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Chester Dental Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 2 December 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 situated in Chester city centre. The practice has four dentists, a dental hygiene/ therapist, a practice manager, three qualified dental nurses and one trainee dental nurse. The practice provides general dental services to private patients only. The practice is open Monday – Friday 9am – 5.30pm and Saturday morning 9am – 1pm.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission to manage the service. Registered providers 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 received feedback from 31 patients about the service. The 26 comment cards seen and five patients spoken to reflected positive comments about the staff and the services provided. Patients told us they had no concerns regarding the cleanliness and hygiene of the practice. They found the staff very caring and friendly. They had trust and confidence in the dental treatments and said explanations from clinicians were clear and understandable. Emergency appointments were available on the same day and appointments usually ran on time.

Our key findings were:

Summary of findings

- The practice recorded and analysed accidents, incidents and complaints and cascaded learning to staff when they occurred.
- Staff had received safeguarding training and knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Infection control procedures were in place.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and their confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.

- The practice staff felt involved and worked as a team.
- The practice took into account any comments, concerns or complaints and used these to help them improve.

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

- Implementation of a scheduled maintenance plan to cover all areas of the practice with priority on the treatment rooms/surgeries.
- Updating infection control audit action plans with progress on actions identified.
- Review how patient safety and other relevant alerts and guidance are followed and actions taken are recorded.
- Reviewing and updating policies and procedures including recruitment policies and procedures to ensure they meet relevant guidelines and legislation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes in place to ensure care and treatment was carried out safely. In the event of an incident, accident or complaint occurring, the practice documented, investigated and learnt from it. Safety alerts were received by the practice and disseminated to staff where relevant. Risk assessments and actions taken were not recorded.

Infection prevention and control procedures were in place and staff had received training in infection control. The décor of the premises was old and tired looking with some of the furnishings in need of updating.

Radiation equipment was suitably sited and used by trained staff. Local rules were displayed where X-rays were carried out. Emergency medicines were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available at the practice and were serviced and maintained at regular intervals.

There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

Patients received an assessment of their dental needs including recording and assessing their medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were fully explained. The practice kept detailed dental records of oral health assessments and treatment carried out and monitored any changes in the patients' oral health. The promotion of good oral health was evident and they provided regular oral health advice and guidance to child and adult patients.

National Institute for Health and Care Excellence (NICE), national best practice and 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. Patients were referred to other services where needed in a timely manner. The staff received professional training and development appropriate to their roles and learning needs. Clinical staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration

Are services caring?

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

Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given. We found that treatment was clearly explained and patients were provided with information regarding their treatment and oral health. Patients who were nervous or anxious about attending the dentist were cared for with compassion that helped them feel more at ease.

Are services responsive to people's needs?

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

Summary of findings

The practice was aware of the needs of the local population and took these into account in how the practice was run. Patients had good access to appointments at the practice and emergency/urgent appointments were usually available on the same day. There was sufficient maintained equipment to meet patients' needs. Appointment times were convenient and met the needs of patients and they were seen promptly. The practice had limited accessibility due to the age of the building. Information was clear about access and patients would be assisted to find an alternative accessible practice if needed.

There was a clear complaints system in place.

Are services well-led?

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

There was an effective leadership structure evident and staff felt supported by the principal dentist, manager and other staff. Staff were supported to maintain their professional development and skills. Staff met regularly to review aspects of the delivery of dental care and the management of the practice. Patients and staff were able to feedback compliments and concerns regarding the service.

The practice had clinical governance and risk management structures in place. Clinical audits took place. Health and safety risks had been identified and risk assessments were in place and reviewed.

Chester Dental Clinic

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 2 December 2015 and was conducted by a CQC inspector and a dental specialist advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included any complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed information we held about the practice and found there were no areas of concern. During the inspection we spoke with the principal dentist, other dentists, dental nurses and the practice manager. We reviewed policies, procedures and other documents. We reviewed 26 CQC comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice and spoke to five patients on the day of inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from accidents, incidents and complaints. Staff were aware of how to report accidents and incidents and were encouraged to bring safety issues to the attention of the dentists. Clinical events were reported and analysed using the accident reporting system and feedback given to all staff through practice meetings and face to face. The practice had a no blame culture and policies were in place to support this.

We found that patient safety alerts were received by the practice and disseminated to relevant staff. These were received by email and there was no documented evidence that actions had been taken.

Reliable safety systems and processes (including safeguarding)

One of the dentists had a lead role in safeguarding, supported by the practice manager, to provide support and advice to staff and to oversee safeguarding procedures within the practice. The practice had policy and procedures in place for the protection of vulnerable adults and children. There were flow charts and guidance of what to do in the event of concerns regarding child and vulnerable adult abuse. Staff were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Training records showed that staff had received safeguarding training for both vulnerable adults and children at an appropriate level to their role. Information was available that contained telephone numbers of who to contact outside of the practice if there was a need, such as the local authority responsible for investigations.

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. Dental care records were electronic and contained a medical history that was obtained and updated prior to the commencement of dental treatment and at regular interval of care. The clinical records we saw were all detailed, well-structured and contained sufficient detail to demonstrate what treatment had been prescribed or completed, what was due to be carried out next and details of possible alternatives.

Computers were password protected and data regularly backed up to secure storage. Screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception.

We discussed with the dentists and found that a rubber dam was routinely used in all root canal treatments. This was clearly documented in the dental records we reviewed where root canal treatment had been undertaken. A rubber dam is a thin rubber sheet, used in dentistry to isolate the operative site from the rest of the mouth and protect the patient's airway.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff received basic life support training annually. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the Resuscitation Council UK and British National Formulary guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We found that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

Staff recruitment

The practice had recruitment procedures however the recruitment policy was in need of review to ensure it was in line with current guidance and regulations. It did not reference the requirement for Disclosure and Barring Service (DBS) checks to be undertaken prior to employment.

Staff records we reviewed demonstrated that all staff had undertaken a DBS check. Clinical staff had evidence of registration with their professional body the General Dental Council (GDC) and medical insurance. The GDC is the

Are services safe?

organisation which regulates dentists and dental care professionals in the United Kingdom. We found that staff files generally contained the information required relating to workers.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. Staff told us they had received an induction and there was documented evidence in staff records.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred they would cover for their colleagues.

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place. These identified risks to staff and patients who attended the practice. The risks had been identified and control measures were in place to reduce them. There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, COSHH, and fire safety risk assessment and procedures.

Processes were in place to monitor and reduce risks so that staff and patients were safe. We saw records to demonstrate that fire detection and firefighting equipment such as fire alarms and fire extinguishers were regularly tested. Fire safety training took place annually.

The practice had an emergency and business continuity plan. This contained information in respect of what to do in the event of, for example, loss of utilities. It did not contain a full list of contact details for all staff and suppliers/contractors.

Infection control

The practice was located in an old converted house, inside the environment looked old and tired with worn floor surfaces and furnishings. Some of the dentist's chairs had tears in the fabric and were in need of replacement. The treatment rooms had work surfaces that had gaps in the sealant to the walls. The practice told us they had started a major refurbishment in order to bring the internal environment up to a high standard that would enable good infection prevention and control. The waiting area had

been redecorated and chairs replaced. We saw the plan for refurbishment which met the need to achieve best practice for cross infection control and was ongoing throughout the next six months.

There was an overarching infection control policy in place and supporting policies and procedures which detailed decontamination and cleaning. General cleaning was undertaken by an employed cleaner and the cleaning schedule was monitored. Responsibility for cleaning the clinical areas in between patient treatments was identified as a role for the dental nurses and they were able to describe how they undertook this.

There was a nominated dental nurse who had responsibility for infection control and was the lead for decontamination in the practice. Staff had received training in infection prevention and control as part of their continuous professional development. We saw evidence that the practice undertook regular six monthly infection control audits and demonstrated compliance with current Department of Health's guidance, Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). Action plans were in place to address any issues identified however these did not have dates for completion or responsible persons identified.

We found that there were adequate supplies of liquid soaps and paper hand towels throughout the premises. Posters describing proper hand washing techniques were displayed throughout the practice. There was a policy and procedure for dealing with inoculation /sharps injuries. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place. Clinical waste was stored securely until collection.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was in line with published guidance. (HTM01-05) The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct

Are services safe?

procedures. The practice cleaned their instruments manually, and with an ultrasonic cleaner and washer disinfectant. Instruments were then rinsed and examined with an illuminated magnifying glass to enable closer inspection of the equipment. Instruments were then sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that was within the recommendations of the Department of Health document HTM01-05.

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore clean uniforms. We saw and were told by patients that they wore personal protective equipment when treating patients. We saw evidence that clinical staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products and are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had undertaken a water quality test by an external provider in 2013, which demonstrated water quality and safety. However a legionella risk assessment was not in place. The practice demonstrated that they had contracted this to be undertaken the following week and would put actions in place following this to ensure regular monitoring of water temperatures were undertaken. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

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 processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for each of the units and equipment tested.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process under which electrical appliances are routinely checked for safety.

Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes. Emergency medicines were stored safely and checked to ensure they did not go beyond their expiry date.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were displayed in areas where X-rays were carried out. We were shown a radiation protection file that was 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, 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 three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. The radiation protection file also contained certificates which demonstrated those clinicians taking X-rays had been appropriately trained.

The dental care records we saw showed that dental X-rays were justified, quality assured and reported on every time. X-rays were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw patient X-rays were of a high quality. The dentists monitored the quality of the X-ray images on a regular basis and records were maintained by carrying out an x-ray audit every year.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The clinical staff were familiar with, and used current professional guidance for dentistry. Patients attending the practice for a consultation received an assessment of their dental health which began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and looking for the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. Details of the treatment were also documented and included local anaesthetic details including type, the site of administration and batch number and expiry date, where relevant.

The staff we spoke with and evidence we reviewed confirmed that care and treatment was aimed at ensuring each patient was given support to achieve the best outcomes for them. We found from our discussions that staff completed, in line with The National Institute for Health and Care Excellence (NICE) and national dental guidelines, assessments and treatment plans and these were reviewed appropriately.

The dentists and patients we spoke with told us that each patient's diagnosis was discussed with them and treatment options were explained. Preventative dental advice and information was given in order to improve the outcome for the patient in line with the DOH publication 'Delivering Better Oral Health'. This included dietary advice and general dental hygiene procedures. Where appropriate, dental fluoride treatments were prescribed and referrals to dental hygienists were made. The patient's notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Patients were referred appropriately and in a timely manner for example in the case of suspected oral cancers and for specialised orthodontic treatments.

We reviewed 26 comment cards and spoke to five patients on the day of inspection. Feedback we received reflected that patients were satisfied with the assessments, explanations and the quality of the treatment.

Health promotion & prevention

The prevention of dental disease was at the heart of the practice's philosophy. To facilitate this philosophy, the practice used the services of a dental hygienist who worked under the prescription of the dentists working at the practice. They provided a variety of treatments including simple scaling and polishing of teeth to more complex gum treatments for patients suffering from the more aggressive forms of gum disease. They would also provide tailored preventative advice and treatments where necessary.

The waiting room and reception area at the practice contained literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood, smoking and alcohol advice was also given to them. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The sample of dental care records we observed demonstrated that dentists had given oral health advice to patients. Oral Health products such as tooth brushes, inter dental cleaning aids and fluoridated tooth paste were for sale and available at the reception desk.

The practice manager (who was a qualified dental nurse) had also undertaken an oral health promotion course and had undertaken school visits to educate children in oral health and hygiene.

Staffing

The practice had sufficient suitably qualified and experienced staff. Clinical staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) in order to maintain their skill levels and had access to various role related courses both online

Are services effective?

(for example, treatment is effective)

and face to face. CPD is a compulsory requirement of General Dental Council (GDC) registration as a general dental professional and its activity contributes to their professional development.

The practice provided access to update training and training courses. We saw evidence of a variety of training courses having taken place such as in infection control and decontamination, basic life support and safeguarding. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

Working with other services

Staff explained how they worked with other services. Dentists were able to refer patients to a range of specialists in secondary and tertiary care services if the treatment required was not provided by the practice. Referral letters were prepared and then sent to the hospital with full details of the dentist's findings and were stored on the practice's computer dental software system. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

Staff we spoke with on the day of our visit had a clear understanding of patient consent issues. The dentists stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. We observed that these findings were recorded in detail.

The practice had a policy on consent to care. This referred to the Mental Capacity Act 2005 and supporting guidance from the British Dental Association was available. We saw evidence that patients were presented with treatment options and consent forms and treatment plans were signed by the patient. The dentists explained how they would obtain consent from a patient who suffered with any mental impairment which might mean that were unable to fully understand the implications of their treatment. They explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area gave some privacy and a separate area was available should patients wish to speak in private. Treatment rooms were situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with dentists and hygienists. Conversations between patients and dentists could not be heard from outside the rooms which protected patients' privacy.

Patients reported they felt that practice staff were kind, helpful and caring and they were treated with dignity and respect at all times. Comments also told us that staff always listened to concerns and provided patients with good advice to make appropriate choices in their treatment.

Staff were clear about the importance of emotional support needed when delivering care to patients who were

very nervous or fearful of dental treatment. This was supported by patients' comments reviewed which told us that they were well cared for when they were nervous or anxious and this helped make the experience better for them.

Involvement in decisions about care and treatment

The dentists involved patients in their care and treatment decisions. They explained what they had found, what treatment options they had and gave patients time to think about the options presented to them. This made it clear that a patient could withdraw consent at any time and that they had received a detailed explanation of the type of treatment required, including the risks, benefits and options. Costs were made clear in the treatment plan. We reviewed a number of records which confirmed this approach had taken place.

Patients' comments told us that the staff were professional and care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice's information leaflet and information displayed in the waiting area described the range of services offered to patients and included information in relation to the complaints procedure. The practice provided NHS and private treatment and the costs were clearly displayed. The practice's website also included information for patients about dental care and treatments and costs. However the website was not up to date with information regarding the current dental team.

Each patient contact was recorded in the patient's dental care record. New patients completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct dentists to provide the most effective form of care and treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy. Staff we spoke with were aware of these policies. The practice was located in an old converted house and had limited disabled access. There was clear information in the practice leaflet regarding accessibility and the practice would support patients who could not access their building in finding another practice that could.

The practice was considering the building of a ramp to the back entrance to enable wheelchair access via this route in the future.

Access to the service

Appointment times and availability met the needs of patients. Patients were able to book in person or by telephone. Patients were able to get an urgent appointment on the same day if needed. The arrangements for obtaining emergency dental advice outside of normal working hours were detailed on the practice answerphone message and in the information leaflet and website. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

Patients we spoke with and comments we received told us that there were no concerns regarding waiting times and that appointments usually ran on time. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw that there had been two complaints received in the last 12 months. These had been documented and responded to appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place for monitoring and improving the services provided for patients. Staff we spoke with were aware of their roles and responsibilities within the practice. The practice had recently been accredited with the British Dental Association (BDA) good practice scheme. (The BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities).

The practice carried out a number of clinical audits. These included for example, infection control, clinical records, referrals and assessing the quality of X-ray films. Audits were completed on a regular annual basis. Health and safety risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a range of policies and procedures in use at the practice. These included health and safety, safeguarding children and vulnerable adults, infection prevention control, consent and treatment and human resources. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The policies were localised to the practice, however some were in need of updating to reflect relevant legislation such as the recruitment policy.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us that they could speak with the practice's dentists or manager if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. The principal dentist had a good understanding and gave examples of their responsibilities under the Duty of Candour.

All staff were aware of whom to raise any issue with and told us that the dentists and other staff listened to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice had a statement of purpose and a welcome statement for patients that served as their mission/value statement. Staff could articulate the values and ethos of the practice to provide high quality dental care.

Management lead through learning and improvement

Staff told us the practice supported them to maintain and develop through training, development and mentoring. We saw that regular appraisals took place and staff told us they valued the process. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the dentists and management were supportive and always available for advice and guidance.

All dentists and nurses who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development as required by the GDC.

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

The practice staff told us that patients could give feedback at any time they visited. They undertook patient satisfaction surveys, reviewed results from the NHS friends and family test and had systems in place to review the feedback from patients who had cause to complain.

The practice held monthly documented meetings at which clinical and practice management issues were discussed. We saw that feedback from complaints and accidents and were shared at these meetings also.