Direct Denture Care Centres UK Limited

Solutions Dental Clinic

Inspection Report

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Date of inspection visit: 7 April 2016
Date of publication: 24/08/2016

Overall summary

We carried out an announced comprehensive inspection on 7 April 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

Solutions Dental Clinic is a new dental practice, which opened in July 2015 providing private treatments for adults. The practice offers a range of cosmetic and dental procedures.

The practice is situated in a converted domestic dwelling in Winchester. The practice has a large modern reception area with coffee machine and television. It has two large modern air conditioned dental treatment rooms. There is a separate decontamination room used for cleaning, sterilising and packing dental instruments. There is a dental laboratory for making and altering dentures on site. The practice is based on the ground floor and has wide accessible rooms with adjustable chairs.

Patients can have treatment in wheelchairs, where the equipment will move around them.

The practice has been awarded a Silver Award for accessibility by Winchester Area Accessibility for All. (WAAFA)

The practice employs one dentist, one clinical dental technician (CDT) and two dental nurses, who share reception responsibilities. They aim to employ a dental hygienist as part of their business plan. The dentist speaks five languages including Bulgarian Russian and Polish.

Summary of findings

The practice is open 8am to 5.30pm every day; with appointments available from 8.30am until 5pm. Saturday appointments and Thursday evening appointments are available by appointment.

There are arrangements in place to ensure patients receive urgent dental assistance when the practice is closed. The practice answerphone provides details of the NHS111 service and also the telephone number of the dentist on call during the out of hours period..

There are around 180 patients registered with this practice and the majority are retired or older people who require specialist denture support. Walk-in patients were observed on the day of inspection.

The business owner, a clinical dental technician 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete in order to tell us about their experience of the practice. We received feedback from 24 patients. All of these provided a positive view of the services that the practice provides.

Patients commented on the helpful, polite and friendly nature of staff. The patients commented on the inclusive manner of the dentist and the high quality of care received. There were positive comments about the cleanliness of the practice and how easy it was to get an immediate appointment.

Our inspection was carried by a lead inspector and a dental specialist advisor.

Our key findings were:

- All permanent staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and maintained throughout.
- Infection control procedures followed published guidance.
- The practice had a safeguarding lead with processes in place for safeguarding adults and children living in vulnerable circumstances.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- Dentists and technicians provided dental care in accordance with current professional and National Institute for Health and Care Excellence to guide their practice.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- The practice has been awarded a Silver Award for accessibility by Winchester Area Accessibility for All. (WAAFA)
- Patients could access treatment and urgent and emergency care when required.
- Staff had received training appropriate to their roles and were supported in their continued professional development by the registered manager.
- Staff we spoke to felt supported by the registered manager and were committed to providing a quality service to their patients.
- Information from 24 patients gave us a positive picture of a caring, friendly and professional service.
- The manager provided effective leadership and an open team working ethos for staff working at the practice.
- The practice had in place a complaints policy but had not received any complaints.
- The practice had invested in a governance system to enable them to manage the practice policy and procedures effectively.

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

- Review the practice health promotion policy taking into account the Delivering Better Oral Health Toolkit.
- Review the referral process and consider sharing a copy of any specialist referral letters with the patient.

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 arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took its responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents.

Staff received safeguarding training and each was aware of their responsibilities for safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focused on the needs of the patients.

The practice used current national professional guidance including that from the National Institute for Health and Care Excellence to guide their practice.

We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals.

The staff received professional training and development appropriate to their roles and learning

needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 24 completed Care Quality Commission patient comment cards and obtained the views of patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed. We saw examples of patients discussing their options with dental staff before taking a course of treatment.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. The dentist speaks five languages.

The practice had a ground floor treatment room for patients with mobility difficulties and had been given a silver award from local Winchester Area Accessibility for All. (WAAFA)

Summary of findings

Are services well-led?

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

The registered manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had clinical governance and risk management structures, policies and protocols in place.

Staff told us that they felt well supported and could raise any concerns with the registered manager. All the staff we met said that they were happy in their work and the practice was a good place to work. Staff suggested the high standard of care given was a key factor that kept them staying in this workplace. We saw staff having team meetings daily and supporting one another covering duty on reception.

Solutions Dental Clinic

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 this inspection on 7 April 2016. The inspection was carried out by a lead inspector and a dental specialist advisor.

Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

The practice had received no complaints in the last year.

During our inspection, we reviewed policy documents and staff recruitment records. We spoke with 3 members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown decontamination procedures for dental instruments and the computer system that supported the patient dental care records, including X-rays and photographs. We reviewed CQC comment cards completed by patients and obtained the views of patients on the day of our inspection. Patients gave positive feedback about their experience at the practice.

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

Staff had a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations).The practice had an incident reporting system in place for when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no incidents during 2015 that required investigation. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) directly to the provider.

The registered manager explained that relevant alerts would also be discussed during daily staff meetings to facilitate shared learning, or added to the white board to plan for discussion at a formal team meeting, held monthly.

Reliable safety systems and processes (including safeguarding)

We spoke to two dental nurses about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not re-sheathed using the hands following administration of a local anaesthetic to a patient. A single use system was used to deliver local anaesthetics to patients. Both dental nurses were also able to explain the practice protocol, which was displayed in each treatment room in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps. This was supported in their policy references folder. There had been no needle stick injuries since opening in July 2015.

We asked the dentist and nurse how they treated the use of instruments used during root canal treatment. They confirmed these were single patient use instruments.

They also explained that root canal treatment was carried out where possible using a rubber dam. This was confirmed by the dental nurses we spoke with and we saw that it was documented in patient records. (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). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The registered manager acted as the safeguarding lead and acted as a point of referral should staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. However, this practice only treats patients over 18 years of age.

Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the practice office that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. However, the practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice.

The practice had an automated external defibrillator, a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. The practice had emergency medicines as set out in the British National Formulary (BNF) guidance for dealing with medical emergencies in a dental practice.

The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff had received update training during 2015.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage. This had also been successfully tested during the significant incident they had recently experienced, caring for a member of the public

who was bought into reception following an accident. The public can be assured that this practice is able to treat accidents and safely decontaminate their public areas, in addition to the clinical treatment rooms.

Staff recruitment

The dentist, clinical dental technician and dental nurses all had current registration with the General Dental Council, the dental professionals' regulatory body.

The practice had a recruitment policy which detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including conduct in previous employment. The provider explained their practice of having a second or third interview and a trial shift to ensure newly recruited staff were able to manage the demands of their role. We saw that all staff had received appropriate checks from the Disclosure and Barring Service. These are 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. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015.

We looked at three staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored in the registered manager's locked office.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments all completed and dated in June 2015 prior to opening, including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included Health and Safety, Legionella, radiation and fire safety and there was an allocated fire warden. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service dated July 2015.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The registered manager had delegated the responsibility for infection control procedures to the practices' dental nurses. They both oversaw this process. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. An audit of infection control processes carried out in July 2015 confirmed compliance with HTM 01 05 guidelines.

It was noted that the two dental treatment rooms, waiting area, lab area, reception and toilet were clean, tidy and clutter free. Clear zones marking clean from dirty areas were seen in the treatment rooms. Hand washing facilities were available including wall mounted liquid soap and paper towel dispensers in each of the treatment rooms and toilets. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of a treatment room were inspected in the presence of the dental nurse. These were clean, organised and free from clutter. All of the instruments were pouched and single use items were marked as such and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

We asked the dental nurse on duty to demonstrate to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They showed us how the surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental unit water lines were maintained to prevent the growth and spread of legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). They described the method they used which was in line with current HTM 01 05 guidelines. A legionella risk assessment had been carried out at the practice by a competent person in June 2015. There was a pseudomonas test undertaken on 6 June 2015. The recommended procedures contained in the report were carried out and logged appropriately. This included regular testing of the water temperatures of the various taps in the building. These measures ensured that patients' and staff were protected from the risk of infection due to legionella.

Are services safe?

The practice had a separate decontamination room, situated between the two treatment rooms, for instrument processing. This room was organised and clean, tidy and clutter free. Dedicated hand washing facilities were available in this room. The dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed an identifiable system of zones, moving from dirty through to clean.

The practice used a system of inspection and ultrasonic cleaning followed by manual scrubbing, as required, for the initial cleaning process, following inspection with an illuminated magnifier they were placed in an autoclave (a device used to sterilise medical and dental instruments).

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist and clinical dental technician demonstrated that they carried out consultations, assessments and treatment in line with recognised general professional guidelines. We spoke to the dentist who described to us how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer.

Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. This included payment options.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products.

The dental professionals showed us dental care records that were updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved.

Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The dental care records we saw showed that the findings of the assessment and details of the treatment carried out were recorded appropriately.

We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth.

The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums. These were carried out where appropriate during a dental health assessment. The records we saw were accurate, complete and fit for purpose.

Health promotion & prevention

Adults attending the practice were advised during their consultation of steps to take to maintain

healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. We observed specific care given to patients before and after receiving implants and cosmetic procedures.

We found a limited application of guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

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

Staffing

The practice team consisted of one dentist, one dental technician, two dental nurses an administrator and a cleaner. We did note there was no dental hygienist, but the practice identified the need for employing a hygienist and had plans in place to do this within one month.

Feedback received from 24 patients felt there was enough staff working at the practice.

The manager kept records of training carried out by nursing and administration staff which confirmed they had the right skills to carry out their roles. Mandatory training included basic life support, fire safety and infection prevention and control. There was an appraisal system in place which was used to identify staff training and development needs. All staff received appraisals and were supported to have time for peer support and team meeting every day.

Working with other services

Are services effective?

(for example, treatment is effective)

Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time. We commented that the sharing of referral letters with patients may be considered.

Consent to care and treatment

We spoke to the dentist and dental technician on duty on the day of our visit; they had a clear understanding of consent issues.

They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dental staff, including the dental nurses we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005 (the Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment. However, this practice only treated patients over 18 years of age.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was set back from the main waiting area which ensured conversations were private. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records storage cabinet behind the reception desk. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 24 completed CQC patient comment cards.

These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good, with some cards using words like "excellent" and "outstanding". One comment was related to the high cost of treatments. Patients commented that treatment was explained clearly and the staff were caring and put them at ease.

We observed that staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

All the patients we asked told us the dentist was good at involving them in decisions about their care and treatment.

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing costs was displayed on the patient notice board in the waiting area. The dentist and the dental technician we spoke with paid particular attention to patient involvement when drawing up individual care plans.

We saw evidence in the dental care records we looked at that the dentist and the technician recorded the information they had provided to patients about their treatment and the options open to them. We saw evidence that patients were given time to think and consider options, matching this to their expected treatment outcomes

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including opening hours, emergency 'out of hours' contact details and arrangements. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. Patients were also invited to come in and sit and wait if these dedicated slots had already been allocated. The dentist and the clinical dental technician decided how long a patient's appointment needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had carried out a disability assessment of the practice in June 2015. The practice was awarded a Silver Award for accessibility by Winchester Area Accessibility for All. (WAAFA)

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice had access to a translation service if it was clear that a patient had difficulty in understanding information about their treatment but this was not advertised within the practice. The dentist speaks four languages including Polish Russian Bulgarian and French, in addition to English. Accessible information such as that in large print or easy read language was available on request but not advertised to patients. A hearing loop was in place at the time of our inspection. The manager explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to go through any forms.

The practice had two ground floor treatment rooms for patients. One treatment room had a specialist dental chair enabling patients with physical impairment to sit in a dental chair more easily. However, patients could also be treated in wheelchairs as the dental equipment could move around them.

Access to the service

Appointments were available Monday to Friday between 8.30am and 1pm and 2pm to 5.00pm. Thursday evening and Saturday morning were available by prior arrangement. Appointments could be made in person, by telephone or on-line via the practice website. We asked 24 patients if they were satisfied with the practice opening hours. Of these, 20 said yes and two told us they did not have an opinion either way.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. We observed one patient walking in during our inspection and found this was the case. Appointments were available each day to accommodate this. Patients told us and comment cards reflected that they felt they had good access to routine and urgent dental care.

There were arrangements in place to ensure patients received urgent dental assistance when the practice was closed. This was provided by an out-of-hours service. If patients called the practice when it was closed, an answerphone message gave the telephone number patients should ring depending on their symptoms. This included the mobile number of the dentist, if needed.

Concerns & complaints

There had been no complaints since the practice opened in July 2015.

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

Information for patients about how to make a complaint was available in the practice's waiting room and on the practice website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

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

Are services responsive to people's needs?

(for example, to feedback?)

In the reception waiting area there was a comment box and questionnaires for feedback from patients.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements for this location were all managed by the registered manager who was also the dental technician and registered provider and responsible for the day to day running of the practice.

The manager had in place a systematic and comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. The practice used a commercially available software system of policies and procedure, held on the company intranet this enabled all staff to access these policies as required.

We saw that these policies and procedures including COSHH, fire and Legionella were well maintained and up to date. We saw examples of monthly staff meeting minutes, which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients.

Underpinning the governance arrangements for this location was a manager who was responsible for the day-to-day running of the practice. Two dental nurses supported them in their role and all staff covered each other's roles, for example in reception duties like answering the phone. This gave the impression of a cohesive team approach.

Leadership, openness and transparency

The dental technician who owned the business was on site as the manager who provided support and leadership to the team. We found staff to be hard working, caring towards the patients and committed to the work they did. Staff were all proud to work in the practice which they said was related to the quality of service they are able to deliver.

We saw evidence from staff meetings that issues relating to complaints and compliments, practice performance including the quality of care provided was openly discussed and addressed by the whole team. There was a staff whiteboard which acted as an ideas board to allow staff to write down ideas for discussion at team meetings, as an aid to communication.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this was underpinned by an appraisal system and a programme of clinical audit. For example, the dentist was supported by the manager to gain a Masters qualification. With respect to clinical audit, we saw results of audits in relation to clinical record keeping, the quality of X-rays and infection control which demonstrated that good standards were being maintained.

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

The practice had gathered feedback from patients through it's own system of analysing compliments, complaints, website feedback and the suggestion questionnaire in the reception area.

For example, as a result of patient feedback dental teams explained the costs more clearly to patients and introduced a poster with staff photographs in the reception.

We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. However, there were no complaints recorded since opening in June 2015.

Staff we spoke with told us they felt included in the running of the practice. They enjoyed the daily meeting known as the team huddle. They went on to tell us how the business owner manager listened to their opinions and respected their knowledge and input at meetings. This reinforces the team ethos.