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Brightsmile Dental Care (Epsom)

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 11 January 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

Brightsmile Dental Care (Epsom) is a family run practice owned by three brothers who are equal partners in the business. The practice is an NHS and private dental practice located in a three storey end-of-terraced building occupying a corner shopfront. On the ground floor there is a waiting room, reception desk, treatment room, small meeting room and patient toilet. On the first floor there are two further treatment rooms and a decontamination room and on the second floor there is staff room and an office. The practice is located close to Epsom High Street and Epsom station.

The staff team consists of four dentists, four dental nurses (including one trainee), a dental hygienist, a practice manager, an operations manager and a receptionist/ practice coordinator.

The operations 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'.

Summary of findings

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 open Monday to Thursday from 9am to 6pm and Friday from 9am to 5pm.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 36 completed cards. All the comments from patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Strong and effective clinical and business leadership was evident during our inspection underpinned by an effective governance system.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these and discussed information for shared learning.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The provider had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were robust and effective in improving the quality and safety of the services.

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

- Review and implement the necessary requirements of the data protection code of practice for surveillance cameras and personal information.

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?

No action

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

The practice operated systems for recording and reporting significant events and accidents. Staff had a good understanding of necessary policies and procedures to follow including the reporting of injuries diseases and dangerous occurrences regulations (RIDDOR) 2013. All staff knew the procedures to follow and understood their responsibilities for reporting any suspected abuse.

The practice had arrangements in place for infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was properly maintained. Staff were suitably qualified for their roles and all necessary staff were registered with the dental professionals' regulatory body, the General Dental Council (GDC). The practice maintained a system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

Are services effective?

No action

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

Are services caring?

No action

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

We collected 36 completed Care Quality Commission patient comment cards. These provided a positive view of the service the practice provided. All the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed. On the day of our inspection we observed staff to be caring, friendly and very welcoming.

Are services responsive to people's needs?

No action

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

Patients were able to access treatment within a reasonable time frame and had adequate time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Summary of findings

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. Strong and effective clinical and business leadership was evident during our inspection underpinned by an effective governance system that had recently been introduced by the practice. The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met. Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the management team. They were confident in their abilities to address any issues as they arose.	**No action** 

Brightsmile Dental Care (Epsom)

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.

The inspection was carried out on 11 January 2017 by a CQC inspector who was supported by a specialist dental advisor.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We spoke to six members of staff, conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records.

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. We collected 36 completed cards. All the comments from patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting accidents and incidents. There was a practice policy for staff to follow for the reporting of incidents, which had been followed in any incidents reported. We found that the cases had been appropriately investigated and discussed at practice meetings and any learning shared. Staff understood the process for accident reporting, including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

The dentists were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [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].

Reliable safety systems and processes (including safeguarding)

We spoke to a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special needle guard to prevent needle stick injuries from occurring. Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

We asked one of the dentists how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed guidance issued by the British Endodontic Society in relation to the use of a rubber dam where practically possible. 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.

One of the principal dentists acted as the safeguarding lead and as a point of referral should a safeguarding issue be encountered. A policy was in place for staff to refer to which contained the necessary contact details and protocol should a member of staff identify a person who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. All staff knew who the safeguarding lead was and the procedures to follow.

A full fire risk assessment had been completed. All necessary actions had been taken. A fire evacuation procedure had been carried out annually. Firefighting equipment such as fire extinguishers were checked on an annual basis by an appropriate company, the last check was in July 2016.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with a member of the management team.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had 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 training in how to use this equipment. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Are services safe?

Staff Recruitment

All clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. All staff had a Disclosure and Barring Service check (DBS) completed as appropriate. 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.

The practice had a recruitment policy which contained all necessary details as per regulatory guidance. The policy detailed the checks to be undertaken before a person started work. These included proof of identity, establishing the right to work in the United Kingdom, professional body registration, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and obtaining references. The practice had a thorough induction programme available for new employees and when we spoke to staff they confirmed they had completed this.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice. These were available for all members of staff to refer to through the shared drive on the practice computer system.

The practice had in place a Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice via email. These were disseminated at staff meetings, where appropriate.

There was a detailed business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention and control in dental practices). It was observed that audit of infection control processes carried out in November 2016 confirmed compliance with HTM 01 05 guidelines.

We saw that the three dental treatment rooms, waiting area, reception and toilets were visibly clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse we spoke with described to us 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. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

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); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in August 2016. The recommended procedures contained in the report were carried out and logged appropriately. These measures ensured that patients and staff were protected from the risk of infection due to Legionella.

Are services safe?

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. 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 manual scrubbing for the initial cleaning process and following inspection with an illuminated magnifier; the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, 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 autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date. These were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log file.

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. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in August 2016. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations in March 2015 and were due to be serviced and calibrated again in March 2018. Portable appliance testing (PAT) had been carried out in December 2016. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage. Prescription pads were securely stored to prevent theft or misuse by staff or unauthorised persons. The practice also dispensed their own medicines as part of a patients' dental treatment for certain oral surgery procedures.

Radiography (X-rays)

We were shown a radiation protection file that contained documentation in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). Included in this file were 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. We also saw a copy of the local rules and notification to the Health and Safety Executive that X-rays were being used at the practice.

The local rules describe the operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile with their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area around the dental chair/patient; and state the lowest X-ray dose possible to use. Applying the local rules to each X-ray taken means that X-rays are carried out safely. The X-ray units were contracted for safety and performance checks with an approved company who was also the Radiation Protection Advisor.

We saw that a radiograph audit had been carried out in December 2016 for all dentists. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment, the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given to improve the outcome for the patient. This included dietary advice and general oral hygiene instruction such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment. The practice also employed a dental hygienist to improve the outcomes for patients.

Health promotion & prevention

The practice was focussed on the prevention of dental disease and the maintenance of good oral health and adopted the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

We saw evidence in patients' dental care records that clinicians provided dietary advice as well as advice on smoking cessation, reducing alcohol consumption and fluoride intake. Where relevant, preventative dental information such as general oral hygiene instructions and brushing technique advice was given. Dentists referred patients to the hygienist as appropriate. A range of dental hygiene products were sold.

Staffing

The staff team consists of four dentists, four dental nurses (including one trainee), a dental hygienist, a practice manager, an operations manager and a receptionist/ practice coordinator. The practice manager was a qualified dental nurse and worked clinically providing cover when needed. One of the dentists had qualified in 2016 and worked in the practice under the 'Dental Foundation Training' programme which is supported in conjunction with a local deanery. [Dental foundationtraining (DFT) is a post-qualification training period, mainly in general dental practice, which UK graduates need to undertake in order to work in NHS practice]. The dentist was supported by an accredited trainer in the practice who was the one of the principal dentists.

All staff reported that they felt the staffing levels at the practice were adequate. Several staff members were long standing and had worked at the practice for many years. The practice manager told us that there were several part time staff and this provided an effective means of covering any sickness and holiday as staff were prepared to work extra hours when required.

There was an induction programme for new staff members. Staff were encouraged to maintain their own records of continuing professional development (CPD), confirmation of General Dental Council (GDC) registration and current professional indemnity cover where applicable.

Staff told us they were engaged in an appraisal process on a yearly basis. This reviewed their performance and

Are services effective?

(for example, treatment is effective)

identified their training and development needs. We reviewed some of the notes kept from these meetings and saw that each member of staff had the opportunity to put a personal development plan in place.

Working with other services

The dentists explained to us how they would work with other services. Patients were referred for specialist treatments, suspicious lesions, second opinions and treatments beyond the dentists' competency. Staff told us the referrals were tracked and recall time frames followed those set out in National Institute for Health and Care Excellence (NICE) guidelines.

Consent to care and treatment

The staff we spoke with explained to us the processes they used within the practice to ensure that the principles of informed consent were implemented at each point of dental care delivery. We reviewed dental care records and saw evidence that dentists explained individual treatment options, risks, benefits and costs and that where appropriate patients signed consent forms.

Staff demonstrated an understanding of the principles of the Mental Capacity Act (MCA) 2005. Staff told us how its guidelines would inform their work with patients who may suffer from any mental impairment that may mean they might be unable to fully understand the implications of treatment.

The staff we spoke with were familiar with the concept of Gillick competency with regards to gaining consent from children under the age of 16. 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

During the inspection we observed staff in the practice outside the treatment rooms. Staff were observed to be polite, friendly and provided a welcoming and relaxed greeting. Staff ensured patients confidentiality and did not recite personal information. Computers were password protected and regularly backed up. The reception computer screen was not visible to patients. Treatment rooms were situated away from the main waiting areas and doors remained closed at all times when patients were present. Conversations between patients and dentists could not be overheard maintaining patients' privacy.

We collected 36 completed CQC patient comment cards. These provided an entirely positive view of the service. From the feedback we received it was evident that staff had an excellent relationship with their patients. Patients commented on the friendly and helpful team and reported that they felt listened to, cared for, that staff treated them with dignity and respect and that treatment was made as comfortable as possible.

Involvement in decisions about care and treatment

We saw evidence in the dental care records we looked at that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started and written information provided as appropriate. We saw that clear information was given to patients on any costs applicable. In the feedback we received from patients they told us that treatment was explained thoroughly and that they were given time to think about any treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and dental hygienists could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with an appointment system on the practice computer that indicated the length of time that was generally preferred for any given treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Some of the feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they did not feel rushed and had adequate time scheduled with the dentist to assess their needs and receive treatment.

We looked at examples of information available to people. We saw that the practice waiting area displayed some leaflets about the services the practice offered, how to make a complaint and information about maintaining good oral health.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us they would access a translation service if required and that they could provide written information for people who were hard of hearing and use large print documents for patients with some visual impairment.

The practice had made reasonable provision for patients using wheelchairs although we noted the toilet facilities were restrictive. When entering the practice there was a level floor and a wide door and waiting area. The practice had portable ramps in place to accommodate patients accessing the ground floor treatment room.

Access to the service

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were seen the same day. This was reflected in patients' feedback we reviewed.

Concerns & complaints

There was a complaints' policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Information for patients about how to make a complaint was available in the practice's waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were robust. There was a comprehensive system of policies, protocols and procedures in place covering all of the clinical governance criteria expected in a dental practice. The systems and processes were well maintained with files that were regularly reviewed and completed. Records, including those related to patient care and treatments, as well as staff employment, were kept accurately.

The staff fully understood all of the governance systems because there was a clear line of communication running through the practice. This was evidenced through the effective use of staff meetings where relevant information was shared and recorded, and through the high level of knowledge about systems and processes which staff were able to demonstrate to us via our discussions on the day of the inspection.

We had noted the practice had not met all the necessary requirements for operating a CCTV surveillance system especially where filming was taking place in the treatment rooms. The provider informed us shortly after the inspection they had stopped using the surveillance system and switched it off. They had agreed this would remain so until they had all the necessary requirements in place.

Leadership, openness and transparency

Leadership was provided by the partners of the practice and the practice manager. The practice ethos focussed on understanding the needs of the patient population and providing patient centred care in a relaxed and friendly environment. The culture of the practice encouraged candour. It was evident that the staff were very happy working at the practice and the team worked closely together. Staff told us that communication between management and staff was very open and transparent. They felt listened to and supported in their roles and comfortable and confident to raise any concerns they may have.

The practice had daily informal meetings as an opportunity to share any information and formal monthly staff meetings. There was also a system to send and receive messages via computer or in a diary.

Staff told us that communication in the practice was very good and that management were very open to staff ideas about the running of the practice.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the dental nurses received an annual appraisal; these appraisals were carried out by the practice manager and lead dental nurse. The dentist working under the DFT programme also received regular performance reviews and supervision from the local deanery and their assigned trainer who was one of the principal partners.

We found there was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection control and X-ray quality and the quality of clinical record keeping. The audits demonstrated a process where the practice had analysed the results to discuss and identify where improvement actions may be needed.

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

The practice gathered feedback from patients through the use of a comments box and via the NHS 'Friends and Family Test'. The majority of feedback had been positive and indicated a high level of satisfaction with the quality of care provided. The practice manager told us they had responded to patient's feedback and replaced new chairs in the waiting areas, improved the dental experience for young children, increased the days the hygienists was available and improved in communications for patients regarding high costs for treatments.

Staff told us that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings provided appropriate forums for staff to give their feedback.