Care Quality Commission

Centre for Dentistry Limited

J. Sainsburys - Leigh

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 August 2015 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

The practice is operated by Centre for Dentistry Limited and is situated within J Sainsburys Supermarket store on the Atherleigh Way in Leigh. The practice provides exclusively private dental care and treatment for its patient population. Dental care and treatment was provided by two dentists. The dentists were supported by the practice team comprising of four dental nurses/ receptionists, a dental therapist and two receptionists. At the time of our inspection a dentist and a dental nurse were providing dental services to patients. The area manager (from Centre for Dentistry Limited) was present during our inspection. The practice manager (who had recently left the practice) 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. We had been notified about the change in respect of the registered manager. The recruitment process for a new practice manager/registered manager had begun and appropriate arrangements to manage the practice in the interim had been made. The practice is open Monday to Thursday 8am to 8pm, Friday 8am to 6pm, Saturday 10am to 6pm and Sunday 11am to 330pm.

We reviewed 12 CQC comment cards that had been completed by patients prior to the inspection and the

Summary of findings

results of the most recent patient survey conducted by the provider. They reflected they found the staff to be professional, supportive, informative and welcoming. They also said they were treated with dignity and respect.

Our key findings were:

• There were systems in place for staff to report and learn from incidents. There were sufficient staff on duty to deliver the service. There was enough equipment available for staff to undertake their duties and all equipment had been regularly checked/serviced. Systems were in place to minimise risk including procedures and processes to prevent infections, manage emergencies and safeguard people using the service.

• Patients needs were assessed and dental care and treatment was planned and delivered in line with current guidance and best practice. This included the promotion of good oral health. We saw evidence staff had received training appropriate to their roles and further training needs were identified and planned through the appraisal process. Arrangements were in place to refer patients to specialist dental services where required. Staff clearly understood the importance of obtaining informed consent from patients and how to support patients who may lack the capacity to provide informed consent.

• The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff. We reflected communication with patients and access to the service and to the dentists, was good.

• The practice had procedures in place to take into account, respond to and learn from patient's comments, concerns or complaints.

• A clear management structure was in operation. The quality assurance and governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered, and risks are identified, understood and managed. Staff told us that the provider valued their involvement and that their views are reflected in the planning and delivery of the service.

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.

Staff were aware of their responsibilities and the procedure to raise concerns and report incidents and accidents. There were regular practice meetings that had items on the agenda regarding safety that demonstrated the practice was committed to providing a safe service. We saw up to date records that demonstrated that safety checks were regularly conducted and acted upon where issues were identified. The practice assessed risks to patients and managed these well. There were also safe systems in place for infection prevention and control, management of medical emergencies and dental radiography. We found that the equipment used in the dental practice was well maintained.

Are services effective?

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

National Institute for Health and Care Excellence (NICE) and local clinical guidelines were considered in the delivery of dental care and treatment for patients. The treatment provided for the patients was effective, evidence based and focussed on the needs of the individual. Staff received regular training appropriate to their roles. Continuing professional development (CPD) for staff was supported by the provider. This enabled staff to meet the requirements of professional registration. We saw evidence that the practice worked together with other health professionals.

Are services caring?

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

The CQC comment cards, the practice patients comments book, and provider patient survey reflected that patients felt well supported, were treated with dignity and respect and were involved in planning their care and treatment. There was sufficient information available for patients to help them understand the dental care available. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

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

We saw that the appointments system enabled patients to access dental treatment in a timely way. This included being able to access same day emergency appointments when required. The facilities and premises were appropriate for the provision of dental care and treatment. There was a clear complaints system with evidence that demonstrated the practice had measures in place to respond quickly if an issue was raised.

Are services well-led?

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

There was evidence of a visible, transparent and open leadership culture in the practice. The practice had an ethos of continuing improvement of the service they provided. There was a leadership structure and staff felt supported by the provider's management team. Regular documented staff meetings were held to discuss all aspects of the delivery of dental care and the management systems operated at the practice. There were systems in place to monitor and improve quality and to identify and manage risks The practice proactively sought feedback from staff and patients and this was acted upon.

J. Sainsburys - Leigh

Detailed findings

Background to this inspection

The inspection took place on 12 August 2015 and was conducted by a CQC inspector and a dental specialist advisor.

We informed NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them. The practice sent us their statement of purpose, details of their staffing levels and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection, reviewed feedback provided to us by patients, interviewed staff, made observations and looked at documentation kept by the practice.

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. This did not highlight any significant areas of risk across the five key question areas.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were aware of and able to access the incident reporting system. This enabled staff to report all incidents including near misses where patient safety may have been compromised. We saw evidence there were systems and processes in place to manage accidents and incidents if they occurred. We saw that incidents and all the details of investigations were recorded. All incidents were escalated to and responded to by the provider's senior management team. All learning points were documented and included discussions with the person at the centre of the incident where appropriate.

Reliable safety systems and processes (including safeguarding)

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We reviewed dental care records on the computerised system. All demonstrated that a medical history was obtained and/or updated prior to the commencement of dental treatment. The dental care records we saw were all clearly structured and contained sufficient detail to enable another dentist to understand what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives. Leadership in respect of safeguarding was provided by the practice manager. We looked at training records which demonstrated that staff had received relevant role specific training on safeguarding. Staff were aware who the practice's safeguarding lead was and described how they would possibly recognise signs of abuse in older people, vulnerable adults and children. They were also able to tell us what to do if they encountered safeguarding concerns during the course of their work. Contact details for the local authority safeguarding team were readily available and accessible to all staff.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. There was a range of suitable equipment including emergency medicines and oxygen was available for dealing with medical emergencies should one occur. The practice did not have an Automated External Defibrillator (AED) at the time of our inspection visit. An AED is 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. We were informed that an AED was available at a facility near to the practice that could be accessed in an emergency. However we were informed that the need to have immediate access to an AED had been recently risk assessed by the provider and that the practice was awaiting delivery of one.

The practice followed guidelines about how to manage emergency medicines in accordance with the British National Formulary (BNF). The British National Formulary (BNF) is a pharmaceutical reference book that contains a wide spectrum of information and advice on medicines. The emergency medicines were all in date and securely stored along with emergency oxygen in a central location known to all staff. The expiry dates of medicines and equipment were monitored using a checklist which enabled the staff to replace out of date items and equipment in a timely manner. This demonstrated that the risk to patients during dental procedures was reduced. Staff we spoke with were clear about what to do in a medical emergency and had received annual training in emergency resuscitation and basic life support (most recently in November 2014). We also noted that emergency scenarios were practised throughout the year.

Staff recruitment

The provider operated practice recruitment and selection policies that were implemented and monitored by the provider's senior management team. These clearly described the recruitment processes and checks conducted by the provider prior to new staff commencing work at the practice. We looked at the recruitment records of three of the practice staff. They contained the required evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, two written references, details of professional qualifications, details of the individual's registration with the appropriate professional body and documentary evidence of criminal records checks through the Disclosure and Barring Service (DBS) were sought. It was the provider's policy to conduct DBS checks on all staff employed at the practice. Newly employed staff had a period of induction training and support to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. A record detailing the induction of all new staff was kept.

Are services safe?

Monitoring health & safety and responding to risks

The practice regularly completed risk assessments to safely manage the health and safety of patients, visitors and staff. We saw that these risk assessments were completed regularly and where remedial actions had been identified these were implemented and monitored. There was a fire risk assessment that had been reviewed annually. Fire extinguishers were also serviced annually, fire alarms checked regularly and fire drills were held at regular intervals. Safety alerts received were disseminated to practice staff. Alerts were discussed with staff individually or at practice meetings to ensure all were aware of any relevant to the practice and where action needed to be taken.

Infection control

We observed that the practice appeared clean and well maintained. There was a cleaning plan, schedule and checklists, which we saw were completed, and cleaning equipment was stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health. One of the dental nurses provided leadership in respect of infection prevention and control in the practice. Training records and discussion with staff demonstrated all the practice staff had received regularly updated training in respect of infection prevention and control. The practice regularly discussed infection control matters at practice meetings.

We looked at evidence that the practice was meeting the essential quality requirements of Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). HTM01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination. We saw evidence the practice had undertaken a recent Infection control audit (May 2015) that reflected compliance with HTM01-05 standards. Decontamination of dental instruments was carried out in a designated decontamination room. A dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. We observed that the arrangements ensured that dirty instruments did not contaminate clean processed instruments. The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. The practice used a washer disinfector system to avoid the need for manual scrubbing and rinsing, followed by inspection of each item under a magnifying lamp before pouching and vacuum sterilisation. All sterilised pouches were dated with an appropriate expiry date. The dental nurse demonstrated to us that the practice operated systems to ensure that the autoclave (equipment used to sterilise instruments) used in the decontamination process was working effectively. We noted that data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete. We also reviewed six monthly maintenance schedules, ensuring that equipment was maintained to the standards set out in current guidelines.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps waste was in accordance with current guidelines and the practice had undertaken a sharps risk assessment. We observed that sharps containers were well maintained and correctly labelled. When we spoke with practice staff they understood the practice sharps injury protocol. This indicated that staff were protected against contamination by blood borne viruses. The practice used an appropriate contractor to remove dental waste from the practice. Waste consignment notices were available for our inspection.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings.

There were appropriate hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE) for patients and staff members. Staff we spoke with told us that clinicians wore protective aprons, gloves and masks during assessment and treatment to minimise the risk from the spread of potential infections.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean

and sterilise the instruments and the X-ray sets. There were arrangements in place to ensure tests of equipment were carried out at the right time and there were records of service histories for each of the pieces of equipment tested. Portable appliance testing (PAT) was completed and recorded in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety. The practice had a recording system for the prescribing of the medicines used when providing dental care and treatment. Medicines were stored safely for the protection of patients. Only private prescriptions were issued (generated electronically) when required as the practice does not provide an NHS dental service.

Radiography (X-rays)

One of the dentists was the named radiation protection supervisor. 'Your RPA' covered the role of radiation protection adviser. The practice had a radiation protection file which we reviewed. This file contained all the necessary documentation pertaining to the maintenance of the x-ray equipment. We saw evidence that audits of X-rays were carried out and that radiological protection rules were on display next to the single x-ray machine. We also saw a copy of the most recent radiological audit. The audit demonstrated that a very high percentage of X-rays were of the appropriate standard. We saw documentary evidence that the provider had submitted a notification of ionising radiation activities at the practice to the Health and Safety Executive (HSE) in August 2013.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patient's dental health needs were assessed and dental care and treatment was planned and delivered in line with their individual treatment plans. We looked at a sample of seven computerised patient records. The records contained details of the condition of the gums and soft tissues lining the mouth. These examinations were carried out at each dental health assessment. Patients were informed of the status of their oral health following these assessments. Patients' dental recall intervals were determined by the dentist using a risk based approach based on current National Institute for Health and Care Excellence (NICE) guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that patients get fair access to quality treatment. The recall interval for each patient was set following discussion of these risks with them. The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients were given a copy of their treatment plan, including any fees involved.

Health promotion & prevention

The practice recognised and acted upon the importance of preventative care and supporting people to improve their oral health. The practice employed a dental therapist who along with the other clinicians supported patients in respect of their oral hygiene and provided oral health advice. Fluoride applications for children and oral health advice were provided. The practice provided patients with advice on preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the practice recalled patients, as appropriate, to receive fluoride applications to their teeth. The medical history assessment included questions about smoking, diet and alcohol intake and sign posted patients to where to access services such as smoking cessation programmes. The dentist and nurses we spoke with told us they discussed this information with patients and provided appropriate advice. The practice provided a range of written information relating to dental health promotion and prevention.

Staffing

We reviewed three staff recruitment files and the training records of all staff at the practice. Staff we spoke with confirmed they were supported and enabled to access training and professional development opportunities relevant to their role. The practice provided a programme of professional development to ensure that staff maintained and developed their professional skill to ensure patients were provided with a high standard of dental care and treatment. This included training in core skills such as health and safety, safeguarding, radiography, medical emergencies and infection prevention and control. Training records reflected that staff were being provided with regular training appropriate to their role at the practice. We also reviewed information about continuing professional development (CPD), current criminal records bureau (CRB) certificates (now known as disclosure and barring service (DBS) checks), current General Dental Council (GDC) registration and immunisation status and found them all to be in order. We reviewed the practice induction process which included all aspects of health and safety and included fire safety, medical emergencies and decontamination procedures. We saw evidence that staff met regularly with the practice manager/acting practice manager for formal appraisals or less formal one to one meetings that including discussion regarding individual training and professional development needs.

Working with other services

There was a clear and documented system in place to refer patients to NHS or other specialist dental services when required. The system ensured when patients were referred all the information that was required to assess and deliver their on going care was appropriately shared in a timely way. There were arrangements in place for patients to be urgently referred if oral cancer was suspected. The area manager and staff we spoke with explained how they would follow up referrals to ensure they had been responded to appropriately and in a timely way.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients who used the service were provided with appropriate information and support to enable them to make informed decisions about their dental care and treatment. We reviewed twelve CQC comment cards that had been completed by patients prior to the inspection and the results of the most recent patient survey conducted by the provider. They reflected patients were provided with clear treatment options. This was also demonstrated when we spoke to one of the dentists and looked at patient records. We saw discussions with patients about treatment options consent were consistently documented when we reviewed patient records. The dentist we spoke with was aware of how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect. Staff demonstrated a clear understanding of the Gillick competencies. (These help staff to identify children aged under 16 who have the legal capacity to consent to examination and treatment).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed all staff treated patients with dignity, compassion and respect throughout our visit. We were unable to speak with any patients on the day of our inspection visit about the care and treatment they had received from the practice. However we reviewed twelve CQC comment cards that had been completed by patients prior to the inspection and the results of the most recent patient survey conducted by the provider. They reflected patients were treated with respect and dignity at all times and that their privacy was maintained. Staff were clear about the importance of emotional support needed when delivering care to patients who were very nervous or phobic of dental treatment. Staff were sensitive to the needs of their patients and there was a strong focus on reducing anxiety and supporting people to feel comfortable in the surroundings. We observed staff took care to follow the practice's confidentiality policy when discussing patient's treatments so that confidential information was kept private. Staff and patients told us all consultations and treatments were carried out in the privacy of a surgery. We observed the treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the acting practice manager or the area manager. They were confident if they did need to raise such issues they would be listened to and the information acted upon.

Involvement in decisions about care and treatment

The practice, which provided exclusively private dental care and treatment, displayed information in the waiting area that gave details of the current dental fees. We also saw that the practice had displayed information about dental care and treatments and opening times. There was also information and contact details displayed regarding how patients could access emergency dental care if required. This information was also available in the patient information leaflet and on the provider's web site. The dentist and dental nursing staff we spoke with confirmed treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist asked questions about each patient's current oral hygiene practice and made suggestions how this could be improved to prevent oral health problems. We saw discussions with patients about treatment options consent were consistently documented in detail when we reviewed patient records. Where a patient's carer attended an appointment to support the patient they ensured the carer was involved in the discussion. Patients who had received treatment were given explanations about what to do to manage any discomfort and prevent problems.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems to maintain the level of service provided. The dental healthcare needs of patients were understood and systems were in place to address identified needs in the way services were delivered.

We observed that appointments were managed efficiently during our visit and every effort was made to minimise waiting times. We reviewed twelve CQC comment cards that had been completed by patients prior to the inspection and the results of the most recent patient survey conducted by the provider. They reflected patients were provided with adequate time for their consultations and that they were seen promptly. Staff told us that if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

All dental consultations were recorded in the patient's electronic record. New patients were asked to provide a comprehensive medical and dental history. This enabled the practice to gather important information about their previous medical and dental history. This helped to enable the practice to provide the most effective form of care and treatment for their patients. The practice ensured emergency appointments were available.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups of people in the planning of its services that included access to translation services for patients whose first language was not English. The practice recorded when a translator was required including for a follow up appointment. The premises had been adapted to meet the needs of people with disabilities. The building had easy access for people in wheelchairs at the front of the building and also a disabled access toilet was provided next to the practice in the host store (as were the other toilet facilities). We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and these arrangements allowed for easy access to the treatment rooms which are on the ground floor. Staff we spoke with told us how they had supported patients with additional needs such as a learning or physical disability. They also ensured patients could be supported by their carer or a relative when attending appointments and that there was sufficient time to explain fully the care and treatment they were providing.

Access to the service

Details about accessing an appointment were available to patients on the practice website and in the waiting area. We reviewed twelve CQC comment cards that had been completed by patients prior to the inspection and the results of the most recent patient survey conducted by the provider. They reflected patients were satisfied with the appointments system and access to the practice generally. This information and observations on the day of our visit demonstrated that those in need of emergency treatment had been able to make appointments on the same day of contacting the practice. The opening hours for the practice at the time of our inspection were Monday to Thursday 8am to 8pm, Friday 8am to 6pm, Saturday 10am to 6pm and Sunday 11am to 330pm. Patients were able to book appointments in person or by phone.

Concerns & complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and twelve patients chose to comment. All of the comment cards contained very positive comments about the services provided and the staff. The practice had a system in place for handling complaints and concerns. All complaints were investigated and responded to by the provider's senior management team and the practice manager. We looked at complaints received and found they had been satisfactorily handled and dealt with in accordance with the complaints procedure in a timely way. Information on how to complain was prominently displayed in the waiting area. This included information about what steps people could take if they were not satisfied about how their complaint had been investigated or the outcome of the investigation.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements ensured that staff responsibilities were clear, quality and performance were regularly considered, risks were identified, understood and managed appropriately.

Governance at the practice was managed by the provider's senior management team and the acting practice manager. Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability. The checks (audits) carried out at the practice identified where quality or safety issues needed to be addressed. Action plans were then developed, implemented and monitored to ensure improvements were made and sustained. We looked at a wide range of documented risk assessments relating to fire, infection prevention and control, exposure to hazardous substances and medical emergencies. Staff were clear about their role and areas of responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice. The practice had a number of policies and procedures in place to govern activity and these were available to all staff. These included how to report adverse incidents, information governance, access to records, confidentiality and complaints.

Leadership, openness and transparency

The provider has developed and produced a clear statement of purpose that sets out their aspiration to provide high quality preventative care and treatment. A clear management structure was in place. The area manager (from Centre for Dentistry Limited) was present during our inspection. The practice manager (who had recently left the practice) was the registered manager. We had been notified about the change in respect of the registered manager prior to our inspection visit. The recruitment process for a new practice manager/registered manager had begun and appropriate arrangements to manage the practice in the interim had been made. The leadership and culture reflected the vision and values of the practice and encouraged openness and transparency.

We looked at how the management arrangements and records maintained by the practice demonstrated how the safety and quality of the service was maintained and improved. The quality assurance processes included an embedded risk assessment process that was monitored closely and regularly reviewed by the provider's management team to ensure actions were implemented and improvements were sustained.

Staff we spoke with told us that there was an open culture at the practice, and that they were encouraged and supported to report incidents and raise concerns. They also told us that they were listened to by the management team and that their views were valued and responded to.

Learning and improvement

Staff we spoke with confirmed they were supported and enabled to access training and professional development opportunities relevant to their role. The practice provided a programme of professional development to ensure that staff maintained and developed their professional skill to ensure patients were provided with a high standard of dental care and treatment. This included training in core skills such as health and safety, safeguarding, radiography, medical emergencies and and infection prevention and control. Training records reflected that staff were being provided with regular training appropriate to their role at the practice. We saw evidence that staff met regularly with the practice manager for formal appraisals or less formalised one to one meetings that included discussion regarding individual training and professional development needs. The practice team also gathered together each morning to discuss plans for the day and any other relevant issues or concerns.

The system of checks (audits) and action plans we looked at during our visit demonstrated the practice's commitment to maintain and improve the safety and quality of the services provided. This system of audits was subject to a regular quality standard audit by a senior member of the provider's management team.

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

The provider conducted regular patient surveys to establish how patients viewed the quality of dental care they received. We were unable to speak with any patients on the day of our inspection visit about the care and treatment they had received from the practice. However we

Are services well-led?

reviewed twelve CQC comment cards that had been completed by patients prior to the inspection and the results of the most recent patient survey conducted by the provider. These reflected high levels of satisfaction with the level of service provided by the practice.

The practice gathered feedback from staff through practice meetings, staff appraisal meetings and individual one to one meetings held by the practice manager with individual members of staff. Staff we spoke with told us they were encouraged to and felt comfortable with providing feedback and discuss any concerns or issues with colleagues and the practice manager. They also said their views were respected, valued and acted upon. The practice had a whistle blowing policy which was available to all staff.