CareQuality Commission

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Newent Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 March 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

Newent Dental Care is situated in a converted residential building in Newent, Gloucestershire. It provides private dental care with a small NHS contract to provide dental care to children only. The practice clinical team comprises of the principal dentist, three dentists, two dental hygienists and three qualified dental nurses and three trainee dental nurses. The clinical team are supported by a practice manager.

The principal dentist is registered with the Care Quality Commission (CQC) as 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 practice has three dental treatment rooms and a decontamination room for the cleaning, sterilising and packing of dental instruments. The reception area and main waiting room are on the ground floor. There are two surgeries on the ground floor.

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 52 completed cards and spoke to four patients on the day of our inspection. Without exception patients were positive

Summary of findings

about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and always involved them with their treatment options.

Our key findings were:

- Strong and effective leadership was provided by the principal dentist and an empowered practice manager.
- 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 an employed cleaner was responsible for the day to day cleaning.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had a safeguarding lead 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 had systems including audits to assess, monitor and improve the quality and safety of the services provided. Patients could access treatment and urgent and emergency care when required.
- The practice had recruitment policies and procedures and used these to help them check the staff they employed were suitable for their roles.
- Dental care records provided comprehensive information about patients care and treatment.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD) by the principal dentist and practice manager.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a quality service to their patients.

Information from 52 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

The practice took safety seriously and had organised systems to help them manage this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment and dental radiography (X-rays).

Staff were aware of their responsibilities relating to child protection and adult safeguarding and all staff identified the practice safeguarding lead professional. The practice had detailed contact information for local safeguarding professionals and relevant policies and procedures were in place.

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.

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

The practice provided dental care and treatment which took individual patient's needs into account. The dental care records we saw provided comprehensive information about patients care and treatment. Clinical staff were registered with the General Dental Council and completed continuing professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions. We saw examples of positive teamwork within the practice.

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

We collected 52 completed Care Quality Commission patient comment cards and obtained the views of a further four patients on the day of our visit. These provided a positive view of the service the practice provided.

Without exception patients were positive about the quality of the service provided by the practice. Patients gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and always involved them with their treatment options.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

All patients we received feedback from told us they had always received high standard care and were involved with their treatment at the practice.

The practice was accessible for patients with disabilities and staff ensured that patients unable to use stairs had their appointments in a ground floor treatment room. There was disabled parking available at the front and rear of the building and the practice had access to telephone interpreter services when required.

Summary of findings

Information was available for patients at the practice and on the practice website; this included details of how to make a complaint. 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.

Are services well-led?

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

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The principal dentist, practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. There was a no blame culture in the practice.

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 principal dentist and practice manager. All the staff we met said that they were happy in their work and the practice was a good place to work.

Care Quality Commission

Newent 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 was carried out on 18 March 2016 by a lead CQC inspector, a second CQC inspector and a specialist dental adviser. 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 members of the practice team including the principal dentist, one dentist, two dental nurses, one receptionist and the practice manager. We looked around the premises including the treatment rooms and decontamination room.

We reviewed a range of policies and procedures and other documents and read the comments made by 52 patients on comment cards provided by CQC before the inspection. We also spoke with four patients at the practice on the day of our inspection.

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 manager described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there was one incident in the past 12 months that required investigation. The records we saw demonstrated that the reporting forms were completed in full with details of how the incidents could be prevented in future.

The practice had robust systems and policies in place for handling complaints and accidents, learning from these was shared at staff meetings where appropriate.

The practice manager had a process for checking and sharing national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency.

Reliable safety systems and processes (including safeguarding)

Staff members were aware of how to recognise potential concerns relating to the safety and well-being of children, young people and vulnerable adults. All members of the practice team had completed safeguarding training within the last year. Staff we spoke with were able to identify their practice safeguarding lead professional.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Gloucestershire. The practice reported there had been no safeguarding incidents that required further investigation by appropriate authorities.

There was a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace.

The principal dentist confirmed they used a rubber dam during root canal work in accordance with guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

We spoke to a dental nurse 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 helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place 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.

Medical emergencies

The practice had arrangements 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.

The practice had all of the emergency medicines set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines.

One of the dental nurses was delegated the responsibility for checking the emergency medicines and equipment to monitor they were available and in date. We saw records to show the emergency medicines were checked monthly.

Staff had completed first aid and annual basic life support training and training in how to use the defibrillator.

Staff recruitment

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for three staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover,

immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of Disclosure and Barring Service (DBS) checks for all staff. The DBS carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The practice manager had a clear process for checking clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

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 maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had detailed information about the control of substances hazardous to health (COSHH). These were well organised and easy for staff to access when needed.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice had an infection prevention and control (IPC) policy and two infection control lead professionals who were responsible for completing the IPC audits. We saw evidence the last IPC audit was completed using the Infection Prevention Society format in March 2016, the audit scored the practice at 97%.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

There was a dedicated decontamination room situated on the first floor of the practice which served all three treatment rooms and was used for cleaning, sterilising and packing instruments. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination room with signage to reinforce this. These arrangements met the HTM01- 05 essential requirements for decontamination in dental practices.

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments between the treatment rooms and decontamination room. The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the 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 were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. There was a hand hygiene poster displayed above all hand wash basins.

The practice had a Legionella risk assessment carried out by a specialist company in 2013 and had completed all the recommended work. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines and documentary evidence was seen to support this.

Are services safe?

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. The practice manager had a system for monitoring the immunisation status of each member of staff for the safety and protection of patients and staff.

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 November 2015. The practices' X-ray machines had been serviced and calibrated as specified under current national regulations in April 2015. Portable appliance testing (PAT) had been carried out in May 2015.

The practice had a prescription logging system to account for the prescriptions issued to prevent inappropriate prescribing or loss of prescriptions. We saw the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients dental care records as expected.

Due to providing out of hour's emergency care for private patients the practice held a prescribing supply of antibiotics and ibuprofen for dispensing to patients. We found that the recording of dose and amount of medicines prescribed along with the batch number and expiry date was always recorded. There was a robust written system of stock control and secure storage for the prescribing medicines which was demonstrated to us.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and blood spillage.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed the required maintenance of the X-ray equipment was carried out.

We saw training records which confirmed the dentists and nurses had received appropriate training for core radiological knowledge under IRMER 2000 Regulations.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. 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

We spoke with the principal dentist who described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). This included guidance regarding antibiotic prescribing, wisdom tooth removal and dental recall intervals.

The dentists 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 oral hygiene instruction 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 that were shown demonstrated 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 tool is a simple and rapid screening tool 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. All of the dental care records we saw were detailed, accurate and fit for purpose.

Health promotion & prevention

The practice was very focussed on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care. The principal dentist was aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

The principal dentist confirmed they checked patients smoking and alcohol use at check-up appointments and discussed this with patients when necessary.

The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

Staffing

The practice had four dentists working over the course of a week and they were supported by three qualified dental nurses, three trainee dental nurses, two dental hygienists and a practice manager who is also a qualified dental nurse.

The practice actively encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. The practice used an annual appraisal system to monitor the clinical team had completed appropriate training to maintain their continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Evidence demonstrated all staff received an annual appraisal. Appraisal documents seen were comprehensive and contained up to date CPD records for the clinical team.

Are services effective?

(for example, treatment is effective)

We saw training certificates for staff which showed they had completed a wide range of clinical and health and safety related courses. These included basic life support, first aid, infection control and safeguarding.

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. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the principal dentist and practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice had a structured induction process which included opportunities for new staff to shadow their more experienced colleagues.

Working with other services

The principal dentist told us they 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, special care dentistry and orthodontic providers.

The principal dentist referred patients as needed to the dental hygienists within the practice.

The practice did not routinely ask patients if they wanted a copy of their referral letter. We noted the practice used a referral tracking system to monitor referrals from the practice. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

We spoke with dentists about how they 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. To underpin the consent process the practice had developed bespoke consent forms for more complex treatment including root canal treatment, surgical removal of teeth and dental implants.

The dentists went onto explain how they 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. Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 52 completed Care Quality Commission comment cards. These all described positive views about the service. All cards contained detailed comments describing high quality care delivered by a considerate, caring and professional team. Patients also commented about being treated with dignity and respect, being put at ease and having all aspects of their treatment fully explained to them. All four patients that we spoke with informed us that they received excellent care and that they always observed the practice to be clean and tidy. During the inspection we observed that staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Treatment rooms were situated away from the main waiting area and we observed doors were closed at all times when patients were with clinicians. Conversations between patients and clinicians could not be heard from outside the treatment rooms which protected patient's privacy.

The practice had a confidentiality policy in place and staff had received information governance training and in discussion demonstrated its application in practice.

Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinets at various points in the practice. 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.

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 costs was displayed in the waiting area. Booklets were also available in the waiting area and on the practice website that detailed the costs of both NHS and private treatment.

The dentists 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.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

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 wide variety of information including the practice patient information leaflet and leaflets about the services the practice offered, how to make a complaint, fire procedures for patients to follow and the practices quality assurance policy. The patient information leaflet explained opening hours, emergency 'out of hours' contact details and arrangements, staff details and how to make a complaint.

The practice website also contained useful information to patients such as details about different types of treatments and how to provide feedback on the services provided.

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 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, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which was signed by all staff to confirm they had read and understood what was expected of them.

Staff told us they had very few patients who were not able to converse confidently in English.

There were arrangements in place for patients with impaired mobility. The practice ensured that patients unable to use stairs had their appointments in a ground floor surgery. There was a ramp access at the front door, level access into reception and through to the waiting room. The toilet was situated on the ground floor and was spacious and suitable for patients who used wheelchairs. Staff told us they always arranged for patients with restricted mobility to be seen downstairs.

Access to the service

The practice was open Monday to Friday at the following times:

Monday & Tuesday: 9am to 7pm

Wednesday: 8.30am to 5pm

Thursday: 8.15am to 7pm

Friday: 8.30am to 5pm

Saturday (alternate): 8.30am to 12.30pm

The practice manager confirmed the length of appointments varied according to the type of treatment being provided and were based on treatment plans.

When the practice was closed they provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the local dental access unit or by phoning the NHS 111 number. A separate out of hour's telephone number was available for private patients to use.

Details of opening times and out of hours contact numbers was also available on the practice website.

Concerns & complaints

The practice had a complaint policy and procedure. There was information about how to complain on the practice website and in the waiting room. The complaint procedure explained who to contact if a patient had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

The practice had received one complaint in the past 12 months, which had been dealt with in a timely manner and managed in accordance with the practices policy. The minimal level of complaints reflected the caring and professional ethos of the whole practice.

Are services well-led?

Our findings

Governance arrangements

The practice had a full time practice manager who supported the principal dentist in the day to day running of the practice.

The practice manager had organised policies and procedures to support them and the principal dentist in the management of the practice. These included whistleblowing, safeguarding, equality and diversity, complaints and consent. All of the staff we spoke with were aware of the policies and how to access them.

The practice carried out a range of audits to assist them to manage and maintain the quality of the service they provided. These included audits of dental care records, X-rays and infection control.

The practice had designated lead professionals for safeguarding, infection control, radiation protection, information governance and complaints handling. Practice staff were aware of who the practice lead professionals were should they need to refer to them.

Leadership, openness and transparency

Strong and effective leadership was provided by the principal dentist and an empowered practice manager. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The comment cards we saw reflected this approach. 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 practice manager or the principal dentist and felt that they were listened to and responded to when they did raise a concern. The practice had monthly staff meetings to which all staff members attended and contributed.

We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. Staff reported that the principal dentist and practice manager 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

The team were supported in their learning and development. Staff received training and an annual appraisal with the practice manager.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff confirmed the principal dentist and practice manager encouraged appropriate training and development. The practice used a variety of ways to ensure staff development including internal training, online training and attendance at external courses.

The practice manager had a system in place to monitor all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, safeguarding and dental radiography (X-rays). We saw the practice manager kept all staff files and training records up to date.

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

The practice had gathered feedback from patients through practice surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website.

The practice had feedback forms in the waiting room for patients to complete, these were collated and analysed on an annual basis. We looked at the feedback results which showed high levels of patient satisfaction and did not identify specific improvements that were needed. Previous surveys were also very positive resulting in only one improvement being made historically which was to expand the selection of magazines the waiting room.

Staff told us that the practice manager and principal dentist were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had practice meetings every month; the minutes of these were made available if they could not attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.