IDH Limited

IDH Bury St Edmunds

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

IDH Bury St Edmunds provides mostly NHS and some private treatment to children and adults. It serves about 21,000 patients and is part of IDH Limited which has a large number of dental practices across the UK.

The practice employs eight dentists, eight dental nurses, two dental hygienists and three reception staff. A full time practice manager 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.

The practice is situated in a converted residential property and has eight dental treatment rooms, one decontamination room, two waiting rooms and a large staff room.

Our key findings were:

- Staff understood and fulfilled their responsibilities to raise and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice had systems to help ensure patient safety. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control, and responding to medical emergencies.

Summary of findings

- Premises and equipment were visibly clean, secure, properly maintained and kept in accordance with current legislation and guidance.
- There were sufficient numbers of suitably qualified and competent staff. Members of the dental team were up-to-date with their continuing professional development and supported to meet the requirements of their professional registration.
- Patients' needs were assessed and care was planned and delivered in line with current best practice guidance from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- The practice took into account any comments, concerns or complaints and used these to help them improve the service.
- Staff felt well supported and were committed to providing a quality service to their patients.
- The practice had strong clinical and managerial leadership and governance arrangements in place.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society.

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.

There were systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, and maintaining the required standards of infection prevention and control. The practice carried out and reviewed risk assessments to identify and manage risk effectively. Emergency equipment and medicines in use at the practice were stored safely and checked regularly to ensure they did not go beyond their expiry dates. There were sufficient numbers of suitably qualified staff working at the practice.

Recruitment procedures were robust and ensured only suitable staff were employed.

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 effective, evidence based and focussed on the needs of the patients. Patients were referred to other services in a timely manner and urgent referrals were actively followed up. Staff had the skills, knowledge and experience to deliver effective care and treatment.

Clinical audits were completed to ensure patients received effective and safe care, although records audits had not picked up on some shortfalls we identified.

No action ✓

Are services caring?

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

We collected 28 completed patient comment cards and obtained the views of a further three five patients on the day of our visit. These provided a very positive view of the service. Patients spoke positively of the dental treatment they received, and of the caring and supportive nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and did not feel rushed in their appointments. Staff gave us specific examples of when they had gone above the call of duty to assist patients.

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 practice had good facilities and was well equipped to treat patients and meet their needs. Routine dental appointments were readily available, as were urgent on the day appointment slots and patients told us it was easy to get an appointment with the practice. Good information was available for patients both in the practice's leaflet and on the provider's web site. The practice had made adjustments to accommodate patients with a disability. Information about how to complain was available and the practice responded in a timely, empathetic and appropriate way to issues raised by patients.

No action ✓

Summary of findings

Are services well-led?

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

Both patients and staff benefitted from the ethos and management approach of the practice. We found staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had a number of policies and procedures to govern its activity and held regular staff meetings. There were systems in place to monitor and improve quality, and identify risk. The practice proactively sought feedback from staff and patients, which it acted on to improve services to its patients.

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No action

IDH Bury St Edmunds

Detailed findings

Background to this inspection

The inspection took place on 29 November 2016 and was conducted by a CQC inspector and a dental specialist 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 asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we spoke with two dentists, the practice manager, three dental nurses and the head receptionist. Two of the provider's Regulatory Officers were also on site during our inspection. We spoke with three patients and reviewed 28 comment cards about the quality of the service that patients had completed prior to our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available to complete. All incidents were discussed as a standing agenda item at the monthly staff meetings.

The practice manager told us of two recent incidents involving the theft of the practice's safe, and a patient who wished to record their consultation. These had been discussed widely amongst the staff team and measures put in place either to prevent their reoccurrence, or to manage them appropriately.

The provider produced a quarterly health and safety bulletin, which gave details of incidents that, had occurred across all of its services, so that learning from them could be shared widely across the organisation. In addition to this, we viewed the provider's most recent practice bulletin, dated 16 November, which described an incident whereby a reception desk hatch had been left in an upright position, and had then fallen onto a child's fingers. The bulletin advised all practice managers to ensure that their reception counter hatches had a failsafe mechanism in place.

Staff we spoke with had a good understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences)

National patient safety alerts were sent to the practice via the provider's fortnightly e-bulletin, and the manager printed off hard copies, which she displayed in a specific folder in the staff room. Alerts were also held centrally on the provider's computer system and staff we spoke with were aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if they had concerns about a patient's welfare. The practice's safeguarding policy was wide ranging and offered guidance to staff on a number of issues including domestic violence, child trafficking and female genital mutilation.

Records showed that all staff had received safeguarding training for both vulnerable adults and children. Staff we spoke with understood the importance of safeguarding issues. The practice manager was the lead for safeguarding and had undertaken additional training for this role. She gave us specific examples of when she had reported safeguarding concerns or sought advice from protection agencies in relation to patients.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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. However, we found that not all dentists used rubber dams routinely as recommended by guidance.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system, which allowed staff to discard needles without the need to re-sheath them. Disposable, single use matrix bands were also used.

Sharps' bins were securely attached to the wall in treatment rooms to ensure their safety, and had been assembled correctly, signed and dated. Staff we spoke with were aware of how to deal with a sharps' injury and needle stick protocols were on display in areas where sharps were used.

We noted that there was good signage throughout the premises clearly indicating steep stairs, the name of fist aiders, fire marshals and the use of X-rays to ensure that patients and staff were protected.

Medical emergencies

All staff had received training in cardiopulmonary resuscitation and those we spoke with knew the location of all the emergency equipment in the practice. We checked the emergency medical treatment kit available and found that this had been monitored regularly to ensure that it was

Are services safe?

fit for purpose. The practice had all equipment in place as recommended by the Resuscitation Council (UK) to deal with a range of medical emergencies commonly found in dental practice.

Emergency medicines were available in line with guidelines issued by the British National Formulary to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all drugs were within date for safe use. These were checked monthly by staff to ensure they remained in date for safe use.

The location of first aid boxes and emergency equipment was clearly signposted throughout the practice and specific staff had been trained as First Aiders. Eyewash and bodily spillage kits were also available to deal with any incidents.

Emergency medical simulations were rehearsed every three months by staff so that they were clear about what to do in the event of an incident at the practice. Minutes of the staff meeting held in November 2016 showed that dealing with a patient feint had been discussed

Staff recruitment

We checked personnel records for two staff which contained evidence of their GDC registration, employment contract, indemnity insurance, references, interview notes and a disclosure and barring check (DBS) 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 might have contact with children or adults who may be vulnerable. Notes from recruitment interviews were kept to demonstrate they had been conducted fairly.

All staff received a full induction to their role that was delivered by the provider's training academy. Newly employed dentists undertook a three day induction at the provider's national academy in Manchester. We spoke with a recently recruited receptionist who told us her recruitment process and induction to the role had been thorough.

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. Health and safety issues were a standing agenda item practice meetings.

We were shown the practice's detailed health and safety risk assessment which was held and monitored centrally on the provider's computer system. We saw that health and safety risks had been identified, along with the degree of their urgency and the action needed to reduce the risk. In response to identified risks the practice had added signage to the boiler room to prevent people from entering it; had displayed liability signs in the car park, and had installed salt grit bins.

The practice had a fire risk assessment in place and carried out regular fire drills. Fire detection and firefighting equipment such as extinguishers were regularly tested, and we saw records to demonstrate this. Full evacuations of the premises were rehearsed every six months to ensure that all staff knew what to do in the event of an emergency. The practice had appointed specific staff who had been trained as Fire Marshals.

A legionella risk assessment had been carried out in December 2014 and we found that its recommendations had been implemented by the practice. Dip slide tests were completed every three months and water lines were flushed through each week with a biocide. Daily flushing of the water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming. Water temperatures were tested at sentinel points every month but we found that for over a year the hot water had not reached the required temperature. Although this had now been rectified with a new boiler, we were concerned at the length of time it had taken to action.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for the large majority of products used within the practice. Missing data sheets for a couple of cleaning products we identified were downloaded and placed in the file by the end of our inspection.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of dental records or staff shortages. The plan included emergency contact numbers for key staff and utility companies.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice.

Are services safe?

The practice had a range of relevant written policies in place for the management of infection control including those for legionella, waste storage, personal protective equipment and sterilisation of instruments. Training files we viewed showed that staff had received appropriate training in infection prevention and control, and regular audits of infection control and prevention were undertaken. One of the dental nurses had been appointed as the lead for infection control.

The dental nurses were responsible for cleaning the surgeries and undertook a deep clean of them every two to three months. In addition to this, an external cleaning also came each day to clean communal areas. We found that all areas of the practice were visibly clean and hygienic, including the waiting areas, toilets, stairways and corridors. Treatment rooms had clearly defined dirty and clean zones in operation to reduce the risk of cross infection. All surfaces including walls, floors, skirting boards and cupboard doors were free from visible dirt. The rooms had sealed flooring and sealed work surfaces so they could be cleaned easily. Cleaning equipment was colour coded and stored correctly in line with guidance to reduce the risk of cross contamination.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. A dedicated nurse was assigned each day to undertake all reprocessing of dirty instruments. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used an ultra-sonic bath to clean instruments prior to their sterilisation. We noted that the practice only had one ultra-sonic bath to clean the instruments from eight surgeries. However, the practice manager assured us that another bath had been ordered and she was just awaiting its arrival.

When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the sonic bath and autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

We noted that staff uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. Records showed that all dental staff had been immunised against Hepatitis B.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps' containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Clinical waste was stored safely prior to removal outside in a locked bin secured to external fire escape stairs.

Equipment and medicines

The equipment used for cleaning and sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. All other types of equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had been completed in January 2016, the compressor had been serviced in January 2016, gas safety tested in July 2016 and the air conditioning in July 2016. The dental chairs had been serviced May 2016. The condition of all equipment was assessed each day by staff as part of the daily surgery checklist to ensure it was fit for purpose

Stock control was good and medical consumables we checked in the treatment room cupboards were within date for safe use.

There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned by the practice manager.

Prescription pads were held securely, although there was no system in place to monitor and track individual prescription forms. Not all dentists we spoke with were aware of the British national Formulary's website for reporting adverse drug reactions

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000

Are services safe?

(IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set. Local rules were available in each treatment room for staff to reference if needed, although these were not unit specific. Training records showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Dental care records we viewed showed that dental X-rays were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with three patients during our inspection and received 28 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment. Patients told us their treatment had been pain free and effective.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. Assessments included an examination covering the condition of the patient's teeth, gums and soft tissues. Antibiotic prescribing, wisdom tooth extraction and patients' recall frequencies also met national guidance. Dental care records were of mostly a good standard, although we found some that lacked detail.

We saw a range of clinical audits that the practice carried out to help them monitor the effectiveness of the service. These included clinical record keeping, dental radiographs, patient referrals and infection control.

Health promotion & prevention

There was good information on the practice's website on issues such as tooth brushing, flossing, gum disease and mouth cancer. A number of oral health care products were available for sale to patients in reception including dental floss, interdental brushes, disclosing tablets and toothbrushes. Staff told us that the practice regularly took part in national oral health campaigns such as National Smile Week.

Two dental hygienists were employed by the practice to focus on treating gum disease and giving advice to patients on the prevention of decay and gum disease. One nurse had just completed an oral health educator's course and plans were in place to use her newly acquired skills in offering additional advice to patients. The provider was about to run a specific kids recall email campaign to remind parents to book their child's appointment over Christmas holidays, and specific kids clubs days were held during school holidays. Staff told us that the hygienist had visited a local primary school to raise awareness of the importance of good oral hygiene to pupils.

Staff were aware of guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention', and a copy of it was on display in the staff room. This is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Dentists regularly asked patients about their smoking, alcohol intake and diet, and this was recorded on the records we viewed.

A dental nurse told us that one dentist asked patients to bring in their own toothbrushes so he could spend time showing them how to brush their teeth effectively. During our inspection, one of the nurses found some leaflets about smoking cessation and put these out in the waiting room, making then easily available to patients.

Staffing

We found that the dentists were supported by appropriate numbers of dental nurses, receptionists and other administrative staff to provide care for patients. Both staff and patients told us they did not feel rushed during appointments and each dentist saw about 25-30 patients a day, evidence of which we viewed. Staff told us it was a busy practice but that patients' care was never compromised.

Files we viewed demonstrated that staff were appropriately qualified, trained had current professional validation and professional indemnity insurance. The practice had appropriate Employer's Liability in place. The practice also kept essential employment information about the vising implantologist including details of his professional registration, indemnity and qualifications.

The practice had a training programme for staff via its academy that was free to all dental nurses and receptionists. This covered mandatory topics as safeguarding, infection control and fire safety but also additional training such as radiography, oral cancer, and health and safety. The provider had recently set up its own accredited student dental nurse training programme and some of the practice's staff had been enrolled on the programme.

Are services effective?

(for example, treatment is effective)

All staff received an annual appraisal of their performance and had personal development plans in place. Appraisals for the dental nurses and reception staff were carried out by the practice manager who assessed their performance in a range of areas. Appraisal documentation we reviewed demonstrated a meaningful appraisal process was in place. The dentists were appraised by the provider's clinical support manager who visited every eight to twelve weeks. In addition to this, each dentist met with the practice manager for a one to one meeting every month to discuss any relevant matters.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves and there were clear referral pathways in place. Urgent referrals for oral malignancy were followed up and a log of the referrals made was kept so they could be could be tracked. However patients were not routinely offered a copy of the referral for their information. A referral audit was completed every six months to check that each referral had been sent correctly and any action required had been completed.

Consent to care and treatment

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Dental staff we spoke with had a clear understanding of patient consent issues and the practice had detailed polices and training in place to guide staff. We noted that Gillick guidelines had been discussed at a meeting of 16 November 2016 to ensure that staff were aware of consent issues when treating younger patients.

Dentist we spoke with understood the importance of providing patients with treatment options and the risk and benefits of each one. Information leaflets were given to patients for more complex treatments to assist in their understanding of it.

Patients we spoke with told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection we sent comment cards so patients could tell us about their experience of the practice. We collected 28 completed cards and obtained the views of a further three patients on the day of our visit. These provided a very positive view of the practice. Patients told us they were treated in a way that they liked by staff and many comment cards we received described staff as friendly, caring and efficient .Patients told us that staff were empathetic about their fear of treatment.

During our inspection we observed that reception staff were courteous and helpful to patients, despite being very busy. Computer screens at reception were not overlooked and all computers were password protected. Patients sat in completely separate waiting rooms to the reception area, allowing for good privacy. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Staff gave us examples of where they had gone out their way to support patients, including providing emergency support when someone crashed their car just outside the practice; and picking up lab work so that it could be delivered to a patient more quickly.

Staff received training in information governance and handling confidential information so that patients' details were kept in line with guidance.

Involvement in decisions about care and treatment

Patients told us that oral health issues were discussed with them and they felt involved in decision making about the care and treatment they received. We saw evidence in the records that dentists recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a full range of NHS treatments and patients had access to some private cosmetic treatments including teeth whitening and facial aesthetics. It employed two dental hygienists to support patients with the prevention of gum disease and a dental specialist visited regularly to provide implant services.

Patients had access to a helpful website which provided information on the range services offered, the dental team, and the practice's opening hours and treatment costs. We found good information about NHS and private charges in the waiting area to ensure patients knew how much their treatment would cost The waiting area also displayed a wide variety of information including how to make a complaint, local advocacy services and the General Dental Council standards that patients could expect the practice to follow.

The practice was open from Mondays to Wednesdays from 7.30am to 8pm; on Thursdays from 7.30am to 5.30pm; and on Fridays from 7.30am to 5pm. It also opened on a Saturday morning ensuring that appointments were easily accessible to patients. Emergency slots were available throughout the day to accommodate patients who needed an urgent appointment. Patients were able to make an appointment by phone, via the website or in person and could sign up for text reminders. Most patients we spoke with were satisfied with the appointments system, but three people told us they sometimes had to wait a while having arrived for their apportionment, which they found frustrating.

Tackling inequity and promoting equality

There was a disabled parking spot to the rear of the property and level access through the back door. There was also a ground floor disabled friendly toilet and two downstairs treatment rooms. A hearing induction loop was available to assist patients who wore hearing aids. However, two patients told us they found the steep stairs difficult to climb and were not aware the practice had downstairs treatment rooms they could use.

Translation services were available for patients whose first language was not English, and some of the dentists spoke Polish, allowing them to communicate with Polish patients in particular.

Concerns & complaints

Details of how to complain were available at the reception desk and patients who complained were given a copy of the practice's code of practice which clearly outlined the process for handling their concerns, the timescale within which they would be responded to, and details of external agencies they could contact if unhappy with the practice's response.

We looked at two recent complaints received by the practice and found they had been dealt with openly and appropriately by the practice manager. In one instance an apology was readily given to a patient who had waited a long time to be seen. A holding letter had been sent in another instance, informing the patient that their complaint was being fully investigated but that it would take longer than the stated timescale. This ensured that the complainant was kept up to date with what was happening with their concern. All complaints were monitored centrally by the provider's patient support services to ensure they were managed effectively and so that trends or themes could be identified.

Complaints were regularly discussed at the practice's monthly staff meetings to ensure that any learning or improvements arising from them were shared. We viewed minutes of the practice meeting held in November 2015 and noted that patients' complaints in relation to the practice's telephone system had been discussed, and that an additional member of staff was going to be employed to help manage calls.

Staff received specific training in how to manage complaints and one of the area development managers told us that training had been organised for this particular practice, in response to some previous clinical complaints that could have been managed more effectively.

We found that the head receptionist had a particularly good attitude to dealing with complaints and talked about the importance of actively listening to patients and apologising fully when things went wrong.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the overall leadership in the practice, supported by an area development manager and clinical support manager who visited regularly to assist her in the running of the service. There was a clear staffing structure in place within the practice, with some staff in lead roles with additional responsibilities.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient consent, whistle blowing and, equalities and diversity. We found that these policies were regularly reviewed to ensure they remained relevant and up to date. Any new polices were disseminated in the provider's fortnightly bulletin and the practice manager told us there were plans in place to discuss a different policy each month at the regular staff meetings.

Communication across the practice was structured around key scheduled meetings which staff told us they found useful. There were monthly meetings involving the whole practice team and viewed a sample of minutes from the monthly staff meetings which were detailed, with actions arising from them clearly documented. Staff told us they also valued the fact that all staff, including dentists, sat together at lunch allowing for good communication and relations to build.

All staff received a yearly appraisal of their performance, in which they were set specific objectives which were then reviewed after six months. These appraisals were comprehensive and covered where they were performing well, areas for their improvement and what support they needed. A clinical support manager was responsible for supervising and appraising the dentists and visited every few months to discuss relevant issues and feedback to them about the results of their audits.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The quality of most of these audits was good, with high achievement rates, confirming what we found during our inspection. However we found that the practice's record keeping audit had failed to identify some variations in the quality of the dental records we viewed.

We found that all records required by regulation for the protection of patients and staff and for the effective and efficient running of the business were well maintained, up to date and accurate. Staff received training in information governance so that they knew how to manage patient information in line with legislation.

Leadership, openness and transparency

Staff spoke highly of the practice manager, describing her as supportive, knowledgeable and encouraging of their training. Staff clearly enjoyed their work and described a family like and inclusive environment within which they worked. Staff told us they also received good support from the provider's regional and national support staff.

A policy for following the Duty of Candour was available and staff were able to describe the principles of being open and honest with patients when things went wrong. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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).

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

Patients were asked to complete a feedback form which asked them for their views on a range of issues including the quality of their welcome, the time they waited and the quality of information given about their treatment. They could also complete feedback forms on-line and were texted following their treatment with details of how to do this. Feedback left by patients on the NHS Choices web site was monitored by the provider's patient support services, who responded to any comments left.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were shared at staff meetings and were put on display for patients to see.

All complaints received by the practice were logged on-line where they were monitored centrally by the provider's patient support team. Patients were able to leave feedback about their experience on the provider' website and details of the provider's patient support team were also available for them to contact.

Are services well-led?

We found evidence that the practice respond to patients' comments. For example, a third telephone line was to be installed following feedback about telephone access to the practice.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. We found good evidence that the practice listened to its staff and implemented their suggestions and ideas. For example, one staff member told us her idea of a specific denture log had been implemented, and that the practice's referral process had been reviewed in light of the treatment rooms gaining inter-net access.