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Village Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 05 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

Village Dental Care is a dental practice providing mainly NHS and some private treatment for both adults and children. The practice is situated in a converted commercial property. The practice provides services on the first floor of the property which is accessed by a lift. The practice has six dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments.

The practice is open between 9:00am and 5:30pm from Monday to Thursday and 8:00am and 4:30pm on Friday. Appointments can also be made until 8:00pm on Wednesday and 9:00am to 4:00pm on Saturday.

The practice has ten dentists and four dental hygiene/ therapists who work a variety of hours and are supported by nine dental nurses, three of whom are in training. There are two reception staff, a practice co-ordinator and practice manager.

The Practice Manager 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice manager is supported by a practice co-ordinator.

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 collected 18 completed cards and obtained the views of a further 17 patients on the day of our visit. These provided a positive view of the services the practice provides. All of the patients commented the quality of care was very good and said they would recommend Village Dental Care to someone who had moved to the area.

Our key findings were:

- The practice owner and practice manager were proud of the practice and their team. Staff felt well supported and were committed to providing a quality service to their patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health instruction to patients.
- Staff had received training appropriate to their roles and were supported in their continuing professional development.
- Information from 18 completed CQC comment cards and a further 17 patients on the day of our visit gave us a positive picture of a friendly, professional service.
- The practice took into account any comments, concerns or complaints and used these to help them improve the practice.
- All complaints were dealt with in an open and transparent way by the practice manager if a mistake had been made.

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 topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found 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 dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance which included guidance 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. Staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council 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 18 completed CQC patient comment cards and obtained the views of a further 17 patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented the quality of care was very good. Patients commented about the friendliness and helpfulness of the staff and told us all dentists were good at explaining the treatment or tests they proposed and. All patients spoken with would recommend the practice to someone new to the area.

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 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 a language they could understand and had access to telephone interpreter services. A number of languages were spoken by staff which included Romanian, Punjabi, Hindi, Polish, Kurdish and Bulgarian. The practice had a lift to access 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 owner, practice manager 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 they felt well supported and could raise any concerns with the practice manager. All the staff we met said the practice was a good place to work.

Village Dental Care

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 5 January 2016 and was conducted by a lead CQC inspector and a specialist dental adviser.

Prior to the inspection, we asked the practice to send us some information which 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 and proof of registration with their professional bodies.

We informed NHS England area team 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 18 comment cards we had left with the practice 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 lead dental nurse we spoke with described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics which could be considered an adverse incident. At the time of inspection we noted two staff in the practice had suffered contaminated sharps injuries during 2015. We found these two incidents had been dealt with appropriately according to the practices policy.

Reliable safety systems and processes (including safeguarding)

We spoke with the lead dental nurse about the safety systems in place for managing sharps safely. They demonstrated the treatment of sharps and sharps waste at the practice was in accordance with the current European Union directive with respect to safer sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used rubber needle guards when needles were re-sheathed and it was the dentist's responsibility to carry out this procedure. The practice had a risk assessment in place for this. The lead dental nurse was 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 about the use of safer sharps.

We asked each of the three dentists we spoke with on the day of our visit about the use of instruments used during root canal treatment. They explained these instruments were single use only. They also explained 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). We found there were two rubber dam kits available in a central location in the practice. Patients could be assured the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We spoke with three dentists on the day of our visit about the different types of abuse which could affect a patient and who to report concerns to if they came across apparent abuse of a vulnerable adult or child. They were able to describe in detail the types of behaviour a child would display which would alert them to possible signs of abuse or neglect. They also had an awareness of the issues around patients who had a learning disability and vulnerable elderly patients living with dementia who attended appointments for dental care and treatment. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. We saw information displayed in the staff room which contained telephone numbers of whom to contact outside of practice if there was a need, such as the local authority responsible for investigations.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (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 received annual training in how to use this piece of equipment. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with medical emergencies. The practice had oxygen cylinders 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 cylinder were all in date and stored securely in a central location which was known to all staff.

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

Staff recruitment

The dentists and dental nurses who worked at the practice had current registrations with the General Dental Council.

Are services safe?

Staff recruitment records were stored securely off site by a specialist company the provider employed. The practice had a recruitment policy which 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/professional registration and employment checks including references.

We looked at all the staff recruitment files for seven staff employed and the records examined showed the provider had undertaken all the required checks to comply with schedule 3 of the Health and Social Care Act 2008 (amended 2014).

Monitoring health & safety and responding to risks

The practice used a specialist company to assist in the management of clinical governance and risks in the practice. The company had a dedicated health and safety lead person who had developed systems and processes in respect of health and safety. This individual worked with the practice team to ensure compliance with health and safety protocols. It was observed the practice had a detailed general risk assessment looking at a variety of environment risk factors in the practice and specific risk assessments related to the provision of dental services.

We found the practice fire risk assessment action plan did not contain written details of the action taken to address shortfalls. We were however shown receipts for work done but this was not stored in an ordered way. The practice manager told us there had been a flood over the Christmas period and a number of written records were destroyed. Again, the owner showed us evidence to support this. We asked for evidence of fire safety checks and were told this log had been destroyed. The owner ordered a fire safety log book (a book used to record tests of fire alarms, emergency lighting and equipment and premises checks) during our visit.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices lead dental nurse. 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. Records seen confirmed an audit of infection control processes was carried out in August 2015 which confirmed compliance with HTM 01 05 guidelines.

We noted the six dental treatment rooms; waiting area, 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 towels 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 by dentists and dental nurses.

The lead nurse described the end-to-end process of infection control procedures at the practice. The dental nurse 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 unit water lines.

The drawers of a treatment room were inspected in the presence of the lead nurse. Drawers were well-stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was clear which items were single use and these items were new. Each treatment room had the appropriate routine personal protective equipment available for staff and patient use.

Dental unit 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). The nurse described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out by an appropriate contractor in July 2014 and documentary evidence was available for inspection. The assessment had highlighted there were no risks to staff or patients of contracting Legionella. However the contractor had advised regular sentinel water temperature checks and biological monitoring of the dental unit water lines. We observed complete testing regimes and well-kept records of these checks. These measures ensured patients and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was well organised and was clean, tidy and clutter free. Displayed on the wall were

Are services safe?

protocols to remind staff of the processes to be followed at each stage of the decontamination process. Dedicated hand washing facilities were available in this room. The dental nurse demonstrated to us the decontamination 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 combination of manual scrubbing utilising the double sink method and an ultrasonic cleaning bath as part of the initial cleaning process. Following inspection with an illuminated magnifier they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized, they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated systems were in place to ensure the autoclaves used in the decontamination process were working effectively. These included the automatic control test and steam penetration tests. We saw bespoke manuals used to record the essential daily validation checks of the sterilisation cycles along with the protein and foil tests for the ultrasonic cleaning bath which were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed sharps containers, clinical waste bags and municipal waste were properly managed. The practice used an appropriate contractor to remove dental waste and this was stored in a separate locked location adjacent to the practice prior to collection. Waste consignment notices, pre-acceptance audit and clinical waste audit were available for inspection. Patients could be assured 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 two autoclaves had been serviced and calibrated in February and November 2015 and the practice compressor serviced and a pressure vessel certificate issued in August 2015. This was in accordance with the Pressure Vessel (safety) Regulations 1991. The practices X-ray machines had been serviced and calibrated in March 2013, within the current recommended interval of three years. Dental treatment records we saw showed batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered. These medicines were stored safely for the protection of patients. We observed the practice had equipment to deal with first aid problems such as eye problems and body fluid and mercury spillage.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A well-maintained radiation protection file in line with these regulations was seen. 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. It also contained the Local Rules; X-ray set inventory and notification to the Health and Safety Executive.

A copy of the most recent radiological audit in December 2015 was available for inspection this demonstrated a very high percentage of radiographs were of grade 1 standard. Dental care records where X-rays had been taken showed dental X-rays were justified, reported upon and quality assured every time. The X-rays we observed were of a high quality. These findings showed the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised professional guidelines and General Dental Council guidelines. Three dentists we spoke with described how they carried out patient assessments using a typical patient journey scenario. The practice used a pathway approach to the assessment of the patient. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. The assessment also included details of their dental and social history. We saw evidence to confirm patients 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 smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures such as brushing techniques or recommended tooth care products. Dental care records were updated with 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 findings of a patient's assessment and details of the treatment carried out were recorded appropriately. The clinical records observed were well-structured and contained sufficient detail about each patient's dental treatment. 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 to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out at each dental health assessment. The records we saw showed dental X-rays were justified, reported upon and quality assured every time. Patients who required any specialised treatment were referred to other dental specialists as necessary. Their treatment was monitored after being referred back to the practice after it had taken place to ensure they received a satisfactory outcome and all necessary post procedure care. Details of the treatment were also documented and included local anaesthetic details including type, the site of administration and batch number and expiry date.

Health promotion & prevention

The waiting areas at the practice contained literature in leaflet form which 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 large range of products patients could purchase which were suitable for both adults and children.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Three dental hygienist/therapists were available privately to provide a range of advice and treatments in the prevention of dental disease under prescription from the dentists. Dentists we spoke with explained tooth brushing and interdental cleaning techniques to patients in a way they understood and dietary, smoking and alcohol advice was given to them. Dental care records we saw all demonstrated dentists had given tooth brushing instructions and dietary advice to patients.

Staffing

The practice employed ten dentists who worked a variety of hours and were supported by nine dental nurses, three of whom were in training, and two reception staff. The practice also employed four dental hygiene/therapists. All of the patients we asked said they had confidence and trust in the dentists.

We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. All the staff we spoke with told us they felt supported by the dentists and nursing team as well as by the practice manager and owner who was based in a neighbouring office. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress. For example, the practice co-ordinator told us they had acquired a level two business administration qualification. A trainee nurse told us they attended weekly study days and were given the opportunity to attend study days.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice owner explained how they would work 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. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured patients were seen by the right person at the right time.

A referral letter was prepared and sent to the hospital with full details of the dentists findings and was stored on the practices records 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. We saw an example of one such referral. We noted the practice used a referral tracking system to monitor referrals from the practice. The practice owner told us the practice audited referrals to monitor the quality of the referrals by the dentists to help prevent instances of any inappropriate referrals to secondary care services. This system also helped to identify training needs of dentists which would be addressed by the owner by offering support and mentorship to the dentist concerned.

Consent to care and treatment

The three dentists on the day of our visit had a 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 each stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Dental care records we saw demonstrated the processes each dentist described were carried out.

The dentists we spoke with also explained how they would obtain consent from a patient who suffered with any mental impairment which may mean they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. Each dentist explained how they would involve relatives and carers to ensure 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

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 18 completed CQC patient comment cards and obtained the views of 17 patients on the day of our visit who all said the dentists treated them with care and concern.

These provided a positive view of the service the practice provided. All of the patients commented the quality of care was very good. All patients told us treatment was explained clearly and the staff were caring and put them at ease. They also said reception staff were always helpful and efficient. During the inspection, we observed staff in the busy reception area. We observed they were polite and helpful towards patients and the general atmosphere was welcoming and friendly. All the staff we spoke with described treating patients in a respectful and caring way and were aware of the importance of protecting patient's privacy and dignity.

Involvement in decisions about care and treatment

All the patients we asked said the dentists were good at explaining tests and treatments and involving them in decisions about their treatment.

The three dentists we spoke with told us they paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the dental care records which confirmed dentists recorded the information they had provided to patients about their treatment and the options open to them. We also observed the practice scanned signed treatment plans including the cost of treatment into the patients dental care record.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice used posters displayed in the waiting areas and the treatment rooms to give details of NHS dental charges. The waiting room also displayed details of private dental charges. The practice had a comprehensive website. We also saw a patient information folder which contained 20 policy documents explaining the practice policies which covered a range of areas including, practice quality standards, treatment planning, prevention of dental problems and data protection. The web site and policy folder also gave details of out of hours care, the types of care offered and details of professional charges. This ensured patients had access to appropriate information in relation to their care.

We observed appointment diaries were not overbooked and this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. The dentists decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous or had a disability.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice used a translation service, which they arranged if it was clear a patient had difficulty in understanding information about their treatment. Hearing Loops were available for the hard of hearing however these were not in a prominent position in the reception area. The practice had a lift to access the waiting area and treatment rooms for patients with mobility difficulties and families with prams and pushchairs.

Access to the service

The practice provided extended hours to meet the needs of patients unable to attend during the working day. Late and early appointments were available on some days and the practice was open on a Saturday. The practice manager told us as well as being flexible for patients the hours also enabled the practice to make appointments for courses of treatment in a timely way so patients did not have to wait too long and it also reduced pressure on appointments between 9.00am and 5.00pm. We asked 14 patients if they were satisfied with the practice opening hours and all but two said they were.

Concerns & complaints

The practice had a complaint policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding.

For example, a complaint would be acknowledged within 3 days and a full response would be provided to the patient within 10 days. This was seen to be followed. We saw a complaints log which listed 15 complaints received in the previous 12 months. We were told all of these complaints had been resolved with a satisfactory outcome. Lessons were learnt and any changes were shared with staff at monthly practice meetings.

Information for patients about how to make a complaint was seen in the patient leaflet, patient information booklet and poster in the waiting area and patient website.

We asked 14 patients if they knew how to complain if they had an issue with the practice. Nine patients said they did but five were not sure.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location consisted of a practice manager who was responsible for the day to day running of the practice. We saw a number of policies and procedures in place to govern the practice and we saw these covered a wide range of topics. For example, control of infection and health and safety.

We noted management policies were kept under review and were being transferred to a specialist company. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

Leadership, openness and transparency

It was apparent through our discussions with the dentist and nurses the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the dentists, practice manager or owner of the practice. They felt they were listened to and responded to when they did raise a concern. Staff told us they enjoyed their work and were well supported by the owner and dentists.

Learning and improvement

We found there were a number of clinical and non-clinical audits taking place at the practice. These included infection control, referrals to other services, clinical record keeping and X-ray quality. There was evidence of repeat audits at appropriate intervals and these reflected standards and improvements were being maintained. For example Infection Prevention Society audits were undertaken every six months in accordance with current guidelines.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Training was completed through a variety of resources and media provision. Staff were given time to undertake training which would increase their knowledge of their role.

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

The practice gathered feedback from patients through patient surveys, feedback cards in waiting areas, compliments and complaints. Changes made as a result of this feedback included extending standard 15 minute appointment times to 20 minutes to help prevent dentists running late.

We saw there was a robust complaint procedure in place, with details available for patients in the waiting area and practice leaflet. We reviewed complaints made to the practice over the past 12 months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

All of the staff told us they felt included in the running of the practice and how the dentists and practice manager listened to their opinions and respected their knowledge and input at meetings. A dentist told us stocks of radiographs were increased at their request and another member of staff told us they suggested the owner purchase additional scaling equipment for a new hygienist which was done immediately.

We were told staff turnover and sickness rates were low. Staff told us they felt valued and were proud to be part of the team.