Peterborough Onefiveseven Partnership

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 July 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

Peterborough Onefiveseven Partnership/ Oasis Dental Care Broadway is a well-established dental practice providing both NHS and private treatment to adults and children. There are seven full time dentists and a part-time hygienist who are supported by appropriate numbers of dental nurses, receptionists and administrative staff.

The practice has eight dental treatment rooms and separate decontamination rooms for cleaning, sterilising and packing dental instruments. There are also two waiting areas, a reception area and staff room.

The practice is open from 8am to 5.00pm Monday to Wednesday; from 9am to 8pm on a Thursday, and from 8am to 1pm on a Friday.

One of the partners 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 the inspection we sent comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 14

Summary of findings

patients. These provided a very positive view of the services the practice provides. Patients commented on the effectiveness of their treatment, the empathetic nature of staff and the high quality of customer care.

Our key findings were:

- Patients told us that appointments were available when needed**,** that it was easy to get through on the phone and that they rarely waited long having arrived for their appointment.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Infection control procedures were robust and the practice followed published guidance.
- There was a nominated safeguarding lead and effective processes were in place for safeguarding adults and children.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- Staff had received training appropriate to their roles and were supported in their continued professional development.
- Clinical governance was good and a range of audits were undertaken to ensure standards were maintained.
- The practice listened to its patients and staff and acted upon their feedback.

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

- Review procedures for acting on and monitoring significant events, incidents and near misses, and ensure that learning from them is shared formally with staff to prevent their reoccurrence.
- Consider providing the hygienist with the support of an appropriately trained member of the dental 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?

No action

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

The practice had robust arrangements for essential areas such as infection control, clinical waste, the management of medical emergencies and dental radiography (X-rays). Equipment used in the dental practice was well maintained. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding the protection children and vulnerable adults. Recruitment procedures ensured only appropriated staff were employed. However learning from significant events was not routinely shared with staff.

Are services effective?

No action

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

Staff had the skills, knowledge and experience to deliver effective care and treatment. The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. A programme of continuous clinical and internal audit was used to monitor quality and make improvements to the service.

Are services caring?

No action

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

We collected 14 completed patient comment cards and obtained the views of a further four patients on the day of our visit. These provided a positive view of the service the practice provided. Patients commented on friendliness and helpfulness of the staff and told us dentists were good at explaining their treatment. Staff provided us with examples of where they had gone above and beyond the call of duty to support and care for patients.

Are services responsive to people's needs?

No action

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

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

Summary of findings

Are services well-led?

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

The practice had robust clinical governance and risk management structures in place. There were comprehensive policies and procedures in place to support the management of the service, and these were regularly reviewed and readily available for staff to reference. The practice actively sought feedback from staff and patients and used it to improve the service. Staff told us that they felt well supported and enjoyed their work.

No action 

Peterborough Onefiveseven Partnership

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 26 July 2016 by a CQC inspector who was supported by a specialist dental adviser. During the inspection, we spoke with the practice manager, three dentists, a dental nurse and reception staff. We reviewed policies, procedures and other documents relating to the management of the service. We received feedback from 18 patients about the quality of the service, which included comment cards and patients we spoke with during our inspection

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 a satisfactory understanding of their reporting requirements under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) and a book was available to record any accidents. We viewed a sample of accident forms that had been completed in full.

The practice had a significant event policy and also a form to record any serious incidents was available. We viewed two completed forms which clearly described the event that had occurred, however there was little evidence to show that learning from the events was formally shared with staff to ensure they did not re-occur. Staff told us that significant events were not routinely discussed at their meetings.

National patient safety alerts were sent to the practice manager who then disseminated them to relevant members of staff for action if needed.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. The registered manager was the safeguarding lead and acted as a point of referral should members of staff have safeguarding concern. However he had not undertaken any additional training for this role. Staff we spoke with demonstrated their awareness of the different types of abuse, and understood the importance of safeguarding issues. Contact details of relevant agencies involved in protecting vulnerable people were available around the practice, making them easily accessible to staff and information for patients was on display in the waiting areas.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by using a sharps safety system which allowed staff to discard needles without the need to re-sheath them. We saw that sharps bins were securely attached to the wall in treatment rooms to ensure their safety. Staff spoke knowledgeably about action they would take following a sharps' injury and there were clear protocols for this on display in treatment rooms. However these did not include the contact telephone numbers of appropriate local health services.

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 dentists we spoke with confirmed that they routinely used rubber dams to ensure patient safety.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies and we viewed posters in each treatment room listing common emergencies in dental practices and how to respond to them. 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, and staff had received training in how to use it. The practice held emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. However we noted that the glucagon (a medicine used to treat hypoglycemia) was not kept in a fridge and its expiry date had not been amended in light of this.

Staff 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. Emergency medical simulations were not regularly rehearsed by staff, however the practice manager told us these were about to be introduced so that they were clear about what to do in the event of an incident at the practice.

Are services safe?

The location of emergency equipment was well signposted, as were the names of staff who were qualified to provide first aid. An eye wash station was available to deal with minor eye injuries.

Staff recruitment

We reviewed personnel files and found that appropriate recruitment checks had been undertaken for staff prior to their employment. For example, proof of their identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Both clinical and non-clinical had received a DBS disclosure check to ensure they were suitable to work with children and vulnerable adults. Notes were kept of all interviews and potential employees were scored against set criteria to ensure consistency and fairness in the recruitment process. Detailed job descriptions were available for all roles within the practice and all staff underwent a thorough induction to their role, evidence of which we viewed

The practice occasionally used locum staff and the practice manager told us that all relevant pre-employment and professional registration checks were obtained from the agency.

Monitoring health & safety and responding to risks

The practice had a range of policies and risk assessments which described how it aimed to provide safe care for patients and staff. The risk assessments we viewed were thorough and covered wide range of identified hazards in the practice and the control measures that had been put in place to reduce the risks to patients and staff. The assessments were detailed and kept up to date to ensure their relevance to the practice. The practice also completed an annual health and safety audit to ensure it met its legal responsibilities.

A legionella risk assessment had been carried out in July 2016 and there was monthly monitoring of water temperatures to ensure they were at the correct level. Regular flushing of the water lines was carried out in accordance with current guidelines to reduce the risk of legionella bacteria forming, and dip slide tests were completed every three months.

A fire risk assessment had been completed in July 2016 and recommendations made were being actioned by the practice manager at the time of our inspection. Fire detection and firefighting equipment such as extinguishers were regularly tested, evidence of which we viewed**.** Regular fire evacuation drills were completed every six months, however these did not include patients so it was no clear how the practice would manage in a fire when patients were present.

The practice had a comprehensive business continuity plan in place for major incidents such as the loss of utilities or natural disasters. The plan included emergency contact numbers for key staff and utility companies, and a copy was kept off site.

There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for all products used within the practice.

We noted that there was good signage throughout the premises clearly indicating fire exits, the use of x-ray machines, the location of emergency equipment and who the first aiders were to ensure that patients and staff were protected.

Infection control

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

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and treatment rooms. We checked three treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins and personal protective equipment available to reduce the risk of cross infection. Clear zoning demarking clean from dirty to clean areas was apparent. We checked treatment room drawers and found that all instruments had been stored correctly and their packaging had been clearly marked with the date of their expiry for safe use. However, we noted some loose and uncovered local anaesthetic cartridges in one treatment room drawer. These were within the splatter zone, and therefore risked becoming contaminated over time.

The practice had two separate decontamination rooms; one for dirty instruments and one for clean ones. The process of cleaning, inspection, sterilisation, packaging and

Are services safe?

storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used washer disinfectors for the initial cleaning process. Following inspection with an illuminated magnifier, the instruments were then placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilized, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. Data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

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 general waste were properly maintained in accordance with current guidelines. However we noted that the external clinical waste bin had not been secured appropriately. The practice used an appropriate contractor to remove clinical waste from the practice and waste consignment notices were available for inspection. Equipment used for cleaning the practice was stored correctly.

We noted good infection control procedures during the patient consultation we observed. Staff uniforms were clean, long hair was tied back and their arms were bare below the elbows to reduce the risk of cross infection. We saw both the dentist and dental nurses wore appropriate personal protective equipment and washed their hands prior to treating the patient. The patient was given eye protection to wear. Following the consultation, we saw that the dental nurse wiped down all areas where there had been patient contact.

Records showed that all dental staff had received training in infection control and had been immunised against Hepatitis B.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. For example, the autoclaves had been serviced and calibrated in February 2016 and the washer disinfector in January 2016 . We viewed training logs which showed that staff had been shown how to use the practice's autoclaves and washer disinfectors to ensure they knew how to operate them safely and effectively**.** All other types of equipment were tested and serviced regularly and we saw maintenance logs and other records that confirmed this. For example, portable appliance testing had taken place in July 2016.

Stock control was good and medical consumables we checked in the practice's stock room were within date for safe use.

Our review of dental care records showed that the batch numbers and expiry dates for local anaesthetics given to patients were always recorded. There was a system in place to ensure that relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Authority were received and actioned. The practice stored prescription pads safely to prevent loss due to theft and a logging system was in place to account for the prescriptions issued.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years. Training records showed relevant staff had received training for core radiological knowledge under IRMER 2000 Regulations

Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We spoke with four patients during our inspection and also received 14 comments cards that had been completed by patients prior to our inspection. All the comments received reflected that patients were very satisfied with the quality of their dental treatment.

We found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Our discussion with the dentists and review of dental care records demonstrated that patients' dental assessments and treatments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues. Antibiotic prescribing and patients' recall frequencies also met national guidance. Medical histories were signed by patients and then updated at each check-up.

Where relevant, preventative dental information was given in order 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. A treatment plan was then given to each patient and this included the cost involved.

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

Health promotion & prevention

Good information was available on the practice's website about preventative dentistry including oral health care tips and guidance about healthy gums, sensitive teeth and bad breath. A number of oral health care products were available for sale to patients including interdental brushes, mouthwash, floss, and free samples of toothpaste were available in treatment rooms. A part-time dental hygienist was employed by the practice to provide treatment and give advice to patients on the prevention of decay and gum disease.

Dental care records we reviewed demonstrated that the dentist had given oral health advice to patients and that referrals to other dental health professionals were made if appropriate. Children at high risk of tooth decay were identified and were offered fluoride varnish applications.

The practice used a specific software package where treatment information leaflets could be downloaded for patients. One nurse told us the dentist regularly gave the parents of children at risk of caries an information leaflet so they could better understand and manage their child's tooth decay.

During our patient consultation observation, we noted that the dentist asked about the patient's smoking and drinking habits, and also offered them a leaflet about smoking cessation. This was in line with the national guidance, 'Delivering better oral health: an evidence-based toolkit for prevention'.

Staffing

There was a stable and established staff team at the practice, many of whom had worked there a number of years. At the time of our inspection there was a vacancy for one dentist and the practice was struggling to recruit to the post. However, a locum dentist had been employed to cover in the short-term. Staff told us they were enough of them for the smooth running of the practice and a dental nurse always worked with each dentist. They told us there was usually a spare nurse available each day who could cover staff absences, or undertake additional tasks. However, the dental hygienist worked alone and without support of a dental nurse. The General Dental Council (GDC) recommends that dental staff are supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

Files we viewed demonstrated that staff were appropriately qualified, trained and had current professional validation and professional indemnity insurance. The practice also had Employer's Liability insurance . Staff had undertaken a range of essential training such as health and safety; information governance, safeguarding, medical emergencies and fire safety. Free on-line training was provided for dental staff to support their professional development and the provider ran a training academy specifically for practice managers. Reception staff had recently undertaken a basic customer skills course.

Are services effective?

(for example, treatment is effective)

Most staff received an annual appraisal of their performance and had personal development plans in place. The appraisal covered staff's performance and identified any areas for development. Staff described these as usual and one told us she received constructive criticism about her performance. However there was no appraisal system in place for any of the dentists working in the practice so it was not clear how their performance was managed

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves such as conscious sedation, oral surgery or orthodontics. Urgent referrals such as those for suspected oral cancer were followed up to ensure that they had been received. A log of each referral made and the quality of referrals was audited every three months to ensure they were of a good standard. However, patients were not given a copy of their referral for their information.

Consent to care and treatment

Patients told us that they were provided with good information during their consultation and they had the opportunity to ask questions before agreeing to a particular treatment. Dental records we reviewed demonstrated that treatment options, and their potential risks and benefits had been explained to patients. Evidence of their consent had also been recorded. Patients were provided with plans that outlined their treatment and additional written consent forms were used for some procedures.

We viewed the practice's consent policy which provided guidance to staff about the various types of consent patients could give and their responsibilities under Mental Capacity Act 2005 (MCA). Staff had signed this policy to show that they had read and understood its contents. Training files we viewed showed that staff had also received specific training in the MCA.

Dental staff we spoke with had a clear understanding of patient consent issues.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before the inspection, we sent comment cards so patients could tell us about their experience of the practice. We collected 14 completed cards and obtained the views of a further four patients on the day of our visit. We received many positive comments about the caring nature of staff. Patients told us they were treated in a way that they liked and some told us that staff understood their anxiety about dentists well. The dentists had personal lists which allowed them to get to know their patients well and build good relations with them.

We spent time in the reception area and observed a number of interactions between the receptionists and patients coming into the practice. The quality of interaction was good, and the receptionists were helpful and professional to patients both on the phone and face to face. Staff gave us examples where they had gone out their way to assist patients. For example, they phoned patients after complex treatments to check on their welfare; they delivered prescriptions to patients with limited mobility and one receptionist told us she always kept aside bottles of water for patients as none was available in the waiting area.

Reception staff were aware of the importance of providing patients with privacy and maintaining confidentiality. The main reception area was completely separate from where telephone calls were made and received, allowing for good confidentiality. It also allowed reception staff to focus on patients visiting the practice without distraction. Computer screens at reception were not overlooked and all computers were password protected. All consultations were carried out in the privacy of the treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involvement in decisions about care and treatment

Patients told us 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 to make an informed decision about the choice of treatment available to them.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options open to them. Information and guidance about a range of treatments was also available for patients on the practice's web site, to help them understand it. Dentists were able to download treatment information leaflets to give to patients to enhance their understanding of it.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients told us that there was good parking making the practice accessible**,** that it was easy to get through on the phone and that they rarely waited long having arrived for their appointment. One patient told us he was able to book appointments for both him and his wife at the same time; another that he had got a routine appointment within a few days of ringing.

The practice was open from 8am to 5.00pm Monday to Wednesdays; from 9am to 8pm on a Thursday and from 8am to 1pm on a Friday**.** Two slots per dentist were made available each day for urgent appointments and patients could be fitted in between fixed appointments if needed. Access for urgent treatment outside of opening hours was provided by the 111 telephone number for access to the NHS emergency dental service. The dentists worked a rota system to provide emergency service for privately paying patients.

Information was available about the practice and appointments in the patient information leaflet and also on the website. We also found good information about NHS/ private and hygienist charges in the waiting areas to ensure patients knew how much their treatment would cost.

Tackling inequity and promoting equality

Staff had undertaken training in equalities and diversity and the practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility. There were two disabled parking spots available and ramp access to the front door. Four surgeries were on the ground floor making them easily accessible and the reception desk had been lowered to allow for better communication with wheelchair users. A portable hearing loop and magnifying glass were available for those with hearing and visual impairments. However, there were no easy riser chairs in the waiting area to accommodate patients with mobility needs. Information about the practice was not available in any other languages, despite it serving a large and ethnically diverse population group.

Concerns & complaints

Information about how to complain and the person responsible for handling complaints was outlined in the practice's information leaflet, however there was little obvious information in the patient waiting areas if patients wanted to raise concerns. Reception staff we spoke with had a clear understanding of the practice's complaints system and spoke knowledgably about how they would respond if a patient raised a concern. The practice manager demonstrated a very open and customer focussed approach to complaints. We noted he had given a genuine and empathetic response and apology to a patient who had raised concerns about receptions staff's attitude via the NHS Choices web site.

The practice kept a detailed monthly log of all complaints received. We viewed recent logs which showed that patients' concerns had been dealt with professionally and effectively, and that patients were supported change to a different dentist within the practice without question.

Are services well-led?

Our findings

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were easily available to staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly. Staff were required to confirm that they had read and understood them.

There was an established leadership structure within the practice with clear allocation of responsibilities amongst the staff. For example there was a lead nurse, a lead for safeguarding and a lead receptionist. Staff we spoke with were all clear about their own roles and responsibilities. The practice manager was supported by the provider's area manager and also a compliance team. During our inspection we met one of the provider's compliance managers, who was responsible for auditing the practice and ensuring it met all national guidelines and standards. She showed us a specific on-line compliance and governance tool that was used to monitor the practice's performance.

Communication across the practice was structured around scheduled meetings. The practice manager met with the dentists every six weeks, and there were separate meetings for the nurses and reception staff. These meetings were minuted, evidence of which we viewed.

Regular audits were undertaken to ensure standards were maintained in radiography, infection control and the quality of clinical notes. In addition to this, one dental nurse told us she undertook 20-30 regular checks and audits including those for the quality of staff hand washing, dental recalls, treatment plans and medicine recording to ensure high standards were maintained. She told us she regularly fed back any identified shortfalls to her colleagues.

Each year the practice completed an information governance toolkit to ensure it handled patients' information in line with legal requirements. The practice had achieved a score of 97% on its most recent assessment, indicating it to managed patient information in a satisfactory way.

The practice was a member of the British Dental Association good practice quality assurance scheme, indicating it met standards of good practice in its professional and legal responsibilities.

Leadership, openness and transparency

Staff told us the practice was well-led citing supportive management, good team working and access to training as the main reasons. Staff described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager. They reported that they were listened to and responded to when they did raise a concern.

Learning and improvement

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice ensured that all staff underwent regular training in cardio pulmonary resuscitation, infection control, child protection and adult safeguarding, dental radiography (X-rays). Additional training in periodontology was planned for the dentists and the nurses told us that the provider paid for all their on-line CPD training

The provider completed its own comprehensive audit tool of the practice's performance and recent results a 99% compliance rate.

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

The practice encouraged and valued feedback from patients and its staff. For example, all patients were encouraged to complete comments card which asked them for their views about the ease of getting an appointment, their waiting time, the helpfulness of staff, the cleanliness of the premises and their overall standard of care. Results for June 2016 showed that 93% of patients were happy with the service provided.

The practice had introduced the NHS Friends and Family test as another way for patients to let them know how well they were doing. Results of these were monitored and were displayed in the waiting area. In June 2016, 99% of respondents stated they would recommend the practice.

The practice manager regularly responded to patients' comments received on the NHS Choices web site, inviting patients to contact them for further discussion about their

Are services well-led?

concerns, or apologising when appropriate . We found evidence that the practice did listen to patients' feedback. For example the practice had resurfaced the car park and replaced lighting there, and had also changed the type of seating in the waiting area in response to patients' suggestions.

The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were given examples that the provider had listened to staff and implemented their suggestions and ideas. For example, the time nurses started their shift had changed to allow them additional time to collect instruments; a buddy system had been introduced to better manage the dentists' filing and an aide memoir had been implemented to remind the dental nurses of their daily tasks.