Smile Plus... Limited

IQ Dental & Implant Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 December 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
IQ Dental and implant clinic is situated in Kings Hill, West Malling in Kent. The practice provides dental and Implant services, patients interested in implants can attend the practice if they choose and the practice accepts referrals from other dentists. Services provided are wholly private and fees are displayed in the practice and on the website. The practice provides all the facilities required in a modern dental practice including digital radiographic equipment.

The practice has two treatment rooms, a waiting area and a local decontamination unit. The practice is on the first floor with access via a flight of stairs or a lift. Once on the first floor there is unobstructed level access into the practice, waiting area and treatment rooms.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Summary of findings

The practice is open Monday to Thursday, 9am to 6pm. Fridays 9am to 1pm. For emergency and out of hour's assistance contact information is available from the practice telephone answering service and on the practice website.

We reviewed 17 CQC comment cards that had been left for patients to complete, prior to our visit, about the services provided. Feedback from patients was positive about the care they received from the practice. They commented staff put them at ease, listened to their concerns and provided an excellent service they told us they had complete confidence in the dental care provided.

Our key findings were:

• There were effective systems in place to reduce the risk and spread of infection.

• The treatment rooms were well organised and equipped, with good light and ventilation.

• There were systems to check all equipment had been serviced regularly, including the air compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.

• The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example, from UCL Eastman Dental Institute, the leading provider of these specialist services and the Cochran review papers. Patient dental care records were detailed and showed the recording of patients' oral health.

• There were systems to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies.

• Staff maintained the necessary skills and competence to support the needs of patients.

• Staff were up to date with current guidelines and the practice was led by a proactive principal dentist / provider and practice manager.

• Staff were kind, caring, competent and put patients at ease.

• Patients commented they felt involved in their treatment and that it was fully explained to them. Common themes from the CQC comment cards were patients felt they received very good care in a clean environment from a helpful practice team.

• The dental practice had effective clinical governance and risk management processes; including health and safety and the management of medical emergencies.

• The practice had a comprehensive system to monitor and continually improve the quality of the service; through a detailed programme of clinical and non-clinical audit

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

There were systems to help ensure the safety of staff and patients. These included safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. The practice carried out and reviewed risk assessments to identify and manage risks. There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

No action ✓

Are services effective?

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

The practice kept detailed electronic records of the care given to patients including comprehensive information about patient's oral health status, treatment and advice given. They recorded and discussed any changes in the patient's oral health and made referrals to hospital and other specialist services for further investigations or treatment if required.

The practice was proactive in providing patients with advice about preventative care and supported patients to ensure better oral health and successful treatment outcomes. Comments received via the CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes they experienced.

Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan. Records we looked at confirmed this.

No action ✓

Are services caring?

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

We reviewed 17completed CQC comment cards. Comments were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they felt involved in their treatment and that it was fully explained to them.

The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

No action ✓

Are services responsive to people's needs?

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

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. The practice supported patients to attend their forthcoming appointment by having a reminder system. Patients who commented on this service reported this was helpful.

No action ✓

Summary of findings

The practice had audited the suitability of the premises and were able to accommodate patients who used a wheelchair or had mobility difficulties. There was a procedure for acknowledging, recording, investigating and responding to complaints and concerns made by patients.	
Are services well-led? We found this practice was providing well-led care in accordance with the relevant regulations. The practice assessed risks to patients and staff and carried out a programme of audits as part of a system of continuous improvement and learning. There were clearly defined leadership roles within the practice and staff told us they felt well supported. The practice had accessible and visible leadership with structured arrangements for sharing information across the team, including holding regular meetings which were documented for those staff unable to attend. The practice had systems to seek and act upon feedback from patients using the service.	**No action**

IQ Dental & Implant 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.

This inspection took place on the 7 December 2016. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their

latest statement of purpose describing their values and objectives, a record of any complaints received in the last 12 months and details of their staff members together with their qualifications and proof of registration with the appropriate professional body.

During the inspection we toured the premises and spoke with practice staff including, the practice manager, dentists, one dental nurse and a receptionist. To assess the quality of care provided we looked at practice policies and protocols and other records 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 systems to learn from and make improvements following any accidents or incidents. The practice had accident and significant event reporting policies which included information and guidance about the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were clear procedures for reporting adverse drug reactions and medicines related to adverse events and errors.

The practice maintained a significant event folder. There had been eight significant events and one accident in the practice during the last 12 months. The practice had a folder which included a proforma for recording a detailed description of the event, the learning that had taken place and the actions taken by the practice as a result. We looked at the events recorded and saw that there had been an investigation into what had happened, analysis of the event, discussions with staff on how to rectify the matter or reduce the risk significantly and a conclusion. Records seen showed that accidents and significant events were a standing item on the meeting agenda to facilitate risk reduction and share learning at practice meetings. This information was used to drive improvements.

The principal dentist told us if there was an incident or accident that affected a patient; they would give an apology and inform them of any actions taken to prevent a reoccurrence. Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty.

The practice responded to national patient safety and medicines alerts that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon. A record of the alerts was maintained and accessible to staff, we saw copies of these and staff demonstrated knowledge of one recent alert.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us, when asked, their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

The practice had safety systems to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive, Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Staff files contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva) and there were adequate supplies of personal protective equipment such as face visors, gloves and aprons to ensure the safety of patients and staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic 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) Oxygen and other related items, such as manual breathing aids, were also available. The emergency medicines and equipment were stored in a central location known to all staff.

Records completed showed regular checks were carried out to ensure the equipment and emergency medicines were safe to use. Records showed all staff had completed training in emergency resuscitation and basic life support. Staff spoken with demonstrated they knew how to respond if a person suddenly became unwell. One member of staff had been trained in first aid and first aid box was readily available in the practice.

Staff recruitment

The practice had systems for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications, immunisation status and

Are services safe?

professional registration. It was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks 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.

Records confirmed these checks had been conducted for all staff at the practice. We looked at the files for eight members of staff of differing roles and found they contained appropriate recruitment documentation. Newly employed staff had an induction period to familiarise themselves with the way the practice ran before being allowed to work unsupervised. Newly employed staff met with the practice manager and principal dentist on a regular basis to ensure they felt supported to carry out their role. Records were reviewed confirmed this.

The practice had a system for monitoring that staff had up to date indemnity insurance and professional registration with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were all up to date.

Monitoring health & safety and responding to risks

The practice had systems to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedure to support staff, including the risk of fire and patient safety. Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested and that fire drills had been conducted, timed and the results discussed.

The practice had a comprehensive risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw that a fire risk assessment and a practice risk assessment had been completed. They identified significant hazards and the controls or actions taken to manage the risks. The practice manager told us the risk assessments would be reviewed annually. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

The practice had a detailed business continuity plan to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan included staffing, electronic systems and environmental events.

Infection control

There were effective systems to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene, segregation and disposal of clinical waste.

The practice had followed the guidance about decontamination and infection control issued by the Department of Health, the 'Health Technical Memorandum 01-05 decontamination in primary care dental practices (HTM01-05)'. This document and the service's policy and procedures for infection prevention and control were accessible to staff.

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

We observed the decontamination process and noted suitable containers were used to transport dirty and clean instruments safely between the treatment room and decontamination room.

The practice used a system of placing the contaminated instruments in an ultrasonic bath, rinsing and inspection before being loaded into cassettes and placed in an autoclave (a device for sterilising dental and medical instruments after being placed in pouches). When the instruments had been sterilised, they pouched for storage until required. All pouches were dated with an expiry date in accordance with current guidelines. Staff had a process to ensure that pouched instruments were re-processed if they had not been used within the specified expiry timeframes. This ensured that no instruments would be used if they had passed their expiry date.

We were shown the systems to ensure the autoclave used in the decontamination process was working effectively. We saw that the data sheets used to record the essential

daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. The practice demonstrated they worked in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013.

Staff demonstrated a sound knowledge and understanding of single use items and how they should be used and disposed of according to the guidance. The practice used single use items were possible and never re-used them.

We looked at the treatment rooms where patients were examined and treated and observed the rooms and all equipment was very clean, work surfaces uncluttered and well-lit with good ventilation. We saw that when complex invasive treatments were being carried out, the practice took extra measures to ensure a very high level of cleanliness. Such as sterile draping of surfaces and handles and sheathing of cables and wires.

Staff told us the importance of good hand hygiene was included in their infection control training. Staff were trained to carry out more extensive handwashing which included washing of the forearm to the elbow. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of personal protective equipment for patients and staff members and we witnessed them in use.

Records showed an external risk assessment process for Legionella had been carried out on 21 September 2016. We saw that any issues identified had been addressed. The practice had appropriate processes to prevent Legionella contamination such as flushing of the dental unit water lines. Further checks were conducted with dip slides to measure the bacterial content of the water in the dental unit water lines (DUWL) and the results recorded. All of the results showed that the DUWL had been maintained to a high standard. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what equipment should be used and where. This took into account national guidance of colour coding equipment to prevent the risk of infection spreading.

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

Equipment and medicines

The practice had implemented and followed systems to check all equipment had been serviced regularly, including the compressor, autoclave, X-ray equipment and fire extinguishers. Records showed the practice had commissioned contracts to ensure that annual servicing and routine maintenance work occurred in a timely manner. A portable appliance test (PAT – this shows electrical appliances are routinely checked for safety) had been carried out by an appropriately qualified person to ensure the equipment was safe to use.

The practice had policies and procedures regarding the prescribing, recording, use and stock control of the medicines they used in clinical practice. The dentists used the on-line British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. Prescriptions pads were stored securely and details of all prescriptions issued were recorded in patient's dental care records.

Radiography (X-rays)

We were shown a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000

(IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor

and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination packs for each X-ray set along with the maintenance logs, Health and Safety Executive (HSE) notification and a copy of the local rules. The local rules are bespoke operating procedures for the area where X-rays are taken and the amount of radiation required to achieve a good image. Each practice must compile their own local rules for each X-ray set on the premises. The local rules set out the dimensions of the controlled area. This is a set parameter around the dental chair/patient and the lowest dose possible. Applying the local rules to each X-ray taken means that X-rays are carried out safely with doses of radiation kept as low as reasonably practicable.

We saw that a radiological audit for each dentist had been carried out in December 2016. The audit samples had been taken from the preceding six months and clearly demonstrated that radiographic images taken at the practice were of a high quality. The audit had identified that 11% of the images taken had not been graded. The practice then discussed these findings in a practice meeting. The audit would then be re-conducted to ensure that all images have a recorded grade. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological law and patients and staff were protected from unnecessary exposure to radiation.

We saw training records that showed all staff, where appropriate, had received training for core radiological knowledge under IRMER 2000 and IRR 99 Regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic records of the care given to patients. We reviewed the information recorded in dental care records and found they provided comprehensive information about patient's oral health status, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums and an extra oral assessment as a baseline when the patient first attended.

Both dentists were comprehensively trained for the provision of the implant and oral surgery service provided and demonstrated extensive clinical knowledge and expertise in this field of dentistry. The principal dentist and practice staff kept up to date with current guidelines and research in order to continually develop and improve their knowledge and skills and their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines and specific updates and evidence based clinical papers from the Cochran report, the UCL Eastman Dental Institute and the Faculty of General Dental Practice (FGDP) who take the professional lead in this field of work.

Medical history checks were updated at every visit and patient records we looked at confirmed this. This included an update about patients' health conditions, current medicines being taken and whether they had any allergies. Comments received via CQC comment cards reflected patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health. The dentists were committed to embedding good oral hygiene habits for the patients they treated; this formed a good basis for a successful outcome for the treatment types they carried out. We saw from patient records that this was underpinned with information in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The medical history form patients completed included questions about smoking and alcohol consumption.

Patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice as these social activities could undermine the outcome of their treatment.

The practice provided health promotion information to support patients in looking after their general health and their implants using leaflets, posters, and a patient information file and via information provided in the waiting room. This included making patients aware of the early detection of oral cancer. Patients reported they felt well informed about every aspect of dental care and treatment pertaining to implants and oral surgery.

Staffing

The practice team consisted of two dentists one of which was also the owner, a practice manager, three dental nurses, a receptionist and a cleaner. The principal dentist and the practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support and infection prevention and control. New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. Dental nurses received day to day supervision from the dentists and support from the practice manager who is also a registered dental nurse.

Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuing professional development (CPD) as part of their registration with the General Dental Council. Records showed professional registration and CPD was up to date for all staff.

There was an effective appraisal system which was used to identify training and development needs. Staff we spoke with told us they had accessed specific training within the last six months in line with their professional needs. Staff folders we examined confirmed this.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to the hospital dental services for

Are services effective?

(for example, treatment is effective)

further investigations or specialist treatment. The practice completed a detailed proforma and referral letter to ensure the specialist service had all the relevant information required.

Dental care records contained details of the referrals made and the outcome of the specialist advice. The practice used their IT system to provide information about referrals which could be used as part of their on-going programme of record keeping audits.

Consent to care and treatment

Staff explained to us how valid consent was obtained for all care and treatment. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental

treatment. Staff explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Staff had received specific MCA training and had a good working knowledge of its application in practice. The principal dentist we spoke with was also aware of and understood the use of the Gillick competency test 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 reviewed a random sample of dental care records. Both dentists prepared individual detailed treatment plans for every patient who was interested in undergoing treatment at the practice. These detailed treatment plans also included a consent form which was tailored for the patient when complex treatments were undertaken. Treatment options, risks, benefits and costs were included in the treatment plan and discussed with each patient and then documented dental care record. Consent to treatment was always recorded. Feedback in CQC comment cards confirmed patients were provided with sufficient information to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 17 completed CQC comments cards. Comments from patients were overwhelmingly positive about how they were treated by staff at the practice. Patients commented they were treated with respect and dignity and that staff were friendly and reassuring. We observed positive interactions between staff and patients attending for appointments and on the telephone.

The principal dentist and the practice manager told us they would act upon any concerns raised by patients regarding their experience of attending the practice.

To maintain confidentiality electronic dental care records were password protected. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection, security and confidentiality were available and staff were aware of these.

The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients' with privacy and told us and we saw there was a room available if patients wished to discuss something with them away from the reception area. This room was used to discuss treatment plans and payment options with patients and to co-ordinate their visits and treatments. We saw that the treatment room doors remained closed during consultations and conversations could not be heard from outside.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentists or other members of staff and felt listened to and respected. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Dental care records we looked at reflected this.

Patients were given a copy of their treatment plan and associated costs. The treatment plans were detailed and bespoke to each patient. This gave patients clear information about the different elements of their treatment and the costs relating to them. They were given time to consider options before returning to have their treatment. Patients signed their treatment plan before treatment began.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on the practice website. The services provided include preventative advice and treatment alongside the expert dental care**.**

Patient's feedback demonstrated they had flexibility and choice to arrange appointments in line with other commitments. Patients booked in with the receptionist on arrival who kept patients informed if there were any delays to appointment times. The practice offered a range of payment plans to help patients.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other issues that would hamper them from accessing services. The practice had access to a translation service, which they would arranged if it was clear that a patient had difficulty in understanding information about their treatment.

The dentists held specific materials for bone augmentation. (Bone augmentation is a variety of procedures used to "build" bone to facilitate the placement of a dental implant. These procedures typically involve grafting (adding) bone or bonelike materials to the jaw) Patients could choose synthetic bone not of animal origin should they wish.

The practice was on the first floor and easily accessible via a lift. Both treatment rooms were on the first floor and we discussed with staff how they would accommodate patients with limited mobility or those who used a wheelchair. The route from the lift into the practice was unhindered and level.

Access to the service

The practice displayed its opening hours outside the practice, in the premises in a practice leaflet and on the practice website. Opening hours were Monday to Thursday 9am to 6pm and Fridays 9am to 1pm. CQC comment cards reflected patients felt they had good access to the service and appointments were flexible to meet their needs. For out of hour's assistance the telephone answering service gave contact information.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed, who by, and the time frames for responding. Information for patients about how to make a complaint was seen in the patient leaflet, poster in the waiting area and practice website.

The practice had not received any complaints during the last twelve months. We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system which ensured a timely response. Staff could also explain how they would handle a complaint which was in line with the practice complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice had good well executed governance arrangements to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures to manage those risks, for example fire and infection control. Staff we spoke with were aware of their roles and responsibilities within the practice.

Health and safety and risk management policies were available, including processes, to ensure the safety of patients and staff members. We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures initiated to manage those risks for example fire, use of equipment and infection control. Lead roles, for example in infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There were relevant policies and procedures to govern activity. There was a full range of policies and procedures in use at the practice which were accessible to staff on the practice computers and in paper files. Staff were aware of the policies and procedures and acted in line with them. These included guidance about confidentiality, record keeping, inoculation injuries and patient safety. There was a clear process to ensure all policies and procedures were reviewed as required to support the safe running of the service and ensure that all information contained within was current and up to date.

The practice held bi monthly practice meetings and daily chats to discuss practice arrangements and audit results as well as providing time for educational activity. We saw minutes from meetings spanning six months where issues such as how to deal with incidents, infection control, medicines, training needs, radiography and patient care had been discussed. The meeting minutes we reviewed were detailed and contained information from the previous meetings, such as what had been achieved, the outcomes of significant events and training that had been completed. Staff we spoke with told us that these meetings were valuable and included them in the running of the practice.

Leadership, openness and transparency

We saw from minutes of staff meetings, that were held at regular intervals and staff told us how much they benefited from these meetings and how inclusive they were. The practice had a statement of purpose that described their vision, values and objectives.

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with the principal dentist who would listen to them. We observed and staff told us the practice was a relaxed and friendly environment to work in and they enjoyed coming to work at the practice. Staff felt well supported by the principal dentist and practice manager and worked as a team toward the common goal of delivering high quality care and treatment.

The provider was aware of and complied with the requirements of the Duty of Candour. The principal dentist encouraged a culture of openness and honesty. Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). Records showed professional registrations were up to date for all staff and there was evidence continuing professional development was taking place. All staff held a personal development plan which looked at strengths and weaknesses and what support and training measures had been introduced. This information fed into the staff appraisal system.

We saw there was a comprehensive system to monitor and continually improve the quality of the service; including through a detailed programme of clinical and non-clinical audits. These included audits of record keeping, radiographs, the cleanliness of the environment and reception duties such as maintaining up to date patient details including medical histories.

Are services well-led?

Where areas for improvement had been identified in the audits, action had been taken. For example through discussion and training at practice meetings. There was evidence of repeat audits to monitor improvements had been maintained.

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

The practice had systems to seek and act upon feedback from patients using the service. The practice had received compliment via feedback forms and thank you cards which had a number of very positive comments recorded. Themes included: excellent care and treatment. Professional and courteous. Terrific dentist gentle and attentive. Results of treatment couldn't be more satisfactory.

The practice regularly asked patients for feedback at the end of treatment and the results seen corroborated the comments received on the CQC comment cards.

Staff were fully involved in the provision of the service. Staff told us that they could discuss anything with the principal dentist or the practice manager. If they had an idea or thought of a way to improve a system or process they could take it to either the practice manager or either of the dentists and they would be listened to. Staff said that management wholly supported them, they could access any training the needed and they worked well as a cohesive team. We looked at the results of the most recent staff survey conducted in June 2016 which confirmed that staff felt valued and supported in their roles at the practice.