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Baxenden Dental Practice

Inspection Report

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Date of inspection visit: 12 October 2015
Date of publication: 19/11/2015

Ratings

Overall rating for this service

Are services safe?	
Are services effective?	
Are services caring?	
Are services responsive?	
Are services well-led?	

Overall summary

We carried out an announced comprehensive inspection of this service on 13 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Summary of findings

Baxenden Dental Practice is located on Manchester Road in the village of Baxenden. There are good public transport links with a bus stop directly outside the practice. There is a large free car park across the road from the practice.

Treatment rooms are located on the ground and first floors. Access to the practice is via a small step with a temporary ramp available for people who use a wheelchair. The doors in the practice are standard width, where people used an extra width wheelchair the staff would provide information about a local clinic with wider doors. The reception is located on the ground floor and there are waiting rooms on the ground and first floors. A dedicated decontamination room was located on the first floor.

There are two dentists and a dental hygienist working at the practice they are supported by three dental nurses who also cover receptionist duties.

The practice provides primary dental services to predominantly (99%) NHS patients with a very small amount (1%) of private patients.

The practice is open Monday to Friday between the hours of 10am and 5pm. In the event of a patient requiring emergency treatment when the practice is closed they are advised to contact the NHS out of hour's service. The telephone number is in the patient leaflet, on the website and on the practice answer machine.

The principal dentist is the registered person. 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 received feedback from 16 patients who completed CQC comment cards and we spoke with five patients who were attending the practice for an appointment. Patients' commented on the professionalism, politeness and approachability of the staff.

Our key findings were:

- There were effective safeguarding processes in place and staff understood their responsibilities to protect patients from harm.
- There were systems in place in relation to safe working practices to help ensure patient safety.
- The premises were visibly clean and well maintained. There were policies and procedures providing guidance on how to maintain a clean and hygienic environment.
- Patients were provided with information about treatment options to enable them to make informed decisions about their treatment.
- Patient treatment records were detailed and demonstrated on-going monitoring of patients' oral health.
- Patients were asked to provide information about any allergies, health and any medications they were taking before treatment started.
- Patients were provided with information and guidance relating to good oral health.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Staff were supported to maintain their continuing professional development (CPD) and had undertaken training appropriate to their roles.
- The gas safety check and fixed electrical appliance test were overdue. Dates for these checks (26 October 2015 and 19 October 2015 respectively) were organised before we left the practice.

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

- Improve recruitment procedures to ensure that employment records contain the necessary documentation to evidence robust recruitment processes and inductions.
- Review the National Colour Coding Scheme for cleaning materials (such as mops) in order to minimise the risks of cross contamination.
- Ensure the autoclave printable data loggers are working and able to record and print the daily test results.
- Ensure un-pouched sterilised instruments in the treatment rooms are stored covered to protect from contamination until used.

Summary of findings

- Ensure policies and procedures are dated when reviewed and the next review date added.
- Source latex free rubber dams for use with patient who have a latex allergy.

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.

There were a range of policies and procedures in place that provided guidance to staff and were designed to minimise any risks to patients, staff and visitors. These documents were not all dated which made it difficult to establish when they had last been reviewed.

Staff had attended training in safeguarding children and adults who may be vulnerable and understood their responsibilities in relation to identifying and reporting any potential abuse.

Emergency medicines in use at the practice were stored safely and checked to ensure they were within their expiry dates and safe to use.

Are services effective?

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

Patients were given advice regarding maintaining good oral health such as smoking cessation, alcohol consumption and diet. The practice was using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Consultations were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

Patient records were detailed and showed patients received a comprehensive assessment of their dental needs including a review of their medical history.

Are services caring?

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

Patient feedback about the care they received from the practice was overwhelmingly positive. Patients spoke highly of the care and treatment they received. They told us that the staff were polite, calm and reassuring and treated them with respect.

Patients told us they were listened to, given time to decide upon treatment options and that treatment and any costs were clearly explained.

Our observations showed staff were respectful, caring, considerate and reassuring.

Are services responsive to people's needs?

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

A practice leaflet was available in reception to explain to patients about the services provided.

There was sufficient staff on duty to meet the dental needs of their patients. Emergency appointment slots were available each day so that patients with dental emergencies received treatment on the same day or within 24 hours. Patients commented they could access treatment for urgent and emergency care when required.

Summary of findings

The practice had a complaints procedure that explained the process to follow, the timescales involved for investigation and the person responsible for handling the issue.

The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility. For example: there was a removable ramp and a ground floor surgery.

Are services well-led?

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

There were regular team meetings where staff were given the opportunity to give their views of the service. In addition daily huddle meetings took place. There were appropriate policies and procedures in place.

The practice sought feedback from patients using surveys and the friends and family test (FFT – a feedback tool that asks patients if they would recommend the services they have used).

There was visible and effective leadership. There were relevant and regular audits conducted to identify areas for improvement and where shortfalls were identified there were action plans in place to address them.

Baxenden Dental Practice

Detailed findings

Background to this inspection

The inspection took place on 12 October 2015 and was conducted by a Care Quality Commission (CQC) inspector, a second inspector and a dental specialist advisor.

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

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.

During the inspection we spoke with five patients, the dentist, dental nurses and practice manager. We examined comment cards, supplied by the CQC and completed by 16 patients. We reviewed policies, protocols, procedures and other relevant documentation.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There were systems in place to investigate, respond to and learn from significant events in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no RIDDOR reports made in the last 12 months.

There was a health and safety policy that informed staff of the process for reporting incidents and accidents.

The principal dentist took account of and responded to national patient safety and medicines alerts that affected the dental profession. Relevant safety information was cascaded to staff during the regular meetings.

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff were encouraged to raise any concerns and report incidents to the principal dentist or practice manager. The staff we spoke with were aware of how to report incidents both internally and to the relevant safety authorities.

The principal dentist and practice manager understood their responsibilities in relation to the duty of candour. They told us if there was an incident that affected a patient they would apologise initially and the patient would be informed of any actions taken to prevent a reoccurrence. We saw evidence of this in a copy of a response letter sent to a patient who had raised concerns.

Reliable safety systems and processes (including safeguarding)

There were policies and procedures in place relating to the prevention of needle stick injuries (where a used needle or sharp instrument punctures the skin). The practice used a system whereby needles were not re-sheathed (putting the needle back into the cover) using the hands following administration of a local anaesthetic to a patient.

The principal dentist told us they used a rubber dam when carrying out root canal treatments (a rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and prevent small instruments from being swallowed or inhaled during treatment). The British Endodontic Society provides guidance which states that root canal treatment procedures should be carried out only when the tooth is isolated by a rubber dam. The practice did not have any latex free rubber dams but told us they would make sure instruments were secured during treatments for patients with a latex allergy. The practice manager made arrangements to order latex free rubber dams during our inspection.

The practice had child protection and adult safeguarding policies and procedures in place. The staff we spoke with demonstrated a good understanding of how to recognise potential concerns about the safety and well-being of children, young people and vulnerable adults including older patients living with dementia. We saw documentary evidence of a referral to the local safeguarding team.

The gas safety check and fixed electrical appliance test were overdue. Dates for these checks (26 October 2015 and 19 October 2015 respectively) were organised by the practice manager before we left the premises.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support training. Staff we spoke with were able to describe how they would deal with medical emergencies.

We saw emergency medicines and oxygen were available in line with the Resuscitation Council UK and British National Formulary guidelines (BNF pharmaceutical reference book that contains information and advice on prescribing medicines). The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

We saw documentary evidence to show the emergency equipment was serviced and tested on a regular basis. Staff had all attended certified training in cardiopulmonary resuscitation that was updated on an annual basis. The most recent training was undertaken in May 2015.

Staff recruitment

We saw that all staff working at the practice had a disclosure and Barring Scheme (DBS) check. These checks identify whether a person has a criminal record or is on an

Are services safe?

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We saw evidence of qualifications and registration with the General Dental Council.

The practice manager told us that one dental nurse had transferred with them from another practice. The two other dental nurses were initially employed on an Apprenticeship where references and DBS checks had already been carried out by the college. They told us if they were to recruit any new staff they would ensure they obtained appropriate references.

Monitoring health & safety and responding to risks

There were a range of policies and procedures in place that provided guidance to staff and were designed to minimise any risks to patients, staff and visitors. These documents were not all dated which made it difficult to establish when they had last been reviewed. The provider gave assurances that they would address this.

Infection control

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, namely Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This provides guidance for the decontamination of dental instruments and infection control in general dental practice. We saw documentary evidence that the dentist and dental nurses had completed infection prevention and control training.

The practice used system of manual cleaning of instruments. There was one sink for washing and a separate bowl was used for rinsing instruments in line with the guidance. Instruments were scrubbed then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with the expiry date. We saw evidence to show the autoclaves were serviced on a regular basis in accordance with manufacturer's guidelines. The most recent service was carried out in April 2015.

Most of the sterilised instruments were pouched although some loose instruments were observed in open trays in the treatment room which increased the risk of exposure to contamination. The dental nurses told us the loose instruments were reprocessed if not used on the same day in accordance with current national guidelines. The practice manager assured us that they have lids for these trays and told us she would ensure any loose instruments in the treatment rooms were stored in covered trays.

Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were laminated and clearly displayed to support staff in following practice procedures. We saw one had washing poster was sited over the instrument washing sink. The practice manager re-sited the poster over the dedicated hand washing sink. One of the brushes used for scrubbing used instruments was a short handled nail brush. This method had the potential to increase the risk of inoculation injury. The practice manager and principal dentist told us they would address this by purchasing another long handled brush.

We saw documentation that demonstrated infection prevention and control audits were being carried out on a regular six-monthly basis. The most recent audit was carried out in May 2015. Personal protective equipment (PPE) such as aprons and gloves were readily available in all areas.

The surfaces in treatment rooms were free from clutter and were cleaned with disinfectant solutions between patients. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

The practice had sharps bins in each surgery (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or piercing the skin). There was a clinical waste contract in place with a professional waste carrier. Consignment notices were seen and were up to date. Clinical waste was safely stored in between collections.

We saw documentary evidence to show staff had been immunised against blood borne viruses such as Hepatitis B.

Equipment and medicines

We saw documentary evidence to show that the equipment used in the practice was maintained and serviced in accordance with the manufacturer's guidelines.

Are services safe?

A maintenance contract was in place for the replacement of the emergency oxygen. Regular checks were made to ensure that the flow rate and oxygen levels were sufficient to deal with any medical emergencies.

A portable appliance test had been carried out in 2015 on all electrical equipment in use at the practice to ensure it was safe to use. Fire extinguishers were in place throughout the practice and they had been checked and serviced during the practice fire inspection in August 2015.

Emergency medicines were in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medicines were checked on a regular basis to ensure they were within the expiry dates and safe for use. This included a list of medicines with their expiry date.

Local anaesthetics were appropriately stored. Prescription pads were securely stored and were stamped at the point of issue to maintain their safe use.

Radiography (X-rays)

We reviewed the radiation protection file and found it was maintained in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).The file contained the names of the radiation protection advisor (RPA), and the principal dentist was the radiation protection supervisor (RPS). The file contained the required documentation to demonstrate X-ray equipment had been calibrated and reviewed by an independent expert within the recommended timescales to ensure they were working safely.

We saw copies of the local rules relating to each X-ray machine were available in the treatment rooms. Local rules are working instructions to keep staff, patients and visitors safe where radiation is used.

We examined a sample of dental care records and found where X-rays had been taken the justification for doing so was recorded along with the findings. Records showed that dental X-rays were being checked to assess the image quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment and recalled patients in line with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines.

The practice used the Department of Health - Delivering Better Oral Health toolkit to identify patients at high risk of tooth decay and took appropriate action to improve their oral health.

We reviewed a sample of seven dental care records and found that the dentists regularly assessed patient's gum health. An examination of the soft tissues of the mouth such as; lips, tongue and palate was carried out to check whether there were any signs of mouth cancer.

Dental care records showed an assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (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).

The dentist explained the referral process and told us where they had concerns about oral cancer an urgent referral would be made to the local hospital.

On registering with the practice new patients were required to complete a written medical history and patients were asked at every visit if there were any changes to their health or medicine. During our inspection we saw three new patients sat in the waiting room completing medical forms prior to their first appointment with the dentist. The dental nurse at reception told us the first appointment was 10 minutes longer than usual to enable new patients to complete the medical form and ask any questions.

Health promotion & prevention

There was a range of health promotion leaflets in the waiting rooms and reception area. These explained the services provided at the practice and information about good oral hygiene. There were various dental products for sale in the practice that included; interdental brushes, mouth wash, toothpastes and tooth brushes that were suitable for both adults and children.

Patients were advised of the importance of having regular dental check-ups. The dentists and hygienist gave advice about maintaining good oral health including advice on alcohol consumption, diet and smoking. Patients were recalled at appropriate intervals to check on their teeth to ensure that prevention methods were effective in line with the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines.

Staffing

The staff team consisted of the principal dentist, an associate dentist, a dental hygienist and three dental nurses who also covered reception duties. In addition there is trainee dental nurse and a practice manager.

Dentists and dental nurses were responsible for their own continuing professional development (CPD) to maintain their registration with the General Dental Council (GDC). We saw training certificates to demonstrate staff were up to date with training on basic life support, child protection, safeguarding adults that may be vulnerable and radiography.

Dental nurses were supervised and supported on a day-to-day basis by the dentists. They told us the principal dentist and practice manager were readily available to speak to at all times for support and advice. Staff had regular team meetings with the practice manager and an annual appraisal. This gave them the opportunity to discuss their on-going training and development needs. In addition to the regular team meetings the staff on duty met each morning half an hour before the practice opened to discuss any issues or share new information.

Working with other services

The practice worked with other professionals in the best interests of their patients. For example, referrals were made to hospitals where oral cancer was suspected and other dental services such as implants and orthodontics. Where a referral was necessary, the care and treatment required was explained to the patient.

Specialists were advised of the description of the treatment and once the specialised treatment was complete patients were referred back to the practice for follow up and on-going check-ups.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We looked at a sample of seven dental care records and saw they contained written consent to treatments. The principal dentist had a good understanding of their responsibilities regarding consent in relation to the Mental Capacity Act 2005 (MCA).

Staff were aware of and understood the use of the Gillick competency in relation to young persons (under the age of 16 years). The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

We spoke with five patients who confirmed treatments and any costs were fully explained to them and this enabled them to give informed consent.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 16 CQC comment cards that had been completed by patients prior to our inspection we also spoke with five patients on the day of the inspection. The comments were overwhelmingly positive about the care and treatment they received. Patients commented that staff were efficient, respectful, friendly, caring, polite, and professional and treatment was person centred.

We spoke with one nervous patient who told us they were not kept waiting for their appointment because the staff knew how anxious they were. We saw this patient was called in to the treatment room within minutes of arriving at the practice.

The doors to treatment rooms were fully closed during consultations and conversations could not be overheard from the waiting areas. The reception area was in one of the waiting rooms and staff told us if patients wanted to discuss their treatment they would be escorted to a private area where they would not be overheard.

Involvement in decisions about care and treatment

The dental staff were aware of the importance of involving patients in decisions about care and treatment. The patients we spoke with confirmed that the dentist gave them enough information about the treatment options available to enable them to make informed choices. This included any risks and the benefits.

The dental care records demonstrated that patients were provided with advice on smoking cessation and health diet in order to maintain good oral health in line with the Department of Health – Delivering Better Oral Health' toolkit (DBOH).

Staff had a good understanding of consent with adults and children and were aware patients could withdraw consent at any time.

The practice displayed information in the reception area and on the practice website regarding NHS and private dental charges.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was an efficient appointment system in place to respond to patients' needs that included vacant slots for dental emergencies. Patients with dental emergencies would be seen on the same day where possible or within 24 hours.

The practice had made reasonable adjustments for people who have limited mobility. There is a removable ramp to the front entrance (they cannot have a permanent ramp because of the bus stop outside the practice). The doors are wide enough to allow for standard wheelchair access.

Tackling inequity and promoting equality

Staff told us they treated a diverse local community and welcomed patients from diverse backgrounds and cultures. The dentist and practice manager spoke a range of different languages and also could arrange an interpreter although we were told this had not been required to date.

Large text practice information leaflets were available for patients with visual impairment. The practice did not have a hearing loop but staff told us they would communicate by writing with patients who were deaf.

The ground floor was spacious and fully accessible to people who used a wheelchair, parents with prams and patients with limited mobility. There was a toilet on the ground floor accessed by a small step down; if this facility was needed staff would provide assistance. The practice leaflet and website advises patients that the toilet facilities at the practice do not have any hand rails or an emergency alarm.

Access to the service

The practice was open from 10am to 5pm Monday to Friday. The patients and staff we spoke with told us that the appointment system was effective. Patients told us they were rarely kept waiting and could arrange an emergency appointment on the same day.

The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening times. There was a message on the practice answerphone giving the NHS Direct contact number for patients requiring urgent dental care when the practice was closed.

The completed CQC comment cards we reviewed showed patients felt they had good access to the service. The patients we spoke with on the day of the inspection told us they had no problems booking an appointment to fit in with their day-to-day routine.

Concerns & complaints

The practice had a complaints policy and procedure in place. Information about how to make a complaint was displayed in the practice and on the practice website. This included the timescales in which the complaint would be dealt with, and how to escalate concerns if patients were unhappy with the response received. Complaints were discussed in team meetings to learn from and minimise the risk of reoccurrences.

The principal dentist was responsible for dealing with complaints. There had been two complaints received in the last 12 months one to NHS England and the other to the General Dental Council. We reviewed the complaints and saw that one of these complaints had been resolved with a satisfactory outcome, the other was on-going.

Are services well-led?

Our findings

Governance arrangements

There was a clear management structure and governance arrangements. The principal dentist and practice manager shared responsibility for all aspects of clinical and non-clinical governance.

The practice had key policies and procedures to guide practice, these included; health and safety, infection prevention control, patient confidentiality, child protection, safeguarding adults, whistle blowing and recruitment.

Arrangements were in place to identify record and manage risks. We saw minutes confirming regular team meetings took place and a wide range of topics were discussed such as; accident and incident reporting, medical emergencies and significant events.

Staff applied the principles of the General Dental Council (GDC) publication - Standards for Dental Professionals. Continuing professional development (CPD) files demonstrated that staff were working towards completing the required number of CPD hours to maintain their professional registration with the GDC.

Dental care records were kept electronically; password protected and records are backed up (saved in case of a computer failure) each day. We found the records were complete, comprehensive, accurate and securely stored.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. This was apparent when we looked at the responses to the two complaints they had received in the last 12 months and the actions that had been taken as a result.

Staff told us they felt able to raise any issues or concerns with the provider or practice manager and were confident they would be listened to and appropriate action taken.

Staff were being managed and supervised effectively to ensure professional standards were being maintained.

The principal dentist told us that the practice ethos was to provide good patient care, to advise and support patients to maintain good oral health and prevent dental disease.

Learning and improvement

We saw there was a system of audits in place to assess the quality of the service provided to patients. These included; six-monthly infection prevention and control in accordance with HTM 01-05 standards for decontamination in dental practices, dental care records, the quality of X-ray images and prescribing.

We looked at staff records and saw the dentists, hygienist and dental nurses were registered with the GDC and appropriately covered by professional indemnity insurance. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom.

There was a formal staff appraisal system in which staff had one-to-one interviews with their line manager. The last appraisal had taken place in 2014 and we saw the practice manager was planning the next meetings with staff. The staff we spoke with told us they found the appraisal was a useful process.

The principal dentist and the associate dentist had a system of peer review where they would audit each other's recording in dental care records. In addition both had access to support from the local Clinical Commissioning Group (CCG).

The principal dentist and practice manager were responsive and eager to improve the service and had implemented many of our suggestions by the end of our inspection.

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

The practice used the Friends and Family test (FFT a system whereby patients comment on whether they would be likely to recommend the practice to friends or family). These forms were located in the reception area for patients to complete if they wished to do so. We reviewed 41completed FFT forms, four stated they were likely to and 37 would be extremely likely to recommend the practice to a friend or relative. All of the feedback from CQC comment cards, FFT and from speaking with patients was extremely positive.

During the inspection patients were advised CQC inspectors were at the premises and available if patients wanted to speak with us.

Are services well-led?

The staff we spoke with said that the principal dentist and practice manager were open to feedback regarding the quality of the care.

The practice manager told us sickness and staff turnover was low. The staff we spoke with told us they felt they were a valued member of the team.