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Beech House Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 October 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

Beech House Dental Practice provides private treatment for both adults and children. The practice is based in a converted residential premises in Cobham, a town situated in Surrey. The practice has four dental treatment rooms. All of which are based on the ground floor and a separate decontamination room used for cleaning, sterilising and packing dental instruments.

The practice's opening hours are 8am to 5pm from Monday to Friday.

The provider employs six dentists, two dental hygienists, four registered dental nurses, five receptionists and two part-time practice managers. The dental team worked various part-time hours to accommodate flexible working depending on the need.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

We reviewed 19 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. Patients had

Summary of findings

commented through the CQC comment cards; the practice was clean, dental team were respectful, friendly, professional and the dentist put patients at ease when they arrive anxious and nervous.

Our key findings were:

- There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers and the X-ray equipment.
- We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, and its costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- At our visit we observed staff were kind, caring and very welcoming.

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

- Consider providing an annual statement in relation to infection prevention control required under The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the supply of antibiotics for patients in line with current secondary prescribing guidelines published by the British Pharmaceutical Society.
- Consider carrying out a risk assessment in relation to the numbers of staff accessing the decontamination area at any one time.

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 systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were suitable for the provision of care and treatment.

No action ✓

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

The practice provided evidence based dental care which was focussed on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) training and were meeting the requirements of their professional registration.

No action ✓

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

Patients commented they had positive experiences of dental care provided at the practice. Patients felt they received excellent care and detailed explanations of treatment options from the dentist who was very kind, caring and professional. On the day of our inspection we observed staff to be caring, friendly and very welcoming. Staff spoke with enthusiasm about their work and were proud of what they did.

No action ✓

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

The practice provided friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered emergency appointments each day enabling effective and efficient treatment of patients with dental pain. There was an effective system in place to acknowledge, investigate and respond to complaints made by patients.

No action ✓

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

No action ✓

Summary of findings

The dental practice had effective risk management structures in place. Staff told us the provider was always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos, philosophy and values and told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and felt part of a team.

Beech House Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 10 October 2016 by a CQC inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection.

During our inspection visit, we reviewed policy documents and staff training and recruitment records. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the systems that supported the patient dental care records.

We spoke to the practice staff that were available on the day of our visit, this included the provider (principal dentist and owner), dentists, dental hygienist and the assistant practice manager.

We reviewed 19 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. All the comments were positive.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a, reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. Staff told us if there was an accident that affected a patient they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

Records showed that no such accidents occurred during 2015-16. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). Where relevant, these alerts were shared with all members of staff by the practice manager.

Reliable safety systems and processes (including safeguarding)

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

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 re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. 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.

We asked two dentists how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to medical oxygen 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 we saw were all in date and stored in a central location known to all staff.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the staff recruitment files for six staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included employment history, evidence of qualifications,

Are services safe?

photographic evidence of the employee's identification. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

Appropriate checks had been made before staff commenced employment including evidence of their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. The Disclosure and Barring Service 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 might have contact with children or adults who may be vulnerable.

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 in place a well maintained Control of Substances Hazardous to Health (COSHH) file. This file contained details of the way substances and materials used in dentistry should be handled and the precautions taken to prevent harm to staff and patients.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice had in place an infection control policy that was regularly reviewed. 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 and control in dental practices) Essential Quality Requirements for infection control was being exceeded. It was observed that audit of infection control processes carried out in August 2016 confirmed compliance with HTM 01 05 guidelines.

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

The drawers of two treatment rooms were inspected and these were clean, ordered and free from clutter. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

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

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings); they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been carried out at the practice by a competent person in 2011. The recommended procedures contained in the report were carried out and logged appropriately.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. We did note that passage to the practice office was via the decontamination room by various members of staff. At times this presented a health and safety issue with respect to the numbers of staff in a confined space. We pointed this out to the practice manager who said that they would carry out an appropriate risk assessment as soon as practically possible. The dental nurse we spoke with demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing for the initial cleaning process, following inspection with an illuminated magnifier; the instruments were placed in 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 that the autoclaves used in the decontamination process were working effectively. It was observed that the log books used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice. This was stored in a separate locked storage bin adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection.

We saw that general environmental cleaning was carried out according to a cleaning plan developed by the practice. Cleaning materials and equipment were stored in accordance with current national guidelines.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in October 2015 are were due to be serviced again in October 2016. The practice's X-ray machines had been serviced and calibrated in July 2016 as specified under current national regulations.

Portable appliance testing (PAT) had been carried out in May 2016. We also found that the practice compressor had been serviced in October 2015. The provider also had in place a contract for maintaining emergency oxygen and firefighting equipment.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely.

The practice dispensed their own medicines as part of a patients' dental treatment. These medicines were a range of antibiotics, the dispensing procedures were in accordance with current secondary dispensing guidelines except for one class of a particular antibiotic, amoxicillin. The staff were responsible for counting these medicines into dispensing bottles which is not within the recommended guidelines. We pointed this out to the practice manager who assured us this would be addressed as soon as practically possible. Medicines used in the practice were stored according to manufacturer's instructions.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems.

Radiography (X-rays)

We were shown documents in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). These documents contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the annual maintenance and calibration logs and a copy of the local rules (local rules must contain the name of the appointed Radiation Protection Advisor, the identification and description of each controlled area and a summary of the arrangements for restriction access. Additionally, they must summarise the working instructions, any contingency arrangements and the dose investigation level).

We were shown that a radiological audit for each dentist was carried out on a continual basis. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that 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 people using best practice

We spoke to two dentists who carried out consultations, assessments and treatment in line with recognised general professional guidelines. Both dentists we spoke with 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 to us by the dentists 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.

Health promotion & prevention

The practice was focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care.

Both dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children who were particularly vulnerable to dental decay).

We spoke to the dental hygienist who described the advice that they gave which included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

Dental care records we observed demonstrated that the dentists had given oral health advice to patients. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff members were given a handbook which detailed their rights and responsibilities as an employee and detailed the practice health and safety policy.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, radiology and safeguarding vulnerable people.

There was an appraisal system in place which was used to identify training and development needs. Staff were supported by the provider and they were given opportunities to learn and develop.

Working with other services

The dentists explained how they worked with other services. Dentists were able to refer patients to a range of

Are services effective?

(for example, treatment is effective)

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 special care dentistry and orthodontic providers.

Consent to care and treatment

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

The dentists went on to 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 added 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

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Patients' clinical records were stored in both electronic and paper formats. Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the general public.

Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

We obtained the views of 19 patients prior to the day of our visit. These provided a wholly positive view of the service the practice provided. All of the patients commented that the dentists were good at treating them with care and concern. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were helpful and efficient. During the inspection, we observed staff in the reception area, they were polite and helpful towards patients and the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing private fees was displayed in the waiting area.

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 standard private treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During our inspection we looked at examples of information available to patients. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements. 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

We asked staff how they would support patients that had difficulty with hearing or vision. They explained how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm if needed.

The practice had made provision for patients using wheelchairs where possoible. There were parking spaces available in the drive for people using wheelchairs or those with limited mobility. The treatment rooms were all located on the ground floor giving level access.

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Staff told us if they were unable to communicate fully with a patient due to a language barrier they could encourage a relative or friend to attend who could translate.

Access to the service

The practice's opening hours are 8am to 5pm from Monday to Friday.

We asked staff how patients were able to access care in an emergency or outside of normal opening hours. The practice used a special telephone number to give advice in case of a dental emergency when the practice was closed. This information was publicised in the waiting area.

Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were seen the same day. Patients commented in the feedback we reviewed that the practice was very flexible with arranging appointments.

Concerns & complaints

There was a complaints' policy which provided staff with information about handling formal complaints from patients. Staff told us the practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Information for patients about how to make a complaint was available in the practice's waiting room.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning and improvement. The governance arrangements for this location consisted of the practice owner and the practice manager who were responsible for the day to day running of the practice. The practice maintained a system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the practice manager on a regular basis.

Leadership, openness and transparency

Effective leadership was provided by the practice owner. The practice ethos focussed on providing patient centred dental care in a relaxed and friendly environment. The practice also benefited from the presence of four dentists who had worked at the practice for ten or more years facilitated this ethos. 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 owner. There was a no blame culture within the practice. They felt they were listened to and responded to when they did raise a concern. 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 practice owner was proactive and aimed to resolve problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this included an appraisal system for dental nurses and a number of clinical audits. With respect to clinical audit, we saw results of audits in relation to infection control and the quality of X-rays which demonstrated that good standards were being maintained.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff told us that the practice ethos was that all staff should receive appropriate training and development.

The practice used a variety of ways to ensure staff development including internal training and staff meetings as well as attendance at external courses. The practice manager ensured that all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding, dental radiography (X-rays).

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

The practice gathered feedback from patients on an ongoing basis through patient questionnaires left at the reception desk. They reviewed responses and comments as they came in. Patients commented they would recommend the practice to friends and family. Patients had commented through the CQC comment cards; the practice was clean, dental team were respectful, friendly, professional and the dentist put patients at ease when they arrive anxious and nervous.

The practice held regular staff meetings each month where they discussed a range of topics in order to learn and improve the quality of service provided. Staff members told us they found the meetings were a useful opportunity to share ideas.