procedures in place.

The practice sought feedback from patients using surveys and the friends and family test (FFT – a feedback tool that asks patients if they would recommend the services they have used). The response from patients was they would be extremely likely to recommend the practice.

There was visible and effective leadership. There was a system of audits in place to monitor and assess the quality of the service the practice provided. These identified areas for improvement and where shortfalls were identified there were action plans in place to address them.

Bredbury Dental Practice Limited

Detailed findings

Background to this inspection

The inspection took place on 19 October 2015 and was conducted by a Care Quality Commission (CQC) inspector, a second inspector and a dental specialist advisor.

We informed NHS England area team / Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

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.

During the inspection we spoke with seven patients, the dentist, dental nurses and practice manager. We examined comment cards, supplied by the CQC and completed by five patients and spoke with seven patients. We reviewed policies, protocols, procedures and other relevant documentation.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no RIDDOR reports made in the last 12 months. There was clear guidance for staff about how to report incidents and accidents.

The staff we spoke with were aware of how to report incidents both internally and to the relevant safety authorities.

The practice had processes in place for receiving and sharing safety alerts from external organisations such as; National Institute for Health and Care Excellence and Medicines and Healthcare Products Regulatory (MHRA). Relevant safety information was cascaded to staff during the regular meetings. This included displaying information on the notice board in the staff room and electronically via the drop box (a computer app for storing information).

The principal dentist and practice manager had a good understanding of their responsibilities in relation to the duty of candour. (Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity). They told us if there was an incident that affected a patient they would apologise initially and the patient would be informed of any actions taken to prevent a reoccurrence.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. There was detailed information available to all staff that included contact details for the local authority and NHS safeguarding teams. There was also a list of useful contact details of help and support agencies for patients and staff.

There were policies and procedures in place relating to the prevention of needle stick injuries (where a used needle or sharp instrument punctures the skin). We saw posters demonstrating the process to follow should staff sustain such an injury.

The practice used both safer sharps and re-usable syringes. Needles were not re-sheathed (putting the needle back into the cover) using the hands following administration of a local anaesthetic to a patient. The dentists told us they were responsible for the disposal of used needles and used tweezers to handle the needles after use.

The principal dentist told us they used a rubber dam when carrying out root canal treatments (a rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and prevent small instruments from being swallowed or inhaled during treatment). The British Endodontic Society provides guidance which states that root canal treatment procedures should be carried out only when the tooth is isolated by a rubber dam.

The fixed electrical appliance test was overdue. A date for this check was organised by the practice manager before we left the premises.

Medical emergencies

There were procedures in place for staff to follow in the event of a medical emergency. All staff had attended training in cardiopulmonary resuscitation (CPR) the training was updated annually.

Staff we spoke with were able to describe how they would deal with medical emergencies.

We saw emergency medicines and oxygen were available in line with the Resuscitation Council UK and British National Formulary guidelines (BNF pharmaceutical reference book that contains information and advice on prescribing medicines). They did not have any self-inflating bags with reservoir which is on the Resuscitation Council UK suggested minimum equipment list. The practice manager arranged an order of this equipment before we left the practice.

The practice had an automated external defibrillator (AED). (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).

We saw service records that showed the emergency equipment was serviced and tested on a regular basis.

Are services safe?

The emergency medicines bag was stored in reception and could be easily accessed if the reception desk was unattended. The practice manager told us they would arrange for a more secure place to store the emergency medicines.

Staff recruitment

We saw that all staff working at the practice had a disclosure and Barring Scheme (DBS) check. These checks 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. We saw evidence of qualifications and registration with the General Dental Council.

We reviewed the employment files for four staff members. The files included application forms or CV's, employment history, evidence of professional registration with the General Dental Council

(where required) and a Disclosure and Barring Service check for clinical staff. The Disclosure and Barring Service carries out 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

There was a health and safety policy and risk assessment in place at the practice designed to minimise any risks to patients, staff and visitors. Where risks had been identified control measures had been put in place to reduce them.

We saw documentary evidence to demonstrate annual and monthly checks of the premises, cross contamination, emergency medicines and equipment were carried out.

There were a range of policies and procedures in relation to safe working practices that included infection prevention and control, fire evacuation procedures, needle stick injury, and risks associated with hepatitis B (a virus that can be transmitted through blood or saliva).

There were arrangements in place to deal with foreseeable emergencies such as a failure in the electrical supply. We saw the business continuity plan gave relevant contact numbers and an alternative arrangement to ensure patient care was not disrupted.

We saw there was a fire risk assessment in place and fire equipment such as fire extinguishers were checked by an external contractor on a regular basis.

The practice had effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks had been identified and actions taken to minimise them.

Infection control

There was an infection control policy with a dedicated lead that ensured that infection control guidance was being followed. There were systems in place designed to minimise the risk and spread of infection. Personal protective equipment (PPE) was readily available for staff to use and in sufficient quantities. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. Posters demonstrating good hand hygiene techniques were clearly displayed to support staff in following practice procedures.

The practice was following guidance about decontamination and infection control issued by the Department of Health, namely Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This provides guidance for the decontamination of dental instruments and infection control in general dental practice. We saw documentary evidence that the dentist and dental nurses had completed infection prevention and control training.

There was a system that ensured reusable items of equipment were only used for one person before being re-processed. We observed a decontamination and sterilisation procedures being carried out during our visit. Following inspection with an illuminated magnifier they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were either pouched or stored appropriately in covered trays until required. We found that pouched instruments were dated with an expiry date in accordance with current guidelines. However, we found five sterilised examination mirrors still had contaminants visible. This was brought to

Are services safe?

the attention of the practice manager who told us they would, as a matter of urgency revisit HTM01-05 with all staff responsible for decontamination of instruments. All of the affected instruments were taken for re-processing.

We saw documentation that demonstrated infection prevention and control audits were being carried out on a regular six-monthly basis. The most recent audit was carried out in October 2015.

Cleaning schedules were in place for the decontamination room, the dental surgeries and the general premises to maintain infection control standards.

A Legionella risk assessment had been carried out in October 2015. This ensured any risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk to patients and staff. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a clinical waste contract in place with a professional waste carrier. Consignment notices were seen and were up to date. Clinical waste was safely stored in locked waste bins between collections.

Staff had been immunised against blood borne viruses such as Hepatitis B and tetanus.

Equipment and medicines

Maintenance records we viewed showed that equipment in use at the practice was regularly serviced in accordance with manufacturers guidelines. This included; the air compressor, autoclaves, dental drills, fire extinguishers, oxygen cylinder and the X-ray equipment.

There was a maintenance contract for the servicing and or replacement of the emergency oxygen cylinders. Regular checks were made to ensure that the flow rate and oxygen levels were sufficient to deal with any medical emergencies that may arise.

A portable appliance test had been carried out in October 2014 on all electrical equipment in use at the practice to ensure it was safe to use. Fire extinguishers were in place throughout the practice and fire drills had been carried out in June and October 2015.

There were sufficient quantities of dental instruments available for each clinical session which took into account the decontamination process.

Emergency medicines on site were as recommended by the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and found they were all within their expiry dates. Emergency medicines and equipment were stored next to the reception desk but were not secure when the reception was unattended. The practice manager found an alternative place for this equipment that was still easy for staff to access in the event of a medical emergency.

Prescription pads were securely stored and were stamped at the point of issue to maintain their safe use.

Radiography (X-rays)

The practice had a well maintained radiation protection folder in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). This file contained details of the radiation protection advisor (RPA), the radiation protection supervisor (RPS), evidence of the maintenance and critical testing and calibration of the X-ray equipment.

We saw copies of the local rules relating to each X-ray machine were available in the treatment rooms. Local rules are working instructions to keep staff, patients and visitors safe where radiation is used.

We examined a sample of dental care records and found where X-rays had been taken the justification for doing so was recorded along with the findings. Staff records confirmed that staff had completed appropriate training updates. Audits of dental X-rays had also been completed to show that dental X-rays were being checked to assess the quality of the images.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Consultations, treatment and recalls were carried out in line with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. The practice used the Department of Health - Delivering Better Oral Health toolkit to identify patients at high risk of tooth decay and took appropriate action to improve their oral health.

We reviewed a sample of five dental care records and found that an examination of the soft tissues of the mouth such as; cheek, lips, tongue and palate was carried out to check whether there were any signs of oral cancer. The reason for each visit was documented and as well as a full clinical assessment with an extra and intra oral examination.

The dental care records reviewed showed an assessment of the periodontal tissues was carried out and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Patients were advised of the condition of their oral health and whether it had changed since the last appointment.

The dentist explained the referral process and told us where they had concerns about possible oral cancer an urgent referral would be made to the local hospital.

Patients completed a medical history form detailing any medical conditions, medicines being taken and any allergies. Patients we spoke with told us they were asked at every visit if there were any changes to their health or medicines.

Health promotion & prevention

We saw evidence in the clinical records oral health promotion was carried out in line with the latest Department of Health publication 'Delivering Better Oral Health; which is evidence based toolkit to support dental practices in improving their patient's oral and general health. There was a range of information available in the patients' waiting room and treatment rooms relating to maintaining good oral health. This included a range of leaflets relating to smoking cessation and oral health care.

Various dental products were available for sale in the practice that included; interdental brushes, mouth wash toothpastes and tooth brushes that were suitable for both adults and children.

The practice recalled patients at appropriate intervals depending on their dental health in accordance with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines.

Staffing

The staff team consisted of five dentists supported by five dental nurses and three trainee dental nurses. In addition there is a receptionist and a practice manager. There was an induction programme for new staff to follow which ensured they were competent to deliver safe and effective treatment and support to patients.

In order to maintain their professional registration with the General Dental Council (GDC) all clinical staff are required to undertake continuing professional development (CPD a specific number of hours of training). We reviewed staff training and saw training certificates to demonstrate staff were up to date with training on first aid, emergency procedures such as; life support, child protection and safeguarding adults that may be vulnerable and radiography (X-rays).

Dental nurses were supervised and supported on a day-to-day basis by the dentists. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the principal dentist and practice manager were supportive and always available for advice and guidance.

Staff told us they had a monthly breakfast meeting with one of the dentists. If any issues were raised that required further discussion these would be brought to the quarterly practice meetings. The most recent meeting was held on 19 October 2015. The meetings provided an opportunity to cascade important information and for staff to raise any issues or concerns they may have. Practice meetings were minuted and minutes were displayed in the staff room.

There was an effective appraisal system in place which was used to identify training and development needs. We saw documentary evidence to show staff appraisals had been undertaken throughout 2015.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures. The practice completed on line referral forms to ensure the specialist service had all the relevant information required. Patients were advised of the need for a referral and the treatment required was fully explained.

Specialists were advised of the description of the treatment and once the specialised treatment was complete patients were referred back to the practice for follow up and on-going check-ups.

Consent to care and treatment

There was a policy relating to consent that staff were aware of. This policy explained the different types of consent a patient could give and whether it could be taken verbally or in writing.

We looked at a sample of seven dental care records and saw they contained written consent to treatments. Staff demonstrated a good understanding of capacity in relation to the Mental Capacity Act 2005 (MCA) and of their responsibilities to ensure patients understood what they were consenting to.

Staff were aware of and understood the use of the Gillick competency in relation to young persons (under the age of 16 years). The Gillick competency test 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

We received five CQC comment cards that had been completed by patients prior to our inspection, we also spoke with seven patients on the day of the inspection. Patients were positive about the care they received from staff at the practice and told us they found the staff at the practice were kind, considerate and respectful. We observed that patients arriving for an appointment were greeted with respect and staff made them welcome.

The practice had a data protection and confidentiality policy that covered disclosure of patient information and the secure handling of patient information. Staff knew how to access the policy and had signed to show they had read it. Patient records were held electronically, access was password protected and the system was backed up to secure storage each evening.

We observed the receptionists answering patient telephone calls and found they were polite. Reception staff told us that they didn't discuss confidential matters with patients at reception. Staff told us they would find a quiet area if patients wished to discuss something privately.

The staff we spoke with were clear about their responsibilities in relation to ensuring people's dignity and privacy were maintained. The doors to treatment rooms were fully closed during consultations and discussions could not be overheard in the waiting areas.

Involvement in decisions about care and treatment

Staff told us that they explained the treatment options available to patients so they were able to make informed decisions about their care and treatment. The patients we spoke with felt their dentist explained the treatment they needed in a way they could understand. They also told us they felt staff listened to them and allowed sufficient time for them to make an informed decision about the type of treatment they wished to receive.

We reviewed seven dental care records that showed patients were provided with advice on smoking cessation and health diet in order to maintain good oral health in line with the Department of Health – Delivering Better Oral Health' toolkit (DBOH).

The dental care records we reviewed contained evidence that X-ray findings and treatment options had been discussed with the patients.

The practice displayed information in the reception area and on the practice website regarding NHS and private dental charges.

We looked at a recently completed patient satisfaction survey. We noted that all patients asked were satisfied in relation to their involvement in decision making.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was a practice leaflet and website that described the range of services offered to patients. The practice leaflet contained the names of clinical staff, their qualifications and registration details held by the General Dental Council.

There was an efficient appointment system in place to respond to patients' needs that included vacant appointment slots to accommodate urgent or emergency appointments. Patients with dental emergencies would be seen on the same day where possible or within 24 hours. In the event of a patient needing an appointment when the practice was closed, there was a message on the telephone answering machine with the contact number for the NHS out of hour's service.

There were systems in place to ensure any equipment or materials needed were received in advance of an appointment to avoid unnecessary travel for the patient.

Tackling inequity and promoting equality

The practice had a policy on equality and diversity to support staff in understanding and meeting the needs of patients.

The treatment rooms at the practice were on the ground floor and first floor. The waiting room and toilet were on the ground floor and were accessible to patients who had limited mobility. The practice had access to online or telephone translation services. The practice manager told us that staff knew which patients had limited mobility and told us they would support them when they arrived. Anxious patients were able to bring a friend or relative to accompany them during treatment.

The ground was accessible to people who used a wheelchair, parents with prams and patients with limited mobility. There was a toilet on the ground that was suitable for disabled access.

Access to the service

The practice was open Monday, Wednesday and Thursday from 8am until 7pm, Tuesday from 8am until 5.30pm and Friday from 8am until 5pm. The practice opening hours were displayed in the premises, in the practice leaflet and on the practice website.

In the event of a patient requiring emergency treatment when the practice is closed they are advised to contact the NHS out of hour's service. The emergency telephone number is in the patient leaflet, on the website and on the practice answer machine.

The patients we spoke with on the day of the inspection told us they had no difficulties in getting an appointment to fit in with their daily routines.

The practice took account of the needs of the whole community and should it be needed, staff had access to a telephone translation service. Staff told us this was not usually needed because patients where English was not their first language would bring a relative to ensure they understood the treatment options.

Concerns & complaints

There was an effective system in place for handling verbal and written complaints, concerns and compliments. Information about how to make a complaint was displayed in the practice and on the practice website. The staff we spoke with were aware of the complaints procedure and were able to explain how they would deal with a complaint.

The complaint policy included the timescales in which complaints would be dealt with. The

contact details of external organisations were provided to enable patients to escalate their concerns should they be dissatisfied with the provider's response.

The practice manager was responsible for investigating complaints. There had been five complaints received in the last 12 months. We reviewed the complaints log and saw they contained the detail of the complaint, the action taken to resolve the complaint and the learning outcomes.

There was evidence of learning from complaints and concerns through discussion in team meetings. This helped minimise the risk of reoccurrences.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and a clear leadership structure with named members of staff in lead roles. The principal dentist and practice manager shared responsibility for all aspects of clinical and non-clinical governance.

We saw risk assessments had been carried out in relation to fire, exposure to radiation and X-ray equipment. Control measures had been implemented to manage risks.

Staff applied the principles of the General Dental Council (GDC) publication - Standards for Dental Professionals. Continuing professional development (CPD) files demonstrated that staff were working towards completing the required number of CPD hours to maintain their professional registration with the GDC.

The practice had a wide range of policies and procedures in place that were easily accessible to staff. Policies were reviewed and updated and included: child protection, safeguarding adults, patient confidentiality, infection prevention and control, whistle blowing and health and safety. These policies supported effective decision making and guided practice.

We reviewed a sample of dental care records which were kept electronically; password protected and records are backed up (saved in case of a computer failure) each day. We found the records were complete, comprehensive, accurate and securely stored.

We saw regular team meetings took place and we reviewed the minutes of the most recent meeting. We saw the meetings were used to discuss topics such as; complaints, medical emergencies, fire drills and any significant events.

Leadership, openness and transparency

The staff we spoke with told us the practice was a relaxed and friendly environment to work in and they enjoyed their role. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

Staff told us they were confident if they raised any concerns with the principal dentist or practice manager they would be listened to and appropriate action taken.

The practice manager explained how they would respond if something went wrong with a patient's care. They told us they would inform the patient about the mistake, offer an apology, offer to put things right and take action to ensure the same mistake was not repeated.

We saw that staff had job descriptions and were clear on the duties that were expected of them.

The principal dentist told us that the practice ethos was to ensure patients received a good quality of care and were supported to maintain good oral health and prevent dental disease.

Learning and improvement

The practice had an on-going system of clinical and non-clinical audits in place to assess the quality of the service provided to patients. These included; a cleaning audit, six-monthly infection prevention and control in accordance with HTM 01-05 standards for decontamination in dental practices, dental care records, the quality of X-ray images and prescribing of antibiotics.

We looked at staff recruitment records and saw the dentists, dental hygienist and dental nurses were registered with the GDC and appropriately covered by professional indemnity insurance. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom.

Clinical staff were supported to maintain their continuous professional development (CPD) which was a requirement of their continued registration with the General Dental Council (GDC). We saw certificates in the staff files that demonstrated staff had completed training appropriate to their role.

The staff we spoke with told us they had regular appraisals and were managed and supported to ensure professional standards were being maintained. The staff we spoke with told us they found the appraisal was a useful process.

The dentists had a system of peer review where they would audit each other's dental care records.

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

The practice had a suggestions box in the waiting room and had conducted a patient satisfaction survey in 2014/15 the results of which were extremely positive. In addition the practice used the Friends and Family test (FFT) a system

Are services well-led?

whereby patients comment on whether they would be likely to recommend the practice to friends or family). These forms were located in the reception area for patients to complete if they wished to do so.

We reviewed a sample of the completed FFT forms from July to October 2015 and found patients indicated they

were extremely likely to recommend the practice to a friend or relative. All of the feedback from the practice survey, CQC comment cards, FFT and from speaking with patients was extremely positive.

The staff we spoke with said that the principal dentist and practice manager were open to their ideas and suggestions about how they might improve the service.