SciAzim Ltd

West Wickham Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 02 July 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.

West Wickham Dental Practice is located in the London Borough of Bromley. The premises consist of two treatment rooms, a dedicated decontamination room, waiting room with reception area and toilet.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges, and oral hygiene.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), a hygienist, a dental nurse, and a trainee dental nurse. The dental nurses also act as receptionists. There is also a part-time operations manager.

The practice is open Monday, Tuesday, Thursday and Friday from 9.00am to 5.00pm, Wednesday from 9.00am to 7.00pm and on Saturday from 10.00am to 2.00pm.

This is a new practice which had registered with the Care Quality Commission (CQC) in September 2013. It has not previously been inspected. The principal dentist 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

Summary of findings

'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 carried out an announced, comprehensive inspection on 02 July 2015. The inspection took place over one day and was carried out by a CQC inspector and dentist specialist advisor.

Eight people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and patient attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The principal dentist had a clear vision for the practice and staff told us they were well supported by the management team.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

There was an area where the provider could make improvements and should:

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection. They felt that the staff were patient and caring; they told us that they were treated with dignity and respect at all times. We found that patient records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The needs of people with disabilities had been considered and there was level access to the waiting area and treatment rooms. Patients were invited to provide feedback via a satisfaction survey and a suggestions box situated in the waiting area.

There was a complaints policy in place which was displayed in the waiting area. One complaint had been received by the practice in the past year and we saw that this had been dealt with promptly and handled appropriately.

Are services well-led?

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

The practice had effective clinical governance and risk management structures in place. These were well maintained and disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist. They were confident in the abilities of the dentist to address any issues as they arose.

West Wickham Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 02 July 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the the local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with three members of staff, including the principal dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Eight people provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

There was an effective system in place for reporting and learning from incidents. Two significant events had been recorded in the past year. There was a policy for staff to follow for the reporting of these events and we saw that this had been followed in these cases. Incidents had been appropriately recorded and investigated. Actions taken at the time and any potential lessons that could be learned to prevent a recurrence were noted and discussed with staff.

The practice had dealt effectively with incidents as they occurred. For example, following an incident where a patient had felt unwell, staff had taken appropriate steps to support the patient and escalated the issue by calling emergency services when the patient did not recover in good time. In this case, the staff had used emergency equipment kept at the practice effectively and in line with the protocols described.

We noted that it was the practice policy to offer an apology when things went wrong. We saw an example of a written apology that had been offered following a patient's complaint.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission (CQC). This information was displayed in the reception area so that staff could access the information promptly. These details were also kept with the safeguarding policy.

The principal dentist was the safeguarding lead for the protection of vulnerable children and adults. Staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist or operations manager. They also knew that they could contact the CQC if any concerns remained unaddressed.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, a practice-wide risk assessment had been carried which covered topics such as fire safety, the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). We observed that the practice took action where they identified ways in which patient safety could be improved. For example, there was an annual health and safety audit with the last having taken place in April 2015; the need to renew the flooring in the public areas of the premises had been identified at this time. The owner had sought a quote for carrying out this work and in the interim had minimised risks by using tape to highlight areas where there may be a trip hazard.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.]

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support. This training was renewed annually. The staff we spoke with were aware of the practice protocols for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The equipment was regularly tested by staff and a record of the tests was kept.

There were face masks of different sizes for adults and children for some, but not all, of the equipment. For example, different size face masks were missing for the

Are services safe?

self-inflating bag. We also noted that a portable suction device was not available in the emergency kit, although this device is recommended by the Resuscitation Council UK. Finally, the kit contained diazepam instead of midazolam for the emergency treatment of epileptic seizures. Midazolam is the recommended medicine for the emergency kit.

Staff recruitment

The practice staffing consisted of a principal dentist, a hygienist, a dental nurse and a trainee dental nurse. There was also a part-time operations manager. There was a recruitment policy in place and we reviewed the recruitment files for the staff members. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the use of an application form, interview notes, review of employment history, evidence of relevant qualifications, the checking of references and a check of registration with the General Dental Council. We noted that it was the practice's policy to carry out DBS checks for all members of staff and details related to these checks were kept.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been serviced recently.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts were received by the principal dentist and disseminated by them to the staff, where appropriate. For example, advice regarding Ebola had been discussed following an alert in January 2015.

There was a business continuity plan in place. We noted that this had been kept up to date with key contacts in the local area. There was also an arrangement in place to use another practice's premises for emergency appointments in the event that the practice's own premises became unfit for use.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. One of the dental nurses was the infection control lead. Staff files showed that staff regularly attended training courses in infection control. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet.

At the time of the inspection, the dedicated decontamination room was temporarily out of use following a flooding in that part of the premises. The practice had made suitable arrangements for the decontamination of instruments in a second treatment room and had ensured they were following the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which ensured the risk of infection spread was minimised.

We examined the facilities for cleaning and decontaminating dental instruments. There was a clear flow from 'dirty' to 'clean' in the decontamination area. The dental nurse demonstrated how they used the room and showed a good understanding of the correct processes. The nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned before being place in an ultrasonic cleaner. An

Are services safe?

illuminated magnifier was used to check for any debris during the cleaning stages. Items were placed in an autoclave (steriliser) after cleaning. Instruments were placed in pouches after sterilisation and a date stamp was used to indicate when the sterilisation became ineffective.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. The ultrasonic cleaner was also being checked for effectiveness through the use of an appropriate 'foil' test. A log was kept of the results demonstrating that the equipment was working well.

The practice had carried out regular infection control audits every six months. We saw records of these audits dating back to 2013. The last audit had taken place in June 2015. The audits were used successfully to identify areas for improvement. For example, the last audit had noted the need to replenish supplies of hand cream for staff and we observed that this task had been completed.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM 01-05 guidelines. A Legionella risk assessment had also been carried out by an appropriate contractor in June 2015 and showed that the practice was at a generally low risk for developing Legionella.

The premises appeared clean and tidy, although there were some public areas which were harder to clean as they now required refurbishment. We discussed this with the principal dentist who told us they had prioritised refurbishing the main treatment room when they took over the practice in 2013. The treatment room was now in good order. The decontamination room was in the process of being refitted and the public areas would then be addressed.

The practice had a cleaning schedule that covered all areas of the premises. The staff shared responsibility for cleaning these areas and demonstrated a good understanding of what was required to reduce the spread of infection during the cleaning processes.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, fire equipment and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) had been completed in accordance with good practice guidance in June 2015. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Prescription pads were kept to the minimum necessary for the effective running of the practice. They were individually numbered and stored securely in one of the treatment rooms. There was a stock list of medications held at the practice and there was effective monitoring and recording of medicines that had needed disposal when they went out of date.

Some medicines were being stored appropriately in a fridge; there was a record of daily temperature checks for the fridge to ensure that medicines were being stored within the correct temperature range.

There was appropriate equipment for carrying out intravenous sedation including equipment to monitor blood pressure, heart rate, breathing rate and oxygen levels in the blood. The practice also had appropriate supplies of reversal agent drugs.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the radiation protection supervisor (RPS). We saw evidence that staff had completed radiation training. X-rays were graded and audited as they were taken by the principal dentist. We noted that the audit demonstrated the quality of X-rays taken was generally high.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. The principal dentist described how they carried out patient assessments and we reviewed a sample of dental care records. We found that the dentist regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). The dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken as per Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening

tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action.

The reception staff gave all new patients a medical history form to complete prior to seeing the dentist for the first time. The dentist's notes showed that this history was reviewed at each subsequent appointment. This kept the dentist reliably informed of any changes in people's physical health which might affect the type of care they received.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth extraction. The dentist was also aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The waiting room and reception area at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Our discussions with the dentist and nurses, together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve the outcome for the patient. For example, the dentist gave a good description of under what circumstances they would prescribe high concentration fluoride toothpaste.

The staff also offered advice around smoking cessation, alcohol consumption and diet. Additionally, the dentist carried out a check to look for the signs of oral cancer. 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.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control. There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

The practice had been open since September 2013 and staff that had been employed shortly after that time were now due to be engaged in an appraisal process. We saw that the practice had set out a policy for carrying out such reviews. One of the dental nurses told us she had recently attended a meeting for an appraisal. The nurse told us the meeting had been useful for reflecting on her performance and for discussing her career goals. They had expressed an interest in training to become a hygienist and the principal dentist was supportive of this plan, including scheduling time off for her to attend training courses.

The principal dentist was providing intravenous sedation at the practice. They renewed appropriate training in relation to sedation periodically and one of the dental nurses had also attended a sedation training course.

Working with other services

Are services effective?

(for example, treatment is effective)

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. Dentists used a system of onward referral to other providers, for example, for oral surgery, orthodontics or advanced conservation. The practice completed referral forms or letters to ensure the specialist service had all of the required information about each patient. The dental care records we reviewed showed that details about referrals and their outcomes were stored appropriately so that the dentist could review the patient's progress when they next attended at the practice.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the clinical records. Formal written consent was also obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment. Written consent forms were also completed by patients prior to any treatment requiring intravenous sedation.

We saw evidence that the requirements of the Mental Capacity Act 2005 (MCA) had been considered by the practice. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The principal dentist and dental nurses were aware of the Mental Capacity Act (2005). They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. For example, the practice was situated near a care home for people with mental health needs and treated patients experiencing mental health difficulties. The dentist had considered whether or not this might mean that some patients who attended the practice lacked some decision making capacity. They had strategies about how to work closely with these patients and their carers to ensure that they were making decisions in patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive about staff's caring and helpful attitude. Patients who reported some anxiety about visiting the dentist commented that the dental staff had provided them with reassurance. We observed staff were welcoming and helpful when patients arrived for their appointment. Staff also described strategies for working with patients who were nervous. For example, the dentist offered multiple appointments, and carried out small amounts of work on each occasion, so that they could work at a pace which a nervous patient could manage. This strategy served to increase the patient's confidence in the team by developing a good working relationship over time.

The practice obtained regular feedback from patients via a satisfaction survey. All of the feedback demonstrated a high level of satisfaction with the care and treatment received

Doors were always closed when patients were in the treatment rooms. Patients indicated they were treated with dignity and respect at all times.

Patient records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Paper records were stored securely in a locked cabinet. There were data protection and confidentiality policies in place. Staff understood the importance of these. They described systems to ensure that confidentiality was maintained. For example, the trainee nurse showed us that the computer in the reception area was placed such that the screen could not be seen by members of the public. Patients could ask to speak to staff in the second treatment room, which was not in regular use, if they wanted to discuss confidential issues away from the public areas.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of the private dental charges or fees. Patients commented that dentists were open and transparent about discussing fees prior to treatment and that they were content with the explanations given.

Staff told us that they took time to explain the treatment options available. They answered patients' questions and gave patients a copy of their treatment plan. There was a range of information leaflets in the waiting area which described the different types of dental treatments available. The patient feedback we received via discussions and comments cards, together with the data gathered by the practice's own survey, confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The reception staff gave a clear description about which types of treatment or reviews would require longer appointments. The dentist could specify the length of appointment for any given treatment depending on their knowledge of the patient and type of work they were going to undertake.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time. Patients could book appointments as long in advance as they wanted to, as well as walking in and booking on the day. The feedback we received from patients confirmed that they could get an appointment quickly and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff spoke three different languages, reflecting the needs of some of the local population. They provided written information for people who were hard of hearing and large print documents for patients with some visual impairment. The practice was accessible by wheelchairs and the treatment rooms were both situated on the ground floor. There was also a suitably equipped disabled toilet.

Access to the service

The practice is open Monday, Tuesday, Thursday and Friday from 9.00am to 5.00pm, Wednesday from 9.00am to 7.00pm and on Saturday from 10.00am to 2.00pm. The practice displayed its opening hours on their premises and on the practice website.

We asked reception staff about access to the service in an emergency or outside of normal opening hours. They told us there was an answer phone message which gave details about how to access out-of-hours advice from the NHS. The message also informed people that they could call the dentist out of usual hours and be seen by the dentist urgently, although this did incur an additional fee.

The dentist and dental nurses told us that there were some gaps in their schedule on any given day which meant that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated. Patient feedback indicated that they could get an appointment in good time. We observed that someone arrived in the reception area to enquire about being seen by the dentist. They were offered an appointment on the same day.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area. There was a complaints policy describing how the practice handled formal and informal complaints from patients. There had been one complaint recorded in the past year. This had been dealt with by the principal dentist in line with the practice policy. The patient had been offered an apology and informed about the outcome of the investigation which had successfully identified the reasons that a problem had occurred. The dentist told us that any issues were discussed with staff as they arose in order to identify strategies for improvement and to prevent issues recurring.

The practice also had a suggestions box available for patients to provide feedback. This was displayed in the waiting area. Patients were also invited to give feedback through the use of a survey handed out at the end of each course of treatment. We noted that these sources of feedback had not identified any areas of concern; the majority of the feedback was positive about the quality of the care received.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. This was a new practice which had opened in September 2013. The principal dentist had implemented, with the support of an operations manager, suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of these policies and procedures and acted in line with them. There were weekly informal practice meetings, as well as more formal staff meetings, where necessary, to discuss key governance issues. For example, we saw minutes from meetings where issues such as infection control and patient care had been discussed. This facilitated an environment where improvement and continuous learning were supported.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

We spoke with the principal dentist about their vision for the practice. They told us they aimed to provide high-quality and patient-focussed care. They were committed to developing and expanding the services provided with a view to enabling further specialist care to be carried out on site. Other members of staff were aware of these plans and were supportive of the management's goals.

Staff told us they enjoyed their work and were well-supported by the principal dentist. There was a new system of staff appraisals to support staff in carrying out their roles to a high standard. One of the dental nurses told us that the dentist was supportive of their plans to train as a hygienist and that they had time scheduled for training.

Management lead through learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality. The audits showed a generally high standard of work, but they had also been used to improve standards where actions were identified. For example, we saw evidence of actions taken following a recent infection control audit.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey during the past year. The survey covered topics such as the quality of staff explanations, cleanliness of the premises, and general satisfaction with care. 40 responses had been received and all indicated a high level of satisfaction.

We noted that the practice acted on feedback from patients where they could. For example, sofas in the waiting area had been replaced with high back chairs following feedback from more elderly patients that the sofas were difficult to get up from.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums to give their feedback.