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Huntingdon Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 February 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

Huntingdon Dental Practice provides mostly NHS dental treatment to adults and children. It also provides a number of additional private treatments such as cosmetic crowns, tooth whitening and dental implants.

The practice employs three dentists, two hygienists and has a visiting dental implant specialist. They are supported by four dental nurses, one full-time receptionist and a practice manager. The practice opens from Monday to Fridays between 8am and 5pm. Emergency appointments are available from 8am to 9.30am each day.

The practice's premises are rented and consist of five treatment rooms, a patient waiting room, a sterilisation suite and a small staff room.

We spoke with three patients during our inspection and also received 43 comments cards that had been completed by patients prior to our inspection. We received many positive comments about the practice. Patients told us they were very happy with the quality of the dental care they received; that staff were professional and caring, and the practice's hygienists had helped them manage and reduce their gum disease.

Our key findings were:

- We received consistently good feedback from patients about the quality of the practice's staff and the effectiveness of their treatment. Patients' views were proactively sought by the practice and used to improve the service.

Summary of findings

- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation. Patients' dental care records provided an accurate, thorough and contemporaneous record of patient care.
- There was an effective system in place for reporting and recording significant events, and learning from them was shared widely with staff.
- Safeguarding patients was given high priority within the practice, and staff responded quickly and professionally to concerns raised.
- Infection control and decontamination procedures were robust, ensuring patients' safety.
- Staff had a thorough understating of the Mental Capacity Act and the importance of gaining patients' informed consent.
- The practice was responsive to the differing needs of patients and provided comprehensive information about its services in other languages, and also in other formats such as audio and CD.
- Patients' complaints were well managed, and responded to in a timely and empathetic way.
- Patients received their care and treatment from well trained and supported staff. These staff received regular appraisal and observation of their performance. Staff enjoyed their work citing good team work, support and training as the reason.
- The practice was well- led, with effective governance and management procedures in place.

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

- Implement a system to monitor and track referrals made on patients' behalf to other dental care providers.
- Keep a copy of the practice's business continuity plan off site so it can be accessed easily in the event of an emergency.
- Provide warning of steep internal steps to make patients aware of them.

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 was a robust system in place for reporting and recording of incidents, and learning from them was shared widely. Risks had been identified and control measures put in place to reduce them. Safeguarding patients was given high priority within the practice and staff responded swiftly to concerns raised. Arrangements were in place to manage medical emergencies and staff regularly rehearsed scenarios to keep their skills updated. Infection prevention and control was good, and medicines were managed well. Records showed that the equipment was in good working order and was effectively maintained.

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

Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice kept detailed dental care records of the treatment carried out and monitored any changes in the patient's oral health. Patients were referred to other services appropriately. Good information was available to support patients' oral hygiene.

Staff had the skills, knowledge and experience to deliver effective care and treatment and clinical audits were completed to ensure patients received effective and safe care.

Staff had a good understanding of the Mental capacity Act 2005 and the importance of obtaining valid consent from patients.

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

Patients spoke highly of the dental treatment they received, and of the caring and empathetic nature of the practice's staff. Patients told us they were involved in decisions about their treatment, and didn't feel rushed in their appointments. Patient information and data was handled confidentially.

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

Routine dental appointments were readily available and appointment slots for urgent appointments were available each day for patients experiencing dental pain. The practice was responsive to the needs of its patients who did not speak English and had produced information in a number of languages.

There was an easily understood, well publicised and accessible complaints procedure to enable patients to raise their concerns. Patients' complaints were dealt with in a timely and empathetic way.

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

Summary of findings

The management of the practice was focused on achieving high standards of excellence and improving outcomes for patients. Patients' rights, health and best interests were safeguarded by robust policies and procedures which were consistently implemented and reviewed. Record keeping was excellent in all areas. There was a clear and effective leadership structure and staff were well supported in their work. The practice pro-actively sought feedback from its patients and staff which it acted on.

Huntingdon Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 9 February 2016 and was conducted by a CQC inspector and a dental specialist advisor.

During the inspection we spoke with two dentists, the practice manager and two dental nurses. We received feedback from 43 patients about the quality of the service, which included comment cards completed and patients we spoke with during our inspection. We reviewed policies, procedures and other documents relating to the management of the service.

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 had procedures in place to investigate, respond to and learn from serious incidents, accidents and complaints. Staff we spoke with had a clear understating of RIDDOR requirements and of the practice's own reporting procedures. Incident recording forms were available on the practice's computer systems and also in the staff room, making them easily available.

We viewed records in relation to two recent incidents and noted they had been recorded in detail, along with the action taken in response by staff. The practice manager signed off each incident to ensure it had been managed effectively**.** Health and safety incidents were a standing agenda item at each month's practice meeting. For example, in August 2015, an incident where a nurse had injured herself on an used scaler was discussed with staff to ensure that learning was shared from the event. An incident had occurred just a week prior to our inspection and the manager told us it was already on the agenda to be discussed at the forthcoming practice meeting on 17 February 2016. However we noted that action from it had already been implemented; dentists now checked that all patients had eaten prior to their anaesthesia procedure to prevent them fainting.

The practice manager was signed up to receive email alerts from the national central alert system, which she then disseminated to relevant staff.

Reliable safety systems and processes (including safeguarding)

Robust and effective arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. Contact numbers for the agencies involved in protecting people were clearly on display in the staff room making them easily accessible.

The practice made clear in its patient information leaflet that it would report any safeguarding concerns to the appropriate authority.

Safeguarding training took place each year in February for all staff, and staff has also undertaken additional training in relation to domestic violence. All staff had level 2 safeguarding training and the practice manager told us she was about to undertake level 3 training as she was the lead in the practice. Staff we spoke with understood their responsibilities in relation to safeguarding, and were aware of the different types of abuse a vulnerable adult could face. Staff were aware of external agencies involved in protecting children and adults and also knew the social services timescales for responding to safeguarding referrals.

Safeguarding patients was an standing agenda item at the monthly practice meetings. For example at the meeting in October 2015, staff had discussed how to recognise signs of financial abuse and possible female genital mutilation; at September's meeting, the new guidelines in relation to domestic violence were shared.

We viewed the detailed records of one safeguarding incident that the practice manager had reported to the local social services team. The practice manager had also been proactive in chasing up her referral when she had not heard from the team a few days after making the referral. We saw that the incident had been fully reviewed with staff at the practice meeting held in August 2015 so that learning could be shared.

CCTV was used in communal areas of the premises for the added safety of both staff and patients, and we viewed clear signs around the practice informing patients of its use. However there was no information available for patients informing them who had access to the images, how long they would be retained for and how to request access to them in line with guidance from the Information Commissioner's Office, 'In the picture: A data protection code of practice for surveillance cameras and personal information'.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work. The dentist we spoke with confirmed that they used rubber dams as far as practically possible.

Medical emergencies

Are services safe?

The practice had arrangements in place to manage emergencies and records showed that all staff had received regular training in basic life support. Emergency equipment, including oxygen and an automated external defibrillator was available . An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records confirmed that it was checked daily by staff.

Emergency medical simulations were regularly rehearsed by staff at the practice's monthly meetings so that they were clear about what to do in the event of an incident. For example, in August's 2015 meeting, staff had practiced responding to a suspected heart attack; at October's meeting staff had practiced using the oxygen and AED so they were confident to use them in an emergency.

Medicines were available to deal with a range of emergencies including angina, asthma, chest pain and epilepsy, and all medicines were checked daily to ensure they were within date for safe use.

Staff recruitment

We reviewed three recruitment files and found that appropriate checks had been undertaken for staff prior to their employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).Interview notes were retained and a scoring system was used to ensure consistency and fairness when recruiting potential staff.

All staff underwent an induction when they started working at the practice to ensure they had the knowledge and skills for their role. We spoke with one recently recruited member of staff who told us their recruitment had been thorough and the training, induction and support they had received had enabled them to perform their role.

Monitoring health & safety and responding to risks

We looked at a sample of policies and risk assessments which described how the practice aimed to provide safe care for patients and staff. These covered a wide range of areas including sharps management, fire safety and dental materials. Risks had been clearly identified and control measures put in place to reduce them. A legionella risk assessment had been carried out and there was regular monitoring of water temperatures to ensure they were at the correct level. Regular flushing of the water lines was carried out in accordance with current guidelines, at the start and end of each day, and between patients to reduce the risk of legionella bacteria forming. The practice manager conducted a daily (and recorded) walk around the practice to check on fire safety. In addition to this, she also conducted monthly walks around the practice to check on a range of health and safety matters.

We noted that there was good signage throughout the premises clearly indicating the fire exit, the location of emergency medical equipment, CCTV usage and X-ray warning signs. However there was poor signage to warn of some steep steps on the ground floor of the premises.

We viewed evidence in relation to health and safety including hazardous waste, electrical installation and portable appliance testing which showed that the practice maintained a safe environment for staff and patients. There was a comprehensive control of substances hazardous to health folder in place containing chemical safety data sheets for products used within the practice.

The practice had a comprehensive business continuity plan in place for incidents such as power failure or building damage, however a copy of this was not kept off site to ensure it could be accessed in an emergency.

Infection control

Patients who completed our comment cards told us that they were happy with the standards of hygiene and cleanliness at the practice. The practice manager was the practice lead for infection control and there were comprehensive infection control policies in place to guide staff.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting areas, corridors and treatment rooms. Toilets were clean and contained liquid soap and electronic hand dryers so that people could wash their hands hygienically. We checked all treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed flooring and modern sealed work surfaces so they could be cleaned easily. There were foot operated bins and personal protective equipment available to staff to reduce the risk of cross infection.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary

Are services safe?

waste consignment notices. Clinical waste was stored safely in a secure area at the back of the practice prior to removal. Cleaning materials were stored safely, with a separate locker for each type of colour coded equipment to ensure there was no cross contamination.

All dental staff had been immunised against Hepatitis B. We noted that staff uniforms were clean, long hair was tied back and staff's arms were bare below the elbows to reduce the risk of cross infection. Staff wore appropriate personal protective equipment when treating patients including visors, masks and gloves. We observed a dental nurse as she correctly disinfected all areas where there had been patient contact following their consultation.

The practice had a dedicated decontamination room that was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. Dental instruments were cleaned and sterilised in line with published guidance (HTM 01-05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. The practice used specialist air tube technology to transport contaminated instruments to the sterilisation suite and avoid the need for carrying them through the practice.

Equipment and medicines

The equipment used for sterilising instruments was checked, maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of decontamination cycles to ensure that equipment was functioning properly. All equipment was tested and serviced regularly and we saw maintenance logs and other records that confirmed this.

Staff told us they had suitable equipment to enable them to carry out their work, and two new dental chairs and a compressor had recently been purchased for the practice. Equipment we viewed was in good condition and fit for purpose, although we noted some very slight damage to the top of one of the autoclaves.

We saw from a sample of dental care records that the batch numbers and expiry dates for local anaesthetics were always recorded in patients' clinical notes. We checked a small sample of anaesthetics kept in treatment rooms and the stock room and found they were in date and for safe use. The hygienists had appropriate patient group directions in place to allow them to administer local anaesthetics . Staff were aware of MHRA alerts and of the yellow card scheme to report any adverse medication reactions. Details of this scheme were clearly on display in the staff room.

Blank prescription forms were stored securely, logged and tracked through the practice in line with national guidance to prevent their misuse.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we reviewed demonstrated that the X-ray equipment was regularly tested and serviced.

A Radiation Protection Advisor and Radiation Protection Supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. Local rules were displayed in each treatment room. Those staff authorised to carry out X-ray procedures were clearly named in all documentation and records showed they had attended the relevant training. Dental care records demonstrated the justification for taking X-rays, as well as a report on the X-rays findings and its grade. This protected patients who required X-rays as part of their treatment.

The dentists carried out regular audits of the quality of their X-rays which were then checked by the practice manager to ensure consistency.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During our visit we found that the care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. Dental care records we reviewed contained a comprehensive written patient medical history which was updated on every examination. Patients' dental records were detailed and clearly outlined the treatment provided, the assessments undertaken and the advice given to them. Our discussions with the dentists and nurses demonstrated that that they were aware of, and worked to, guidelines from National Institute for Heath and Care Excellence (NICE) and the Faculty of General Dental Practice about best practice in care and treatment. Dental care records evidenced clearly that NICE guidance was followed for patients' recall frequency and that that routine dental examinations for gum disease and oral cancer had taken place. Dental decay risk assessments had been completed for patients. Appropriate action had been taken for patients with serious gum disease.

We saw a range of clinical and other audits that the practice carried out to help them monitor the effectiveness of the service. These included the quality of clinical record keeping, and the quality of dental radiographs

Health promotion & prevention

There were leaflets in the waiting room, giving patients information on a range of dental health topics including mouth cancer, tooth sensitivity and smoking cessation. A number of oral health care products were available for sale to patients including interdental brushes, toothpaste and floss. Free samples of toothpaste were available on the reception desk for patients to take.

We found that clinicians had applied guidance issued in the Department of Health's publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Patients were asked about their smoking and drinking habits as part of their medical history, and during their consultations.

The practice manager told us she had visited a local centre to deliver oral hygiene advice to parents and children who attended the Sure Start scheme that operated from there.

Staffing

There was an established staff team at the practice, some of whom had worked there a number of years. Staff told us there were enough of them to maintain the smooth running of the practice and the dentists and hygienists never undertook any work without the presence of a dental nurse.

Files we viewed demonstrated that staff were appropriately qualified, trained and where required, had current professional validation. We viewed the practice's training logs which showed that staff had undertaken a range of training including infection control, safeguarding, the Mental Capacity Act, oral screening, communication, complaints' handling and information governance. The practice closed down for an afternoon so that all staff members could attend mandatory training which was delivered by British Dental Association accredited trainers.

All staff received an appraisal of their performance each year in September, and also a midway review in March. We viewed a number of appraisals which were comprehensive and staff performance was assessed in relation to their clinical knowledge, time management, communication skills and team work. Staff told us they found these appraisals useful. The practice manager also undertook direct observations of staff's working practices to ensure they met required standards.

Professional registration, insurance and indemnity checks were undertaken each year to ensure dental clinicians were fit to practice and the practice had appropriate employer's liability in place.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment themselves. Urgent referrals were made prior to a patient leaving the practice. The practice used specialist technology that allowed them to send images with the referral. However, there was no system in place to check that non-urgent referrals had been received by other

Are services effective?

(for example, treatment is effective)

organisations, once sent. Therefore the practice was not able to follow up these referrals until the patient themselves raised a concern that they had not heard anything.

Consent to care and treatment

Patients we spoke with told us that they were provided with good information during their consultation and that they always had the opportunity to ask questions before agreeing to a particular treatment. The practice had a range of treatment information leaflets that could be downloaded from its computer to give to patients to aid their understanding about the different options available to them.

Training records we reviewed showed that staff had received specific training in the Mental Capacity Act 2005.(MCA) Those staff we spoke with demonstrated a thorough understanding of the MCA and its relevance in obtaining patients' consent. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Dental records we examined demonstrated that treatment options, and their potential risks and benefits had been explained to patients in detail. Evidence of their consent had also been recorded. Specific consent forms were used for a number of treatments including implants, extractions and tooth whitening.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Before our inspection, we sent comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 43 completed cards and received many positive comments about the empathetic and supportive nature of the practice's staff. Patients told us that staff were good at making them feel relaxed during their treatment and reassured them well when they felt anxious.

We spent time in the reception area and observed a number of interactions between the reception staff and patients coming into the practice. The quality of interaction was good, and staff were consistently helpful friendly and professional to patients both on the phone and face to face.

The main patients' waiting area was in a separate room to the reception desk, allowing for a degree of privacy when reception staff were on the phone or dealing with patients at the desk. Staff spoke knowledgeably about the way they tried to ensure patients' confidentiality by ensuring they asked for patients' date of birth rather than their name; by only sharing information with patients themselves and not people claiming to be their relatives, and by taking to patients to a private area within the practice if they wanted to speak confidentially. Computers were password protected and patients' dental care records were computerised. Practice computer screens were not overlooked which ensured patients' information could not be seen at reception. All consultations were carried out in the privacy of the treatment rooms. The practice operated a zero entrance policy during consultations so that patients' privacy was maintained.

Staff gave us examples of where they felt they had gone beyond their duty to meet patients' needs. For example, one dental nurse had taken considerable time in sorting out a patient's prescription, event taking it to the local chemist for them. Another nurse had accompanied a patient home after their treatment as they had been feeling dizzy.

Involvement in decisions about care and treatment

Patients we spoke with told us that their dental health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback on the comment cards we received was also positive and aligned with these views.

Dental care records we reviewed demonstrated that clinicians recorded the information they had provided to patients about their treatment and the options available to them. A range of information leaflets about fillings, root canal treatment and extractions could be printed off and given to patients to help them better understand their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available about appointments on the practice's website and also in its patient information leaflet. This included opening times, details of the staff team and the services provided. The practice was open Mondays, to Fridays from 8am to 5pm and appointments could be booked in person, by telephone or via email. Staff told us that each dentist held two to three slots open every day to accommodate patients who needed an urgent appointment. Patients told us it was easy to get an appointment with the practice.

In addition to general dentistry, the practice also offered some private services including teeth whitening, veneers, white fillings and dental implants. Hygienists also worked at the practice to support patients with treating and preventing gum disease.

Tackling inequity and promoting equality

Despite having a fully adapted disabled toilet, access to the practice was limited as the ground level contained a number of steep steps making it impossible for wheelchair users and parents with prams to manoeuvre in. The practice was well aware of this shortfall and had an agreement with a practice nearby to register patients with mobility problems.

Translation services were available to non-English speaking patients and these were well advertised in the waiting areas. The practice also had comprehensive patient information folders that had been translated into Latvian and Polish as these were commonly spoken languages amongst its patient population. Information about the practice was also available in audio format for the hearing impaired.

Concerns & complaints

Information about how to complain was available in the practice's information leaflet and also in the patient waiting area. It detailed the timescales in which complaints would be responded to, and also listed external agencies that patients could contact if they were not satisfied with the practice's response.

Staff had received specific training in managing complaints and showed a good knowledge of the practice's procedures. Patients' complaints were a standing agenda item at the practice's monthly meetings. We noted that a complaint in relation to charges for the hygienist had been discussed in September's meeting, along with the action needed to ensure that patients better understood charges made..

We viewed the practice's paperwork in relation to a number of recent complaints. We noted that they had been recorded in detail, investigated thoroughly and a written and empathetic response had been sent to patients. Where appropriate, the full cost of treatment had been refunded. This assured us that the practice took patients' complaints seriously.

Are services well-led?

Our findings

Governance arrangements

The practice manager had responsibility for the day to day running of the practice and was fully supported by the practice team. There was an established leadership structure within the practice, with clear allocation of responsibilities amongst the staff. For example, there was a lead for infection control and one for safeguarding patients. Staff we spoke with were all clear about their own roles and responsibilities.

The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed a sample of these which were comprehensive, dated, and monitored as part of the practice's quality assurance process. Staff understood and had access to the polices.

Communication across the practice was structured around a monthly meeting involving all staff. This was the key forum for rehearsing medical emergency simulations, and discussing health and safety incidents, safeguarding and patient feedback. Minutes of these meetings were detailed and staff were invited to submit their own agenda items each month.

We found that the standard of record keeping across all areas was excellent and the practice maintained all the records required for the protection of patients and the efficient running of the service. The practice completed an information governance tool kit every year to ensure it was meeting its legal responsibilities in how it handled patient information. It had scored 100% in March 2015 indicating it managed patients' information well.

In addition to a number of regular audits for radiography, infection control and dental records, the manager completed daily and monthly checks of the service, to ensure it complied with fire, and health and safety legislation.

The practice was a member of the British Dental Association's Good Practice Scheme which demonstrated its commitment to working to standards of good practice on its professional and legal responsibilities.

Leadership, openness and transparency

The practice manager was experienced, well trained, knowledgeable and effective in her role. She had undertaken a level three management qualification and regularly met with 12 other local practice managers to share learning and best practice**.** One staff member told us that the practice manager had introduced many good improvements since being appointed. Minor shortfalls we identified during our inspection had been rectified either by the end of our visit or the following day, demonstrating how responsive and efficient the manager was. Staff told us the manager was supportive and provided additional coaching to assist the trainee dental nurses to pass their exams.

Staff clearly enjoyed their work citing good team work, support and access to training as the reason. They reported there was an open culture within the practice and they had the opportunity to raise their concerns. They reported that the practice manager and dentists were very approachable.

The practice whistle blowing policy was available in the staff room and listed two points of contact within the practice for staff to raise any concerns and also external organisations. There was also advice from the General Dental Council on how to report a dental health professional. The practice manager was fully aware of the requirements of the Duty of Candour and there was a specific procedure to ensure the practice meet its obligation in relation to this.

Learning and improvement

All the staff we spoke with felt supported by the practice and reported that they were encouraged to develop their knowledge and skills. One dentist told us he had been encouraged to undertake post graduate level training by the principal dentist, and one of the nurses told us she had found recent training in communication skills particularly useful, especially a boat building exercise that had improved team work.

Regular audits and checks were undertaken to ensure standards were maintained in a range of areas including radiography, infection control and the quality of clinical notes. Results were actively shared with staff to aid learning and effect improvements. For example we viewed minutes of a peer review meeting with clinicians to discuss the identified shortfalls in recording . This demonstrated that the practice took the issue seriously and was committed to improving the quality of its record keeping.

Are services well-led?

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

The practice encouraged and valued feedback from patients. A suggestion box was available in the waiting area with a form for patients to complete. Every three months, patients were encouraged to complete a satisfaction questionnaire which asked them to comment on the quality, of the practice's appointment system, its cleanliness, the dental advice given and the helpfulness of staff. These questionnaires were regularly reviewed at the practice's monthly staff meetings and used to improve the service. The results were also on display in the patients' waiting area, along with action the practice had taken in response to patients' suggestions. For example one patient stated that the snake and cat stickers given to children were boring: as a result the practice ordered more fun stickers including different cartoon characters. Another request for more up to date reading material had been met by the practice. The practice also participated in the Friends and Family Test and the most recent results showed that patients were likely to recommend the practice.

The practice gathered feedback from staff through staff meetings, appraisals and discussion. We were given many examples from staff where managers had listened to them, and implemented their suggestions to improve the service. For example, one staff member had suggested the need for new chairs with better back support and these had been purchased within a week. Another staff member told us that she had raised the need for an additional member of staff each day to provide a more timely service: as a result another staff member had been recruited.