

CS Smith & Associates Ltd

Dorking Dental Centre

Inspection Report

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Date of inspection visit: 3 March 2017
Date of publication: 19/04/2017

Overall summary

We carried out an announced comprehensive inspection on 3 March 2017 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

Dorking Dental Centre is located in the town of Dorking. The practice is a grade II listed building and is accessed

via steps from the road. The practice provides private dental treatment to both adults and children. The practice consists of two treatment rooms, an X-ray room, a reception and waiting area. The practice is open on Monday, Wednesday, Thursday and Friday from 9am to 6pm and Tuesdays from 8.30am to 5.30pm.

The staff consists of the principal dentist, a business director/practice manager, two associate dentists, one dental nurse, one trainee dental nurse and one receptionist.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual '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 reviewed 45 CQC comment cards on the day of the inspection. Patients were extremely positive about the service. They were complimentary about the excellent service provided by friendly and caring staff. Patients commented that the care they received was exceptional.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

Our key findings were:

- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.

Summary of findings

- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Patients indicated that they found the team to be efficient, professional, caring and reassuring.
- Patients had good access to appointments, including emergency appointments, which were available on the same day.
- Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.

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 systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures 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 maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations. The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

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 care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC).

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice followed up on the outcomes of specialist referrals made within the practice. We saw examples of effective collaborative team working.

No action



Are services caring?

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

We reviewed 45 CQC comment cards. Patients were very positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner, staff were very helpful and the care they received was excellent.

We noted that patients were treated with respect and dignity during interactions at the reception desk and over the telephone. We observed that patient confidentiality was maintained.

No action



Summary of findings

Are services responsive to people's needs?

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

There were systems in place for patients to make a complaint about the service if required. The practice completed annual patient satisfaction surveys and maintained a patient comments/compliments log. This log was reviewed and patients' comments acted on where necessary. Patients had access to information about the service.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hours the dentists' worked on a rota system. The contact details of the dentist on call was available on the practice answerphone when the practice was closed.

No action



Are services well-led?

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the practice manager and principal dentist. They felt they were listened to and responded to when they did so. Staff commented that the management were open to feedback regarding the quality of the care. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

No action



Dorking Dental Centre

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.

We carried out an announced, comprehensive inspection on 3 March 2017. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

During our inspection visit, we reviewed policy documents and staff records.

We spoke with four members of staff, which included the managing director/practice manager, a dentist, a trainee

dental nurse and a receptionist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

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 an incidents and accident reporting procedure. The policy described the process for managing and investigating incidents. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were five reported incidents within the last 12 months. All incidents were documented thoroughly. We saw evidence that learnings were shared amongst all staff and actions taken to prevent reoccurrence. For example, following an incident involving a member who had tripped on the stairs, signs had been put up around the practice to increase awareness; and it was now practice policy that all staff were required to use the handrail and patients also encouraged to do so.

Staff were aware of their responsibilities under the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice had a procedure in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). All staff we spoke with understood the requirements of RIDDOR. The practice had carried out a risk assessment around the safe use, handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a COSHH policy and folder which had been updated within the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had a comprehensive set of policies and procedures in place for safeguarding adults and child protection which were updated in February 2017. The policy contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The policy also contained guidance from the Department of Health. A dentist was the safeguarding lead. Poster's outlining a flow chart of actions to take and necessary contact details were located in all treatment rooms. All members of staff we spoke with were

able to give us examples of the type of incidents and concerns that would be reported and outlined the protocol that would be followed in the practice. There were no reported safeguarding incidents in the last 12 months.

We saw evidence that all staff had completed child protection and safeguarding adults training to an appropriate level.

The practice had a health and safety policy and had undertaken a comprehensive range of risk assessments which were updated in December 2016. The Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, sharp injuries, eye injuries, manual handling, electrical faults and slips, trips and falls.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (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. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the guidance. The practice had an automated external defibrillator (AED). (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).

All emergency drugs and equipment were within the expiry date ensuring they were fit for use. We saw records which showed that regular checks had been carried out to the emergency medicines and equipment to ensure they were not past their expiry and in working order in the event of needing to use them.

All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency.

Are services safe?

We saw evidence that all staff completed training in emergency resuscitation and basic life support. This included using practical scenarios with examples of medical emergencies in dental settings to aid staff knowledge and confidence.

Staff recruitment

The practice had a recruitment policy. We reviewed the recruitment records for staff members. The records contained all of the evidence required to satisfy the requirements of relevant legislation including immunisation and evidence of professional registration with the General Dental Council (where required). There were records which showed that identity checks and eligibility to work in the United Kingdom, where required, were carried out for all members of staff. The practice had completed risk assessments for all members of staff and carried out Disclosure and Barring Service (DBS) checks for all necessary members of staff. [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 may have contact with children or adults who may be vulnerable].

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in September 2016. Fire safety signs were clearly displayed and we saw records of a fire evacuation plan. The practice had carried out a fire drill. This highlighted that staff were not confident in the procedures to follow. The practice therefore provided training to staff in order to raise confidence and will carry out another fire drill to assess this.

The practice had undertaken a risk assessment of the business and there was a business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies including a faulty equipment, electricity or failure of the computer system. It included the name and contact details for another dental practice, owned by the same provider, where patients could be referred for treatment if necessary.

Staff told us that the practice received the Medicines and Healthcare products Regulatory Agency (MHRA) alerts and alerts from other agencies. The practice manager told us

alerts were received and reviewed and disseminated to the staff, where appropriate. The practice had a safety alerts folder and we saw example of alerts for defective products and medicines.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was an infection control policy, which was updated in December 2016, and included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on 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)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The building did not permit the practice to have a separate decontamination room and the procedures varied slightly for each treatment room. These procedures were outlined explicitly in the policy and in training provided to staff. These related to the carrying of dirty and clean instruments up and down the stairs which was a necessity due to the location of the autoclave. Necessary risk assessments had been completed thoroughly. Staff received clear training in this.

The trainee dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated. Instruments were cleaned prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches after sterilisation. We found daily and weekly tests were performed to check that the steriliser was working efficiently and a log was kept of the results. We saw evidence that the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. This was in line with the practice policy on clinical waste disposal which had been reviewed in December 2016. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were

Are services safe?

appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated; and equipment, appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

The practice had undertaken a Legionella risk assessment in October 2016 and we saw evidence that documented actions had been completed or were in the process of being completed following the risk assessments' recommended timescales. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

Equipment and medicines

The practice had a structured maintenance schedule to ensure that all equipment on the premises was serviced as per the manufacturer's guidelines. There were service contracts in place for the maintenance of equipment such as the autoclave and compressor which were serviced in March and April 2016 respectively.

The practice had a machine for making crowns. This was serviced as per the manufacturer's guidelines.

The practice had portable appliances and had carried out portable appliance tests (PAT) in September 2016. The fire extinguishers and the oxygen had been checked in in September 2016.

The practice had a policy on prescribing which detailed how medicines should be prescribed, dispensed and stored. The policy had been updated in December 2016.

We were shown that medicines were stored securely. We saw records which showed that when medicines were dispensed the appropriate information had been recorded. This included the batch number, expiry date and quantity of medicines.

The principal dentist was able to prescribe oral sedation for patients with anxiety related to their dental treatment. An audit trail was available for this.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules, a copy of which was located in each treatment room. The radiation protection file contained the maintenance history of X-ray equipment along with the critical examination and acceptance test reports. We saw records which showed that the X-ray equipment was serviced in April 2016. The cone beam (a special type of x-ray equipment used when regular dental or facial x-rays are not sufficient) was due to be checked.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

We saw training records that showed that staff had completed the necessary radiography training to maintain their knowledge under Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 and Ionising Radiation Regulations (IRR) 1999 regulations.

A radiography audit had been carried out within the last year. This demonstrated that staff were justifying, reporting on and quality assuring their X-rays as well as documenting the outcome for the patient.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP). We saw records which showed the dentist gave preventive advice in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of assessments to establish individual patient needs. The assessments included completing a medical history, outlining medical conditions and allergies and a social history. There were occasions when medical histories were not updated. We were sent evidence following the inspection that the medical histories template used had been reviewed to ensure that this information was gathered at each appointment.

An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [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]. The dentists also recorded when oral health advice was given.

Health promotion & prevention

The practice worked very hard to encourage the prevention of dental disease and the maintenance of good oral health. Staff followed the recommendations of its policy on patient treatment which detailed the importance of preventative care. The practice carried out all necessary oral hygiene treatments. The practice was committed to adopting the protocols of the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'.

We saw evidence in patients' dental care records that where relevant, preventative dental information such as general oral hygiene instructions and brushing technique advice was given as well as advice on smoking cessation and alcohol consumption.

Staffing

There was a comprehensive induction and training programme for new staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete the induction programme which included training on health and safety, infection control, medical emergencies, COSHH and confidentiality. Staff are given a practice handbook to review prior to commencing employment.

The practice had recently employed a trainee dental nurse and had completed a thorough risk assessment of all duties this person would be required to carry out. Additionally, the principal dentist provided mentorship to new staff.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as consent, information governance, record keeping, Mental Capacity Act (2005) and infection control.

The practice had training and development policy which had been updated in December 2016. This detailed the procedures for staff appraisals and personal development plans to identify training and development needs. We saw records which showed that staff received monthly reviews of their performance, staff appraisals were completed annually; and objectives of personal development plans reviewed.

The practice employed a trainee dental nurse. There was a clear programme of induction, supervision and mentorship. This included regular performance reviews. Additionally, the practice had completed a risk assessment for all tasks assigned to the trainee with preventative actions listed.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice.

Are services effective?

(for example, treatment is effective)

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. Patients could receive a copy of the referral letters if requested.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient.

The dental care records we checked showed that options, risks and benefits of the treatment were discussed with

patients. We saw that the dentists did not always record consent at every appointment. The principal told us that they would immediately update their templates to ensure that this was recorded; and we were sent evidence that this had been actioned.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice had a policy on the MCA. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

All staff understood the concept of the Gillick competency with regards to gaining consent from children under the age of 16. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw records which showed that the practice sought patients' views and acted on these. We reviewed 45 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were extremely complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect. During the inspection we observed staff in the reception area. They were polite, courteous, welcoming and friendly towards patients.

The practice had a policy on confidentiality which was reviewed in December 2016. This detailed how a patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised as well as paper based. The computers were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Staff told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with treatment room doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Involvement in decisions about care and treatment

The dentist told us that a treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment. We saw evidence in the dental care records we looked at, that dentists discussed the findings of their examinations and corresponding treatment plans thoroughly with patients. All treatment options available were discussed before the treatment started.

Staff told us the dentist took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

We saw that clear information was given to patients on any fees applicable and was also visible in the patient waiting area. In feedback we received from patients they told us that treatment was explained thoroughly and that they were given time to think about any treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that there was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. Having the ability to make crowns on site enhanced the smooth running of treatment sessions and increased the efficacy of this service.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which was reviewed in December 2016. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. We were told that new patients would be made aware of the access arrangements at the practice prior to attending. Patients would be assisted in negotiating the stairs if required. Arrangements could be made to refer patients to a local practice if they were unable to attend due to having physical limitations preventing them from using stairs.

Access to the service

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen on the same day. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment.

In the event of a dental emergency outside of normal opening hours patients could be seen at their 'sister' practice. Details of which were provided on the practice answer machine when the practice was closed.

Patients had access to information about the service in the practice information leaflet. Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. This reflected the complaints policy which was reviewed in December 2016. Information about how to make a complaint was displayed in the waiting area including the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We reviewed two complaints that the practice received in the last 12 months. These were acted on promptly and managed suitably. We saw evidence that the complaints were viewed as learning opportunities and discussed as a team to show where changes to the service may be needed in order to improve the quality of the service.

Are services well-led?

Our findings

Governance arrangements

The practice had very clear and effective governance arrangements. The practice had a matrix in place to monitor and track all governance activity within the practice on a month by month basis. There were relevant policies and procedures in place. These were frequently reviewed and updated. Policies were thorough and detailed the responsibilities and duties of staff in respect to necessary procedures they should follow. Staff were aware of the policies and procedures and acted in line with them.

We saw records which showed that the practice had reviewed the General Dental Council's Standards for the Dental Team and documented how the practice achieved each of these standards.

The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits.

Formal staff meetings were held regularly, comprehensive minutes for these were seen and there was evidence that these were shared amongst staff. The practice held daily 'huddles' in order to communicate and share information and learning. A notice board was used to update staff as appropriate.

The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we checked were mostly complete, legible and accurate and stored securely. The practice had computerised and paper based dental care records. All computers were password protected and records were stored appropriately.

Leadership, openness and transparency

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the business director, principal dentist as well as other colleagues. Staff we spoke with were confident in approaching management if they had concerns and displayed appreciation for the leadership.

The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty. It was evident that the practice strived to continually improve and we found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

Learning and improvement

The practice had a comprehensive rolling programme of audits. Staff showed us audits in infection control, radiography and clinical records which had all been completed within the last 12 months. We saw records which showed that the audits were viewed as a welcome opportunity to encourage improvements; had documented learning points, were analysed and the resulting improvements could be demonstrated. For example, the practice had completed a health and safety audit in September 2016. The practice's amalgam spillage kit was found to be out of date so this was replaced immediately.

The practice maintained a training matrix for all mandatory and non-mandatory training so it could be assured that staff were maintaining their CPD in line with the requirements of their registration.

The practice was keen for learning to be shared amongst all staff. Complex cases were discussed at staff meetings to enhance knowledge.

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

The practice had a procedure for monitoring the quality of the service provided to patients. There were systems in place for patients to make a complaint about the service if required. The practice was proactive in seeking patients' views verbally and acting on these. For example, patients told the practice that information on costs of treatment were not clear. The practice implemented changes to the way that treatment estimates are given and shared with patients. Patients also commented on the way the practice sent appointment reminders. Changes were made to action this feedback.

The practice had not yet completed a patient satisfaction survey as they had taken over the practice less than a year ago. Several changes had been made to the running of the practice and a survey was planned.

Are services well-led?

Staff commented that the business director and principal dentist were open to feedback regarding the quality of the care. They told us that changes were made promptly following feedback. For example, staff had requested that

different materials be used and costs of some treatments reduced. These changes were implemented. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.