Mr Raj Wadhwani

Antwerp House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 31 March 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

Antwerp House Dental Practice is one of seven practices owned by Mr Raj Wadhwani and provides both private and NHS funded dental services to adults and children. In addition to general dentistry, it offers a range of procedures including dental implants, teeth whitening, facial aesthetics and anti-snoring devices. It also offers conscious sedation to very nervous patients.

The practice employs 38 full and part-time staff. This includes eight dental surgeons, five hygienists and 11 dental nurses. A range of dental specialists also visit to provide treatment including periodontists, endodontists and orthodontists. They are supported by a number of administrative and reception staff.

The practice opens from 8am to 6.30pm on a Monday; from 8am to 5pm on Tuesdays, Wednesdays and Fridays; and from 8am to 6pm on a Thursday. It is also opens on a Saturday from 8am until 4 pm. The premises consist of ten treatment rooms, two patient waiting areas, a decontamination room and various staff offices.

We spoke with three patients during our inspection and also received 19 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the staff, the explanation of their treatment and the quality of the dentistry provided.

Our key findings were:

Summary of findings

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation. Patients' dental care records provided an accurate, thorough and contemporaneous record of their care, consent and treatment.
- The practice placed an emphasis on the promotion of good oral health.
- The premises were clean and well maintained.
- Infection control and decontamination procedures were robust, ensuring patients' safety.
- Staff had received training appropriate to their roles and were supported in their continued professional development.
- The practice had a comprehensive schedule of clinical audit demonstrating a commitment to continuous improvement.

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

- Review the use of CCTV cameras to ensure it meets guidance as set out in the Information Commissioner's' Office; In the picture: A data protection code of practice for surveillance cameras and personal information.
- Provide signage to indicate the area where oxygen is stored, and where emergency medical equipment can be found.
- Implement the recommendations of the practice's Legionella assessment.
- Obtain staff references prior to their employment and keep a record of recruitment interviews.
- Review the practice's protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015, ensuring that patients'' blood pressure is monitored.
- Service and maintain all equipment used for conscious sedation.
- Ensure that all staff receive regular appraisal of their working practices
- Undertake regular checks of dental clinicians' professional registration.
- Cover and protect loose medical items such as local anaesthetics in treatment room drawers.
- Review the storage of medicines requiring refrigeration to ensure they are stored in line with the manufacturer's guidance and the fridge temperature is monitored and recorded.

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 for sterilising dental instruments. Risks had been identified and control measures put in place to reduce them. Emergency equipment was available and medicines were checked to ensure they did not go beyond their expiry dates. Records showed that the equipment was in good working order and was effectively maintained. However, a service of practice's inhalation machine used for sedation was overdue.

Are services effective?

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of them available at all times. Oral hygiene was given a high profile within the practice and promoted widely to patients.

Are services caring?

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments.

Are services responsive to people's needs?

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

The practice offered a wide range of services to meet patients' needs. Opening hours were good and the practice also offered appointments in the evening on Saturdays by request. Routine dental appointments were readily available and appointment slots for urgent appointments were available each day for patients experiencing dental pain.

The practice responded appropriately and empathetically to complaints but needed to improve the way it advertised its procedures to staff.

Are services well-led?

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

The practice had a number of policies and procedures to govern activity and held regular staff meetings. The practice team were an integral part of the management and development of the practice. Staff told us they received good support and leadership in their work, although not all had received an appraisal. The practice actively sought feedback from patients and staff, but more needed to be done to share the feedback with patients and any action taken as a result.

Antwerp House Dental Practice

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 took place on 31 March 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with four dentists, the practice manager, the assistant practice manager and three dental nurses. We received feedback from 22 patients about the quality of the service, which included comment cards completed and patients we spoke with during our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

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

Staff we spoke with had an adequate understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and a comprehensive file about RIDDOR was available to help guide them.

Staff told us that all significant events were reported to the practice manager. The practice kept a specific significant events log and we viewed 14 events that had been recorded since January 2016. The log contained details of each incident and the learning and outcome from each. For example, in response to a child trapping their fingers in a door, the practice had put up warning signs and also installed soft closers on the door. In response to a piece of string becoming trapped in the door of an autoclave, all string had been removed from clip boards in the practice. We also viewed minutes of practice meetings where significant events had been discussed with all staff present, so that learning from them could be shared.

The practice's assistant manager told us the she received all safety alerts by email, and then disseminated them to the relevant clinicians within the practice. However, there was no follow up system in place for staff to demonstrate they had seen these alerts and taken any required action.

The practice reported safety issues to relevant bodies when necessary and had recently reported a possible design fault with an autoclave door to the medicines and healthcare products regulatory agency.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Contact numbers for the agencies involved in protecting people were easily accessible. Although the practice itself did not have a nominated lead for safeguarding, there was a lead who covered all seven of the practices run by the provider and staff were aware of who they were.

Staff had received appropriate training in safeguarding patients which was refreshed each year in September. They were aware of the different types of abuse a vulnerable adult could face, and also signs of possible neglect in a child. Staff were aware of external agencies involved in protecting children and adults.

CCTV was used in around the premises for the added safety of both staff and patients. However, there were no signs informing patients of its use. There was no information available for patients detailing who had access to the images, how long they would be retained for and how to request access to them in line with guidance from the Information Commissioner's Office.

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. Dentists we spoke with confirmed that they used rubber dams at all times where practically possible.

Medical emergencies

The practice had arrangements in place to manage emergencies and records showed that all staff had received regular training in cardio pulmonary resuscitation. Intermediate life support training was taking place for staff on the day of our inspection. However, emergency medical simulations were not regularly rehearsed by staff so that they had a chance to practice what to do in the event of an incident. Emergency equipment, including oxygen and an automated external defibrillator was available and records confirmed that it was checked regularly by staff. However there was no signage in place to indicate where medical emergency equipment was stored.

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked monthly to ensure they were within date for safe use.

Staff recruitment

The practice's recruitment policy could not be found on the day of our inspection so we so we were unable to determine whether or not it was comprehensive and robust. We viewed files for two recently recruited members of staff. These showed that appropriate information had been obtained about their identity, their professional

Are services safe?

registration and their Disclosure and Barring Service (DBS) status. However, one dentist had been recruited without any references having been obtained before they commenced their employment, and no notes were recorded of the interview held or the questions asked.

Monitoring health & safety and responding to risks

We looked at a sample of risk assessments which described how the practice aimed to provide safe care for patients and staff. These covered a wide range of areas including fire safety, dealing with aggressive patients, lone working and specific areas of the premises. Risks had been clearly identified and control measures put in place to reduce them. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice. Electrical equipment was checked each year and hazardous waste was managed well.

The practice had a sharps risk assessment in place and some clinicians were using a sharps safety system which allowed them to discard needles without the need to re-sheath them: others were not.

A full Legionella risk assessment had been carried out in June 2015 by an external specialist company. However there were recommendations in the report for which there was no evidence of implementation. Regular monitoring of water temperatures was undertaken to ensure they were at the correct level. Dip slide tests to monitor the presence of microorganisms in the water were conducted every three months and regular flushing of the water lines was carried out in accordance with current guidelines.

Fire detection and firefighting equipment such as extinguishers were regularly tested evidence of which we viewed**.** Two staff had recently been trained as fire marshals in February 2016; however the practice did not undertake regular evacuations so that staff would know what to do in the event of a fire. We viewed appropriate signage indicating the location of fire exits and warning of unexpected steps. However warning signs to indicate oxygen storage were not in place.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. One of the dental nurses was the lead for infection control and there were infection control policies in place to guide staff. Infection control audits were completed regularly; however we saw that some shortfalls identified in November's 2015 audit (such as the need for water proof keyboards) had still not been addressed following an audit in March 2016.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and reception office. The toilet was clean and contained liquid soap and paper hand towels so that people could wash their hands hygienically. Cleaning equipment was stored correctly and met NHS recommended guidelines. We noted that staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection.

We checked four treatment rooms and surfaces including walls, floors and cupboard doors were free from damage, dust and visible dirt and were tidy and uncluttered. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. We inspected the drawers of treatment room which were clean and tidy. All of the instruments were in dated sealed pouches and it was clear which items were single use. However, some loose medical items such as local anaesthetic cartridges were not adequately covered to protect them from contamination in the treatment area. Sharps' boxes had been assembled correctly, labelled and were not over filled. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local Occupational Health Department. All dental staff had been immunised against Hepatitis B.

On the day of our inspection, two dental nurses demonstrated the decontamination process to us and followed the correct procedures for manual cleaning of instruments as per 'HTM01-05: Decontamination in primary care dental practices'. Instruments were bought from the surgeries in an appropriately marked, lidded boxes. Foaming solution was available in order to keep instruments moist whilst awaiting processing. Instruments which required manual cleaning were soaked in a timed disinfectant bath for 15 minutes, before being scrubbed. The instruments were then rinsed and inspected under an illuminated magnifier, to confirm removal of all visible debris, before being sterilised. In addition to having data loggers, TST strips (time, steam and temperature) were now being used for each autoclave cycle and kept, following a

Are services safe?

recent incident at the practice were instruments had not been decontaminated correctly. In addition, the practice keeps a log of every numbered autoclave cycle. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. Instruments were then delivered to treatment rooms on sterile trays.

We noted that the dental nurses wore appropriate personal protective equipment throughout the decontamination process. Heavy duty gloves were replaced weekly and brushes used in manual cleaning were autoclaved each day. Staff also conducted weekly protein tests on the washer disinfector, and undertook regular protein swab checks on washed instruments and surfaces, evidence of which we viewed. All appropriate daily and weekly equipment checks were logged and shown to us.

The practice used an appropriate contractor to remove dental waste from the premises and we saw the necessary waste consignment notices. Clinical waste was stored safely prior to removal in locked bins, chained to a fence outside the building.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff told us they had suitable equipment to enable them to carry out their work, and had access to good supplies of personal protective equipment. They told us repairs were managed efficiently and we noted that a new fire door was being installed on the day of our inspection.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. The direct access hygienists used Patient Group Directions to ensure they administered medicines in line with legal requirements and national guidance. However not all dental clinicians were aware of the yellow card scheme to report any adverse medication reactions.

Temperature sensitive medicines were kept in a designated medicines fridge; however the temperature of this fridge was not checked daily to ensure that the medicines remained effective.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we reviewed demonstrated that the X-ray equipment was regularly tested and serviced. All units had been fitted with rectangular collimators to reduce radiation exposure.

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were available in the radiation file and by each unit. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Even staff who did not undertake X-rays attended the training. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. This protected patients who required X-rays as part of their treatment. The dentists carried out regular audits of the quality of their X-rays. However the learning value of these could be enhanced by the auditor checking the original grading awarded, against a sample of x-rays for each clinician to ensure they had been accurately assessed initially.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Dental care records we reviewed contained a comprehensive written patient medical history which was updated on every visit. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists demonstrated that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. The provider had researched extensively into the prevalence of gum disease amongst his patient population and had created his own comprehensive periodontal care pathway for use across the practice. This had led to a significant increase into the number of hygienists being employed at the practice to help manage patients' oral health.

The practice carried out conscious sedation for very nervous patients and all clinicians undertaking the procedure had received appropriate training for their role. Full assessments of patients' health and suitability for the procedure were undertaken, although not all clinicians recorded patients' body mass index – as now recommended. Three staff were always in attendance during the sedation treatment and the dental nurses carried walkie talkie devices to keep in touch with other staff members so they did not need to leave the treatment room during the procedure. Patients' respiratory rate, pulse, and oxygen saturation were monitored closely throughout – as evidenced in the clinical records shown to us, although not all clinicians monitored patients' blood pressure throughout the period of sedation. The usual protocol was using an appropriate IV titrated agent. Appropriate medication was available in the practice to reverse the effects of this sedative if needed.

Appropriate equipment was also available to undertake inhalation sedation procedures and a system was in place to protect staff and remove excess nitrous oxide. However we found that servicing for the inhalation sedation machine had been due on February 2015 and had not yet been undertaken. The provider assured us that no more inhalation sedations would take place until the machine was serviced. Staff ensured that all patients were escorted home following the procedure and a dental nurse rang patients the next day to check on their welfare.

Health promotion & prevention

The practice took its commitment to health promotion and prevention very seriously**.** A number of oral health care products were available for sale to patients and patients received individually tailored prescriptions for sundries to assist them in managing their oral health. We noted a range of dental health promotion leaflets were available in treatment rooms including advice on smoking, diet and dental erosion. Oral health advice was available for patients on the practice's Facebook book and twitter pages.

We found that clinicians had applied guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. One of the dental nurses had been trained in smoking cessation.

We spoke with the practice's oral health educator lead who was clearly passionate about her work. She told us she ran regular 'lunch and learn' sessions for staff across all of the provider's seven practices, and oversaw the implementation of national oral health campaigns. She regularly visited local nursery and primary schools to give children advice about diet and tooth brushing. This was facilitated in a way that children could understand, for example getting them to draw bacteria on a large laminated photograph of a set of teeth. She also organised comprehensive displays in the patient waiting areas we viewed photos of the practice's 'Stoptober' campaign designed to help patients give up smoking. The practice provided free oral health sessions for patients during Smile Month. The practice had been short listed for a national award as a result.

Staffing

Staff told us there were sufficient numbers of them on duty for the safe running of the practice, and to meet patients' needs. They reported that there was usually a spare dental

Are services effective?

(for example, treatment is effective)

nurse on duty each day and that locum nurses were only used occasionally to cover any shortages. Succession planning was in place and two new nurses were about to be employed to cover forthcoming staff parental leave. However, the dental hygienists worked alone and without support of a dental nurse.

Files we viewed demonstrated that staff were well qualified and trained. The provider had undertaken a number of post graduate courses; seven nurses had undertaken training in treatment co-ordination, four nurses in radiography and two nurses had received training in dental sedation. One of the practice's receptionists told us she had recently undertaken a level three qualification in health and safety, and was looking forward to implement her newly acquired learning within the practice. Staff reported that the level of training they received was excellent.

However not all staff had received regular annual appraisals of their working practices, and one told us she had not been appraised since 2012. The practice did not routinely monitor dental staff's registration with the General Dental Council to ensure they were still suitable to work.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions before agreeing to a particular treatment. A number of the dental nurses had been trained in treatment co-ordination, and were given dedicated time with patients to explain, and answer questions about, their proposed treatments.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Evidence of their consent had also been recorded and the practice required patients to complete written consent forms for a number of procedures including root canal, crowns, implants and conscious sedation. Assessment for patients undergoing more complex treatments e.g. sedation, implants or orthodontics was a multi-stage and comprehensive process.

Staff told us they had received training in the Mental Capacity Act (MCA) provided by Cambridgeshire County Council, and that further training was planned in May 2016. Staff we spoke with had a good knowledge of both the MCA and Gillick competencies. One nurse told us of the additional measures she had had taken to support a suspected confused patient from a care home.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 19 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. Three patients made particular reference to the staff being sensitive and supportive of their dental phobia, which had given them confidence in attending the practice.

Staff rang patients the following day after complex treatment to check on their welfare. They also provided us with specific examples of how they had supported patients. For example, one member of staff had escorted an elderly and confused patient to the another dentist which was nearby; one staff member had personally delivered a set of dentures to a patients and staff told us they regularly ordered taxis for patients, and provided waiting escorts with refreshments. We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good, and staff were consistently helpful, friendly and professional to patients both on the phone and face to face.

Reception staff we spoke with talked knowledgeably about the way the maintained patients' privacy and we noted that computer screens were not overlooked and that patients' notes on the reception desk were turned over to protect their identity. The practice's patient waiting area was completely separate to the main reception area allowing for good confidentiality.

Involvement in decisions about care and treatment

Patients told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. One patient told us he particularly appreciated being able to email his dentist between appointments to ask questions about his treatment.

A number of nurses had received training in treatment co-ordination and offered free consultations to patients to discuss treatment options with them. The practice's web site provided good information about each of its treatments on offer to help patients understand them. The dentists regularly provided patients with information sheets downloaded from a specific web site to aid their understanding of a procedure.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

In addition to general NHS dentistry, the practice also offered a wide range of private services including teeth whitening, implants, cosmetic dentistry, gold inlays and conscious sedation. Patients had access to a number of specialist clinicians including orthodontists, periodontists and endodontists to undertake more complex work. Hygienists also worked at the practice to support patients with treating and preventing gum disease.

Information was available about appointments on the practice's website this included opening times, details of the staff team and the services provided. Evening and Saturday appointments were available by arrangement. Emergency slots were available each morning and each afternoon. Patients told us it was easy to get an appointment with the practice and two patients we spoke with during our inspection told us they had rung that morning and had managed to get an appointment that same afternoon. Patients were sent text reminders about their appointment to remind them of the date which they told us they found useful.

Information about NHS costs was available for patients in the waiting area; however the fees for private treatment were not.

Tackling inequity and promoting equality

The practice had two disabled parking spaces and there was level access into the rear of the building. A ground floor treatment room was available for patients unable to go upstairs and there was an adapted toilet. A hearing loop and reading glasses were available for patients to use.

The practice staff spoke a wide range of languages between them including Hungarian, Romanian, German and Spanish, and translation services were available to non-English speaking patients.

Concerns & complaints

Patients we spoke with told us they felt confident that staff would respond appropriately to any concerns they had.

Information about how to complain was available in the practice's patient information folder and also on the wall in the waiting area. It detailed the timescales in which complaints would be responded to, however it did not give the specific contact details of external agencies that patients could contact if they were not satisfied with the practice's response. There was no written information that could be given to patients by reception staff about the procedure should they wish to complain.

We viewed the paperwork in relation to three recently received complaints and found that they had been investigated properly and patients had been given an empathetic and timely response

Are services well-led?

Our findings

Governance arrangements

The practice had a vision to deliver high quality care and promote good outcomes for patients which was shared with its staff. The provider had identified a number of areas that he wanted to improve including his own visibility to staff, strengthening of the practice's personnel functions and the quality of new staff's induction.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. For example there were leads for infection control, safeguarding, information governance, and health and safety. The practice manager had responsibility for the day to day running of the practice and was supported by an assistant manager who took the lead on clinical matters. Communication across the practice was structured around a weekly meeting involving all staff, which they told us they found useful. Policies and procedures were in place to govern the practice's activity and these were available to staff.

A weekly and monthly management reporting system was in place to ensure the provider was kept up to date with key issues in each of his seven practices, and a web based management tool had recently been introduced to help staff track their work.

The practice completed an information governance tool kit every year to ensure it was meeting its legal responsibilities in how it handled patient information. However, when we checked this it had not been completed fully and the staff were unaware of what level of compliance they had achieved for this.

The practice was a member of the British Dental Association's Good Practice Scheme which demonstrated its commitment to working to standards of good practice on its professional and legal responsibilities. It was also working towards a customer service excellence standard award.

Leadership, openness and transparency

The provider had undertaken specific leadership training and was keen to develop staff's individual roles within the practice team. Staff told us they received good leadership and enjoyed their work citing good training, team work and support as the key reasons. They reported there was an open culture within the practice and they had the opportunity to, and felt comfortable, raising any concerns.

The practice had recently experienced a serious incident in relation to its decontamination procedure. Although initially slow to respond and report the incident, health colleagues told us the practice was now fully and openly engaged with them to investigate and understand how the incident had occurred.

Learning and improvement

The provider ran his own educational academy which provided a forum for training and research discussion on a range of issues. The academy also supported dental nurses in achieving their National Diploma. Two of the dentists were approved trainers and were able to offer supervision and support to foundation dentists. All the staff we spoke reported that they were encouraged to develop their knowledge and skills.

We had previously inspected another of this provider's practices and found a number of shortfalls. We saw that the our report had been shared with all the managers of the provider's seven practices so that learning could be shared and improvement made across all sites.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, infection control, sedation procedures, implants and the quality of clinical notes. The learning value of these might be enhanced by carrying them out for each clinician or operator and the results being shared with all staff. A mystery caller was used to check that patients were given the correct information from reception staff, and findings were shared at specific administrative meetings involving staff from all sites.

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

The practice gathered feedback from patients in a number of ways. Patients were able to complete a survey on an i-pad available at the reception desk. This survey was comprehensive and asked patients to rate, amongst other things, their experience of staff and the ease of obtaining a suitable appointment. However there was no information available to patients of the results of this survey, or how the practice had used it to improve its services. There was also

Are services well-led?

a poster on display informing patients they could complete feedback form and leave it in a comments' box. However there were no forms available and the box was not signposted.

The practice regularly monitored comments left on the NHS choices web site and responded to both positive and negative comments left. At the time of our inspection the practice had scored 4.5 out of 5 stars, based on 49 reviews. The practice also participated in the NHS' Friends and Family Test, and the responses we viewed showed that patients would recommend the practice.

The practice gathered feedback from staff through staff meetings and discussion and staff told us that their suggestion were listened to and responded to by managers. For example, a staff member told us that her request to have half a day each week to fulfil her health and safety role had been granted, and that reception staff's suggestion that dentists tell them when they are running overtime, so that patients could then be informed, had been implemented.