Madeley Dental Practice

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 January 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

Madeley Dental Practice is a mixed dental practice providing NHS and private treatment for both adults and children. The practice is situated in a converted domestic property. The practice had 11 dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care was provided on two floors and had a reception and waiting area on the ground floor and a waiting area on the first floor.

The practice is open 08.00 -17.30 Monday, Wednesday,Thursday, Friday 08.00 -18.00 Tuesday and Saturdays 09.00 -12.00. The practice has 11 dentists who are supported by 18 dental nurses, two dental therapists a dental hygienist and reception staff.

One of the practice 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. The registered manager was supported in their role by two practice managers and two office administrators.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 48 patients. These provided a completely

Summary of findings

positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- The practice ethos was to provide high quality patient centred care at all times
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had dedicated safeguarding leads with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines
- The practice benefitted from a stable staff base and the two empowered practice managers along with the five partners provided strong effective leadership for the practice.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- The practice had dentists who could provide a wide range of more specialised services including orthodontics (the treatment of maligned teeth and jaws) and root canal treatment, there were enough supporting staff to deliver the services on offer.
- Staff recruitment files were well organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice partners and managers and were committed to providing a quality service to their patients.
- Information from 48 completed Care Quality Commission (CQC) comment cards gave us a completely positive picture of a friendly, caring, professional and high quality service.
- The practice received only seven complaints throughout 2015 which is very low taking into account the size of the practice. All complaints had been effectively managed by the practice managers.

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 robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. 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 that this practice was providing effective care in accordance with the relevant regulations.

The practice had appointed dentists who could provide a wide range of more specialised services and there were enough supporting staff to deliver the services on offer 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. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. 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 providing caring services in accordance with the relevant regulations.

We collected 48 completed Care Quality Commission patient comment cards and obtained the views of a further 17 patients on the day of our visit. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services and hearing loops when required. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The practice managers and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Madeley Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 14 January 2016 was led by a dentally qualified CQC inspector and supported by a dental specialist advisor. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them.

During the inspection, we spoke with the practice manager, dentists, lead dental nurse, reception staff and reviewed policies, procedures and other documents. We also obtained the views of 17 patients on the day of our visit. We reviewed 48 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at 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.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had developed significant event forms for staff to complete when something went wrong. We saw examples of two such incidents that occurred during 2015. We found that the forms were meticulously completed and the incidents were discussed in the following monthly staff meeting to ensure that the whole practice learned from the incident. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via post or email. We observed that the alerts were kept in a well maintained file and the practice acted upon any of the alerts that were specific for dental practice. Again relevant alerts were discussed during staff meetings to facilitate shared learning.

Reliable safety systems and processes (including safeguarding)

We spoke to the decontamination operative and one of the practice managers about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The dentists were responsible for ensuring safe recapping using a 'scoop' method, a recognised way of recapping a used needle using one hand. Staff were also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps. There had been one needle stick injury during to a member of staff 2015. We observed that this had been reported through the practice incident reporting system and managed in accordance with practice policy.

We asked how the practice treated the use of instruments that were used during root canal treatment. They explained that these instruments were single use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. (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). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

A senior dentist in the practice supported by two other staff acted as the practice safeguarding leads. They acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the staff room that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment. The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to two oxygen cylinders, one on each floor; 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 were all in date and stored in central locations known to all staff.

The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled the staff to replace out of date medicines and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. We found that all staff had received update training in 2015.

Staff recruitment

Are services safe?

All of the dentists, dental therapists, dental hygienist and dental nurses who worked at the practice had current registration with the General Dental Council, the dental professionals' regulatory body.The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work.For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We looked at examples of staff recruitment files for two recent starters, a dentist and a trainee dental nurse, these were very well maintained and complete. The records confirmed that the individuals had been recruited in accordance with the practice's recruitment policy. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. Staff recruitment records were stored securely to protect the confidentiality of staff personal information. We saw that all staff had received a criminal records checkthrough the Disclosure and Baring Service (DBS).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health and safety and water quality risk assessments. The practice had a detailed disaster plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had a robust infection control policy that was regularly reviewed and the practice had employed two dedicated decontamination operatives to carry out the infection control procedures in the decontamination room. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. It was observed that audits of infection control processes carried out in 2015 confirmed compliance with HTM 01 05 guidelines.

It was noted that the 11 dental treatment rooms, waiting areas, reception and toilets were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean, well ordered and free from clutter. Appropriate single use items including suction and three in one tips were evident. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

Staff described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in 2014. The recommended procedures contained in the report were carried out and logged appropriately. This included regular testing of the water temperatures of various taps in the building. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. This room appeared very well organised and was very clean, tidy and clutter free. The decontamination operative demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier they were placed in an autoclave (a

Are services safe?

device used to sterilise medical and dental instruments). When instruments had been sterilized, they were pouched or if stored unpouched they were appropriately stored in a non-clinical room 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 four autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles and steam penetration tests were always 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 municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the four autoclaves had been serviced and calibrated in January 2016. The practices' X-ray machines had been serviced and calibrated in June 2015. Electrical testing had been carried out in September 2015 and a gas safety test in October 2015.The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

These medicines were stored securely for the protection of patients. We found that the practice stored prescription pads in a secure cabinet to prevent loss due to theft. The practice also had a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

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 three yearly maintenance logs, Health and Safety Executive notification and a copy of the local rules. The maintenance logs were within the current recommended interval of three years.

A copy of the radiological audits for each dentist carried out in December 2015. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice appointed a number of dentists who provided more specialised care including orthodontics (treatment for dealing with maligned teeth and jaws), dental implants and endodontics (a specialism describing the root treatment of teeth).The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The registered manager, a dentist, described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

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

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

Health promotion & prevention

The waiting room and reception area at the practice contained leaflets that explained the services offered at the practice. This included information about how to carry out effective dental hygiene and how to reduce the risk of poor dental health. The practice also sold a wide range of dental hygiene products to maintain healthy teeth and gums. These were available in the reception area. The practice web site also provided information and advice to patients on how to maintain healthy teeth and gums.

The practice appointed two dental therapists and a dental hygienist to work alongside of the dentists to deliver preventive dental care. 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 and dietary, smoking and alcohol advice was given to them where appropriate. The registered manager, a senior dentist in the practice, explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

Staffing

The practice was relatively self-contained with respect to the range of dental care required by patients. The practice had dentists that had more specialised skills and there were enough staff to support the dentists, dental therapists and dental hygienist during patient treatment. Fifteen of the nurses supporting the dentists were qualified dental nurses and most of them had additional skills in dental nursing including dental radiography. The practice manager told us that the practice ethos was that all staff should receive appropriate training and development. The practice operated a programme of professional development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. However the practice did not need to refer many patients to other centres because of the diverse range of clinicians working in the practice. The

Are services effective?

(for example, treatment is effective)

practice was relatively self-contained. The practice managers explained how they would work with other services when required. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery or special care dentistry. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke to the registered manager about how the dentists in the practice implemented the principles of informed consent; all of the dentists had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The registered manager went onto explain how the dentists would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate 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. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians 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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. The practice had available a private interview room should patients wish to discuss matters of a more personal or sensitive nature. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage. Paper records were stored in a lockable records storage room which was in the staff area accessed by doors which had passcodes. These passcodes were known only to staff members. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 48 completed CQC patient comment cards and obtained the views of 17 patients on the day of our visit. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the busy reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The practice website also gave details of the cost of treatment and entitlements under NHS regulations. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided and how to make a complaint. There was also information on how to maintain healthy teeth and gums. This ensured that patients had access to appropriate information in relation to their care. We looked at the appointment schedules for patients and found that patients were given appropriate time slots for appointments of varying complexity of treatment.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into specifically allocated urgent slots for each dentist. Patients were also invited to come and sit and wait if these dedicated slots had already been allocated. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The practice manager explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to complete NHS and other forms. There was level access into the building and six ground floor treatment rooms for patients to go upstairs.

Access to the service

The practice is open 8.00 - 5.30 Monday, Wednesday, Thursday, Friday 8.00 - 6.00 Tuesday. The practice is also open Saturdays 9.00 -12.00. The practice provided an on call system to give advice in case of a dental emergency when the practice was closed. A telephone number was available and publicised in the practice information leaflet, practice website and on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. In 2015 there were only seven complaints, a very small amount taking into consideration of the size of the practice and the numbers of patients using the service. The low level of complaints reflected the caring and compassionate ethos of the whole practice

The practice manager explained that in the event of a complaint they adopted a very proactive response to any patient concern or complaint. Patients were spoken to by telephone or invited to a face-to-face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients received an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

Each of the partners had specific clinical governance responsibilities that included; infection prevention, radiation protection, safeguarding, health and safety, staffing and general maintenance of the practice. Underpinning this structure the practice had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. We saw that these policies and procedures including COSHH, fire safety and Legionella were well maintained and up to date. We saw examples of monthly staff meeting minutes which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients. This included patient feedback, health and safety, infection control and policy updates. The practice managers had introduced a system; whereby upon the introduction of a new policy or update, staff where required to answer a set of quiz questions demonstrating that they had read and understood the policy document. This gave assurance to them that staff had adequately understood the particular practice policy they were signing.

Leadership, openness and transparency

The practice ethos was to provide high quality, patient centred care at all times. Underpinning this was a practice that benefited from a very stable staff base, four proactive partners and two empowered practice managers. To facilitate effective management of the practice a system of regular meetings were held between the senior team and others in the practice. For example, each week the partners meet with the practice managers to discuss a range of issues, feeding into this discussion are the views of the head nurse and head receptionists. The outcomes of these separate meetings were fed into the general monthly staff meeting schedule. This has led to a very cohesive practice team.

We found staff to be hard working, caring towards the patients and committed and to the work, they did. We saw evidence from staff meetings that issues relating to complaints and compliments, practice performance including the quality of care provided was openly discussed and addressed by the whole team. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry, were happy with the facilities and felt well supported by the practice managers and the partners. Staff reported that they were proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example we observed that the dental nurses and receptionists and office administrators received an annual appraisal; these appraisals were carried out by the practice managers and one of the partners. The dentists also received performance reviews with a practice manager and senior partner, we saw an example of one such review. The appraisal document was meticulously completed and appeared to be an effective way of determining the dentists learning and development needs.

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

The practice had developed an innovative way of capturing patient feedback called the 'Make You Smile' system. The practice had developed business card size feedback cards that were freely available at the reception desk and in each treatment room. Patients filled in the card that captured the team member, why they made me smile and any comments. These were then collated and read out at each team meeting. Posters were displayed around the practice promoting the initiative. The team found this a very effective way of capturing feedback on how they were performing as individuals and as a motivator for going that extra mile.

The practice used other methods for capturing patient feedback through the NHS Friends and Family test, comments box and through patient questionnaires. For example through the comments box a young patient had suggested the practice provided a water dispenser to facilitate patient comfort. This was acted on immediately and the practice introduced the suggestion. Patient questionnaires were routinely sent to new patients on completion of their treatment to capture the satisfaction of

Are services well-led?

the treatment and service they had received. Results of the Family and Friends Test indicated that 100% were happy with the quality of care provided by the practice and would recommend the service to family and friends.

Staff told us that the practice managers and partners were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had monthly meetings. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to, this confirmed the open door policy of the practice as described by the practice managers.