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Stone Cross Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 January 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

Stone Cross Dental Practice which is part of the Southern Dental Group provides predominately NHS dental services with private treatment options available for patients. The premises consist of a waiting area, three treatment rooms, staff area and a reception area. The practice has a separate decontamination room.

The staff at the practice consist of two dentists', a hygienist, two dental nurses', two receptionists and a practice manager who is also a registered dental nurse.

The business manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before our inspection we supplied Care Quality Commission (CQC) comment cards for patients to complete. We collected 16 completed comment cards. 11 cards were positive; the themes were that patients were treated kindly, staff were helpful and treatment received was of a high standard. 5 cards were less positive and related to the lack of access due to the two dentists not being available which had made it difficult to obtain an appointment. We also reviewed feedback from patients who had completed the 'Friends and Family Test' and

Summary of findings

spoke to nine patients following our inspection and found that the feedback was positive mostly, however patients mentioned that they had found it difficult to see a dentist as the dentists were often not there.

Our key findings were:

- Staff reported incidents and kept records of these to enable the practice to learn and improve.
- The practice was generally clean but there were areas that needed improvement.
- The equipment had been maintained to a sufficient standard but records of checks and maintenance were not available for some pieces of equipment. These were provided to us following our inspection.
- Mandatory training had lapsed for medical emergencies. But arranged and completed shortly after our inspection
- Staff files were incomplete and appropriate checks had not been carried out before the appointment of new staff. However we received these following our inspection.
- 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 had effective safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- The practice took into account any comments, concerns or complaints.
- Patients were pleased with the care and treatment they received and complimentary about the dentists and all other members of the practice team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.

The practice followed infection control procedures which reflected published national guidance and staff had been trained to use the equipment in the decontamination process. The practice was operating an effective decontamination pathway, with checks to ensure sterilisation of the instruments. However, we found dental materials that were expired and one of the dental chairs had a ripped covering. All out of date stock was disposed of and we received documents following our inspection that showed the chair covering had been replaced.

Are services effective?

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

The practice kept detailed electronic and paper records of the care given to patients including information about patient's oral health assessments, treatment and advice given. They monitored any changes in the patient's oral health and made referrals to hospital specialist services for further investigations or treatment if required.

The practice provided patients with advice about preventative care and supported patients to ensure better oral health. Comments received speaking with patients and via the NHS friends and family test reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their continuing professional development (CPD) requirements.

Are services caring?

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

We reviewed comments the practice had received. Comments were positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these. Staff were able to demonstrate that they had an up to date understanding of confidentiality and data protection.

Are services responsive to people's needs?

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

Appointment times did not always meet the needs of patients and waiting times were extended as the practice did not have any dentists available for up to three days per week. Staff told us all patients who requested an urgent appointment would be seen as soon as possible. This was a temporary arrangement which has now been rectified with the appointment of more staff.

The practice had made reasonable adjustments to accommodate patients with a disability or limited mobility.

Summary of findings

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints, although some complaints received were not responded to in an appropriate manner. This had been rectified following our inspection.

Are services well-led?

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

Staff were involved in leading the practice to deliver satisfactory care. Staff were receiving annual appraisals. The practice was carrying out audits of clinical areas to assess the safety and effectiveness of the services provided.

Staff that we spoke with had an understanding of the management structure in the practice and who they would need to go to for advice and support.

Staff files identified that mandatory training and development had taken place.

The practice had systems in place to involve, seek and act upon feedback from patients using the service.

Stone Cross Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008

This unannounced inspection was carried out on 26 January 2016 by an inspector from the Care Quality Commission (CQC) and two dental specialist advisors.

During the inspection we viewed the premises, spoke with the one dentist, two dental nurses, and receptionists, the practice manager, the area manager and the audit and compliance 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 informed the local NHS England area team on 29 October 2015 that we were inspecting the practice; however we did not receive any information of concern from them.

We received feedback from 29 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly.

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 th

Are services safe?

Our findings

Reporting, learning and improvement from incidents

We discussed the systems for accident, incident and significant event reporting. An accident reporting book was available but there had been no accidents recorded within the previous 12 months. A significant event happened on the day of our inspection. We were able to observe the practice process from beginning to end. The practice had systems and processes in place to ensure all care and treatment was carried out safely.

Staff could demonstrate an understanding of their responsibilities of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had a system for receiving MHRA alerts and sharing the information with staff. These were sent to staff via email and discussed at practice meetings when alerts were relevant to the practice.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for safeguarding children and vulnerable adults, which had been updated annually. The policies were localised and contained the direct contact details of the local authority safeguarding team and what to do out of hours. This information was displayed prominently and all staff were aware of the procedure to follow.

The principal dentist was the safeguarding lead. All staff had completed safeguarding training to the appropriate level. Staff we spoke with were confident when describing potential abuse or neglect and how they would raise concerns with the safeguarding lead.

Staff were aware of the procedure for whistleblowing if they had concerns about another member of staff's performance. Staff told us they would be confident about raising such issues with either the practice manager or principal dentist.

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. The practice showed us that they had rubber dam kits available for use when carrying out endodontic (root canal) treatment. However, the dentist should review the use of a rubber dam, taking into account current guidance.

The practice had clear processes to make sure that they did not make avoidable mistakes such as extracting the wrong tooth. The dentists told us they always checked and re-checked the treatment plan and re-examined the patient. They said they took particular care with this where they were extracting a tooth on the recommendation of another dentist (such as when carrying out orthodontic extractions). They told us they had a final read of the letter from the orthodontist and also asked the dental nurse assisting them to check this. The dentists were aware that carrying out incorrect dental treatment of any kind would be reportable to CQC.

Medical emergencies

The practice had arrangements to deal with medical emergencies and the dentist was the lead for this. We asked staff what they would do in the event of a medical emergency. If a medical emergency happened they would call for help and follow instructions from the dentist or members of staff that had received training. There was an automated external defibrillator (AED - a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff had received annual training in how to use this. The practice had the emergency medicines set out as advised in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. The practice monitored the expiry dates of medicines and equipment so they could replace out of date items promptly.

Staff recruitment

There were arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' continuing needs. However, very often the

Are services safe?

practice had not ensured that there were always enough staff available to support patients. For example, dental services were not available up to three days each week and arrangements to provide emergency support to dental patients outside of those days were not clearly defined.

We reviewed nine staff recruitment files and found that appropriate recruitment checks had not always been undertaken prior to employment. We found that proof of identification, details of qualifications and registration with the appropriate professional body had been obtained. However, references had not been obtained relating to three staff members. The practice recruitment policy states that it was the service's policy to request a Disclosure and Barring Services (DBS) check for all staff. However, we found that some staff files contained DBS checks which applied to previous positions of employment held by staff and did not relate to an application made by the provider. And two members of staff did not have a DBS check carried out at all. Following our inspection we received documents to show that all of the DBS checks had been carried out.

Monitoring health & safety and responding to risks

The practice had procedures for monitoring and managing risks to patient and staff safety. We saw that the service had undertaken a range of documented risk assessments, including; health and safety of the environment, infection control, fire safety, information technology and associated information governance. Most of the staff had received health and safety awareness and fire safety training as part of their continuing professional development (CPD). For example, we found the service had been subject to a radiography risk assessment and one of the dentists was the radiation protection supervisor (RPS). Fire safety equipment had been regularly serviced and records demonstrated staff had been involved in regular fire drills. One of the nurses and the practice manager held responsibility for first aid.

There were 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 to patients, staff and visitors, associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

We discussed the systems in place to reduce the risk and spread of infection. Environmental cleaning was carried out each day by a cleaner employed by the practice. We saw that cleaning equipment was available in accordance with the national colour coding scheme.

We saw that infection control audits were completed on a six monthly basis in accordance with HTM 01-05 guidance. The most recent audit carried out on 21 January 2016.

One of the dental nurses was the designated lead for infection prevention and control. All staff involved with infection control had undertaken training within the last 12 months. Staff spoken with were aware of the infection prevention and control procedures to follow for the decontamination of dental instruments and we were told that infection prevention and control training was undertaken during the induction of newly employed staff, although three of the staff recruitment files we reviewed did not have documentation to confirm this. Staff spoken with were able to describe the end to end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient and demonstrated how the working surfaces, dental unit and dental chair were decontaminated. Each treatment room had routine personal protective equipment (PPE) available for staff and patient use. Patients we spoke with confirmed that dental staff wore gloves and masks during any checks or treatment they carried out.

It was noted that the waiting area, reception and toilets were visibly clean, tidy and clutter free. Two of the treatment rooms were visibly clean, the third treatment room where implant treatments were carried out was dusty, had debris in the drawers and the covering on the dental chair was ripped. Patients spoken with confirmed that the practice was always clean. Hand washing facilities were available including wall mounted liquid soap and gels and paper towels in each of the treatment rooms and toilets.

The practice had a separate decontamination room for instrument processing. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. Staff manually scrubbed instruments for the initial cleaning process, then placing them in a cycle in the ultrasonic bath, instruments were then rinsed and inspected using an illuminated

magnifying examination lens and placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilised they were pouched and stored appropriately until required.

There was appropriate use and monitoring of single use instruments and staff spoken with were aware of which instruments were for single use only.

A member of staff spoken with demonstrated how the dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). The methods discussed by staff were in line with current HTM 01 05 guidelines.

We reviewed the practice's legionella risk assessment which had been carried out in February 2015 by a company registered with the legionella control association. Actions identified were monitoring of water temperatures to ensure that they were within the safe ranges which would reduce the risk of contamination. We found that water temperatures recorded were below the safe range for the hot water and brought this to the attention of the area manager. Following our inspection we received information to state that this had now been rectified.

We observed that clinical waste bags were securely stored away from patient areas. Consignment notices demonstrated that clinical waste was removed from the premises on a regular basis by an appropriate contractor.

Equipment and medicines

The practice maintained information regarding equipment in use, for example service records and maintenance contracts.

A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out in January 2015 by an appropriately qualified person to ensure the equipment was safe to use.

Dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. The practice did not dispense any medicines. Prescription pads were stored securely.

We saw a number of items which had passed the expiry date such as some dental cement which had expired in 2014 in the fridge and other dental materials in two of the dental treatment rooms. These items were disposed of during the inspection. Also the fridge was very dirty and another boxed material was mouldy. The practice did not have any systems for checking the expiry date of these items. We noted that the fridge temperatures had been recorded as within the safe range, but the thermometer was showing the temperature was below the optimum range at 12o. We brought this to the attention of the practice manager who informed us that the fridge was old and needed replacing. We received confirmation following the inspection that a new fridge had been installed.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We saw evidence of recorded reasons why each image (X-ray) was taken and that X-rays were always checked to ensure their quality and accuracy. The dentists graded each image taken to quality assure this process. Staff showed us their ongoing clinical audit records for the quality of the X-rays they took; this showed they were using this process to monitor their own performance in this aspect of dentistry.

The dentists involved in taking X-rays had completed the required training. One dental nurse we spoke with explained that she was not yet allowed to actively participate when a dentist took X-rays because they had not completed the necessary training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the two dentists and checked dental care records to confirm the findings. The dentists told us how they undertook a dental assessment and explained how they took into consideration current guidelines such as those from the National Institute for Health and Care Excellence (NICE). This included a review of the patients' medical history and assessment of the periodontal tissues using the basic periodontal examination (BPE) tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The patients we spoke with on the day of the inspection, confirmed that medical history was verbally taken at each visit.

The dentists used NICE guidance to determine a suitable recall interval for the patients. This took into account the likelihood of the patient experiencing dental disease. Patients were given a copy of their treatment plan, including information on the fees involved. Patients we spoke with told us they always felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The dentist we spoke with said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride toothpaste and mouthwashes and the ill-effects of smoking on oral health. The dentist showed us how they would demonstrate with models and animated videos on the computer to help patients to understand good brushing and hygiene techniques.

The dentists were aware of and were using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available. There were a variety of different information leaflets available in the reception areas

Staffing

The practice employed a range of experienced staff. Staff who were under training were supported by experienced and trained senior members. Not all new staff had received an induction to ensure they understood how the practice operated and to ensure that they were competent in their role. Other staff had received an annual appraisal. We looked at nine staff recruitment files and found that their appraisals had covered performance, training and development needs which had been addressed. We were assured following our inspection that the provider had implemented an induction and orientation process which all new staff were subject to.

Staff told us they felt supported and confirmed that training was available for them to undertake for both practice and patient specific needs, such as oral health training and to further their future development if they wanted to. The practice area manager informed us that all types of training were available to staff and routinely offered. Records we examined confirmed this. Support staff said that the dentists at the practice were supportive and always available for advice and guidance.

We saw evidence that members of the clinical team had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays), oral cancer and other specific dental topics. The staff files contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. The practice area manager had a system for monitoring this information.

Working with other services

The practice had a system to refer patients to alternative practices or specialists, if the treatment required was not provided by the practice. The practice referred patients for secondary (hospital) care when necessary, for example, for

Are services effective?

(for example, treatment is effective)

assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history and a copy of the patients' referral was kept in the dental records. However, referrals to the hygienist had not been recorded. Staff informed us that these were usually informal and the patients just booked an appointment with the hygienist if they wished.

The dentist explained the system and route they would follow for urgent referrals if they detected any un-explained lesions during the examination of a patient's soft tissues to rule out the possibility of oral cancer.

Consent to care and treatment

The practice had policies for obtaining patients' consent to treatment and staff were aware of and followed these. Staff told us that they ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent.

We were told how staff discussed treatment options with their patients including the risks and intended benefits of each option. This was confirmed in the patients dental care records that we examined.

Patients told us the dentists were good at explaining their treatment and answering questions, they felt fully informed about their treatment and they were given time to consider their options before giving their consent to treatment Staff we spoke with on the day of the inspection could demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). The training records of staff showed that some staff had undertaken formal training. (MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 25 patients. All patients commented positively about dentists, dental nurses and reception staff. They described staff as caring and friendly. Patients said that dentists listened to them and answered any questions regarding their dental care and treatment. They said that dentists and dental nurses understood their concerns and fears.

We reviewed the results of the NHS Friends and Family Test. We found that 100% of patients who had responded said that they would be 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of these patients commented positively about how they were treated by staff.

We observed staff interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite and friendly and this was also reflected in comments made by patients.

The practice had both data protection and confidentiality policies and staff were aware of the importance regarding disclosure of and the secure handling of patient information. We observed the

interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental treatment. Patients were informed about the range of treatments available during consultations.

Patients commented they felt involved in their treatment and it was fully explained to them. We checked a sample of dental care records to confirm the findings and saw that these included a summary of treatment and explanations given to patients, and they showed that the range of treatment options available were documented.

Patients we spoke with told us that these options were discussed with them and that their consent to treatment was sought.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The staff we spoke with were aware of the needs of the local population; however, we found that the service offered was not flexible and quite restricted to meet these needs. The practice had an appointments system which was only available two to three days per week as the dentists were often working at another Southern Dental practice emergency and non-routine appointments were not available every day and patients told us that this was a problem and they had experienced difficulty in obtaining appointments when they needed them. We have been assured that the practice has dentists available every day along with emergency appointments following the acquisition of new staff.

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. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff members told us that extra time was planned for patients who were particularly nervous or anxious and for children.

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.

The practice was located on the ground floor and had made reasonable adjustments to support patients with limited mobility and parents with prams and pushchairs to access the facilities. Step free access was available at the practice.

Access to the service

The practice was advertised on their website and on information displayed internally and externally. This information indicated that appointments were available between Monday to Thursday 9am to 5.30pm and Friday and Saturday 9am to 4.pm.

Patients who contacted the dental practice outside of its opening hours were advised how to access emergency dental services; details were available on the practice answer phone, displayed in the waiting room and outside of the entrance to the practice. Patients told us that they couldn't always access care and treatment in a timely way and the appointment system did not meet their needs. This was reflected in five of the CQC comment cards. We were assured following our inspection that this had now been rectified.

Staff told us that where treatment was urgent patients would be seen on the same day and when there were no dentists available they would refer patients to another Southern Dental Practice.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if theyfelt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which helped ensure a timely response. The practice had received one complaint within the last 12 months; this had been dealt with in line with the practice complaints policy. However, we found an entry on the patients dental care records to cancel appointments but not to tell the patient as this time was needed for other treatment. We then reviewed the response letter, which was written in a derogatory manner. We spoke with the area manager who informed us that the member of staff who wrote the response letter and made the note on the patients record had left the practice. All compliants were sent through to the compliance manager who the supported staff to respond and conclude any complaints.

Are services well-led?

Our findings

Governance arrangements

There was a full range of operational policies, procedures and protocols to govern activity. All of these policies, procedures and protocols were subject to annual review and staff had signed to indicate that they had read and understood each document. Staff we spoke with were aware of the policies, procedures and protocols, their content and how to access them when required.

The practice undertook a series of practice wide audits to monitor and assess the quality of the services they provided. These audits had been repeated to evidence that improvements had been made where gaps had been identified. Records we looked at related to audits for infection control, the quality of X-rays taken and record keeping. There was clear evidence that these were taking place regularly. The findings of the audits documented an analysis of results, areas identified for improvement, and actions taken. Results and findings were discussed at practice meetings and it was clear that these audits were driving improvement and maintaining standards.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed. Staff who we spoke with told us they had good support to carry out their individual roles within the practice and any concerns would be addressed at any time.

Learning and improvement

The dentists, dental hygienist and both dental nurses were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Dentists and dental nurses completed some training to support their continuous professional development (CPD). We saw copies of training certificates; however the system in place to monitor and ensure that staff were completing the required number of CPD hours to maintain their professional development in line with the requirements set by the General Dental Council (GDC) was not robust.

Staff meetings were held on a regular basis and we saw minutes of meetings to confirm this. As well as documented meetings, informal meetings were held on a daily basis as and when issues arose.

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

We spoke with staff about the methods used to obtain feedback from patients and from staff who worked at the practice. We were told that the friends and family test (FFT) had been introduced and staff were encouraging patients to complete these. The friends and family test is a national

programme to allow patients to provide feedback on the services provided. A poster entitled “we are listening to your feedback” was on display in the waiting room. This recorded that the in the December FFT patients had reported that they were happy overall with the service provided but had commented that they were waiting too long to be seen by the dentist. We asked what the practice had done to address this. We were told that as it was a temporary arrangement and that the dentists were working at one of Southern Dentals other practices to help them to meet their target and after 01 April 2016 the dentists would be available every day as advertised. This demonstrated that the practice was not listening to patient feedback or taking action to address issues raised.

The most recent FFT results were available on the NHS Choices website; we saw that 83% of people who completed this survey (six patients) would recommend the dental practice.

We were told that the practice had undertaken patient satisfaction surveys in December 2015; we looked at satisfaction surveys and saw that generally positive responses were received. The satisfaction surveys were limited in the questions patients were requested to answer. There were no questions regarding the difficulties of obtaining an appointment, or the frequency of postponed appointments.

The majority of the CQC comment cards were complimentary about the services, although five patients commented that there could be a long wait to see the dentist or they could not get an appointment when they needed one.

Are services well-led?

We saw that the practice held regular practice meetings which were minuted and gave staff an opportunity to share information and discuss any concerns or issues.