Dr. Sarah Hussain

Holly House Dental Practice

Inspection Report

105 Hyde Road
Woodley
Stockport
SK6 1NB
Tel: 0161 4948621
Website:
www.hollyhousedental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 20 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out an announced comprehensive inspection of Holly House Dental Practice on 20 July 2015. The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector with remote access to a specialist dental advisor.

Holly House Dental Practice is located in the Woodley area of Stockport. The practice is owned by Dr Sarah Hussain (principal dentist) and provides mostly (70%) NHS primary dental care and a small amount (30%) of private dentistry to patients in and around the Stockport area.

The principal dentist is the registered provider for the practice. 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.

There were three dentists at this practice supported by two dental hygienists, six dental nurses and a receptionist who is also a registered dental nurse. The practice occupies the ground floor of the building. There was a reception and waiting area, a patient toilet, two treatment rooms, a dedicated decontamination room, office, staff toilet and a kitchen. The waiting room had a selection of health promotion leaflets for patients to read and/or take away. A range of products were available for people to purchase such as; toothbrushes, toothpaste and mouthwash.

Summary of findings

We received feedback from 13 patients who completed our comment cards and we spoke with seven patients during the inspection. Patients were complimentary about the staff at the practice and gave positive comments about the quality of the treatment they received. Patients told us and we observed that staff were helpful, polite and respectful. The patients we spoke with told us the dentists explained in detail their treatment options and they were always informed of the cost of treatment.

Our key findings were:

- Patients were able to make routine and emergency appointments when needed. There was information for patients regarding accessing emergency treatment outside practice opening hours.
- Patient's needs were assessed and care was planned and delivered in line with current best practice guidance. There was promotion of patient education to ensure good oral health.
- The practice assessed and managed risks to patients such as; medical emergencies, infection prevention and control and health and safety. Staff had been trained to handle medical emergencies and appropriate medicines and equipment were readily available.
- Staff received training appropriate to their roles and further training needs were identified and planned during meetings and appraisal.
- There were maintenance contracts in place to ensure all equipment had been serviced regularly, including; water lines, autoclave, fire extinguishers, the suction compressor, oxygen cylinder and X-ray equipment.
- Infection prevention and control procedures were in place and the practice followed published guidance for dental practices.
- The practice had systems in place to evaluate and improve the service provided by asking for feedback from patients and staff.
- There was an effective complaints system in place that included templates for recording the detail of the complaint, any investigation and outcome.
- The practice was open and transparent with patients and if a mistake was made patients would be notified about the outcome of any investigation and given an apology.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There was a recruitment process in place to ensure staff were recruited, suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times.

There were systems in place to safeguard people from abuse. Policies and procedures were in place and staff had received training in safeguarding and whistleblowing.

The practice had safe systems in place for managing medical emergencies, radiography and infection prevention and control.

Medicines for use in the event of a medical emergency were securely stored and expiry dates were checked on a regular basis to make sure they were safe to use. The level and flow rates of oxygen cylinders were checked on a weekly basis.

Are services effective?

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

Consultations and treatment were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE - the organisation responsible for producing guidance, promoting clinical excellence and cost-effectiveness).

Patients were asked to sign consent to care and treatment in accordance with Human Rights and Mental Capacity legislation and guidance.

The practice monitored patients' oral health and gave appropriate health promotion advice in line with the Department of Health guidance 'Delivering better oral health: an evidence-based toolkit for prevention'. Various health promotion leaflets and posters were available in the waiting room along with a list of NHS charges and treatment bands. Treatment options were explained so that patients had enough information to make an informed decision about their treatment.

Dentists, hygienists and dental nurses were registered with the General Dental Council (GDC). To meet the requirements of their professional registration with the GDC they were required to undertake a specific number of hours training and were responsible for their own continuing professional development (CDP).

Are services caring?

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

Patient feedback was very positive in relation to the standard of dental care provided at the practice. Patients commented that they were listened to, treated with respect and were provided with enough information about their treatment options to make an informed decision. Patients told us they were provided with written treatment plans which included costs.

We observed receptionists, dentists and dental nurses engaging with patients in a polite and friendly manner.

Are services responsive to people's needs?

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

Summary of findings

The practice provided a range of dental services to NHS patients and a small number of private patients.

Appointment times were arranged to fit in with patient's needs and preferences. There was a system in place for patients to receive appointment reminders by telephone or text message. Staff told us they kept a number of appointments each day for patients who required urgent treatment. Where there were no emergency appointments available the patient would be seen within 24 hours.

There was a complaints policy and procedure in place to guide patients with a complaint about the service. The complaints policy was displayed in the patients waiting area. The principal dentist explained how they would learn from complaints and take action to improve the patient experience.

There were systems in place inviting feedback from patients such as patient surveys and a suggestion box.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. There was a system of audits in place to monitor the quality of the service and to identify if/where improvements were required.

There was a clear leadership structure and a culture of openness and transparency. Staff were aware of their roles and their responsibilities to deliver good care to patients. Staff told us they felt well supported by the provider and were supported to maintain their continuing professional development (CPD) which was a condition of their professional registration.

There were systems in place for patients to comment on their experiences at the practice. There was a complaints policy and procedure in place and a copy of the complaint procedure was displayed in the practice. Where concerns had been raised they had been investigated and the actions that had been taken as a result were documented.

Holly House Dental Practice

Detailed findings

Background to this inspection

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

The inspection was carried out on 20 July 2015 and was led by a CQC inspector who had access to remote advice from a specialist advisor. We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them. We also reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, dental care records and other records relating to the management of the service.

We spoke with the principal dentist, a dental nurse and the receptionist. We also reviewed policies, procedures and other records. We also spoke with seven patients. We reviewed 13 comment cards that we had left prior to the inspection, for patients to complete, about the services provided 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

The practice had suitable procedures in place for responding to and learning from significant events and complaints. There was a health and safety policy which detailed staff responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a policy relating to the control of substances hazardous to health (COSHH) and there were procedures in place to assess the risks of using cleaning solutions and other hazardous substances.

The principal dentist told us there had been no incidents or accidents. If there was an incident affecting a patient they would offer an apology and inform them of the action taken to prevent a reoccurrence. The practice received and responded to national and local medicines and safety alerts relating to dentistry.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the nominated safeguarding lead. There were child protection and safeguarding adult's policies in place to guide staff on what action to take should they have concerns. These included the contact details for Stockport local authority safeguarding team and the need to notify CQC of any safeguarding referrals. Staff we spoke with were aware of their role and responsibilities to report any signs of potential abuse or neglect.

Dentists and staff had attended training on child protection and safeguarding vulnerable adults. Staff were aware of the need to report any concerns and knew where to find the contact details of Stockport local authority safeguarding teams. There had not been any situations which had required a referral to the local authority safeguarding teams.

The practice had systems in place 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. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society.

A completed medical history form was seen in dental care records. This was requested for all new patients and was updated at each appointment.

Medical emergencies

In accordance with the 'Resuscitation Council UK' and 'British National Formulary' guidelines; emergency medicines, oxygen and a first aid kit were readily available. An audit of emergency medicines was carried out on a weekly basis and this included checking the expiry dates of medicines to make sure they were in date and safe to use. Medicines within two months of the expiry date were reordered to ensure continuity of supplies.

Medicines needed to treat different emergency situations were stored in separate packs within the emergency medicines kit for easy access in the event of an emergency. The Glycogen syringe (to treat Hypoglycaemia) was stored in the fridge in line with the manufacturer's guidelines (store between +2ºC and +8ºC). There was a thermometer in the fridge displaying the temperature but there were no records to show this was checked on a daily basis to ensure the correct temperature was maintained.

The practice had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance (An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm). The AED was located in the adjacent health centre and all of the staff knew where to access this device.

All staff had been trained in cardiopulmonary resuscitation within the last 12 months (CPR) and were suitably qualified to respond to a medical emergency. All of the staff we spoke with knew how to respond to a medical emergency.

Staff recruitment

There was a recruitment procedure in place that included; checking skills, authenticity of qualifications, and appropriate registration with professional bodies, checking

Are services safe?

proof of identity and obtaining references. The principal dentist also assessed whether a Disclosure and Barring Service (DBS) check was required for the role for example staff responsible for providing treatment.

We looked at a sample of staff recruitment records and saw they contained evidence of staff qualifications and training. All new staff underwent an induction programme that included shadowing existing staff and reading the practice policies and procedures.

Monitoring health & safety and responding to risks

There was a range of policies and procedures in place to manage risks and keep patients, staff and visitors safe. These included; recruitment, infection prevention and control, radiography and emergency evacuation procedures. In addition safety checks were carried out on the electricity supply, equipment and premises.

Dentists and dental nurses were vaccinated against Hepatitis B (a serious virus that can be transmitted through saliva and blood. Vaccinations are recommended for people in high-risk groups, such as: dentists, doctors and nurses). We saw Hepatitis B vaccination records in each staff recruitment record.

The practice had arrangements in place to deal with foreseeable emergencies. Fire extinguishers were available and had been checked and serviced on regular basis. All new staff underwent an induction process and this included familiarisation with health and safety procedures.

There was a system of audits in place at the practice which included health and safety, infection prevention and control and the environment to ensure the practice was safe for both patients and staff.

The practice had a business continuity plan in place for use in the event of an emergency such as a failure in the electricity or water supplies that could disrupt the safe delivery of the service.

Infection control

The practice had an infection control policy, health and safety policies, and had carried out risk assessments to help ensure the safety of patients, visitors and staff. The disposal of sharp instruments was carried out in accordance with the current European Union Directives (2010) with respect to safe sharp guidelines. There was guidance for staff on the process to follow in the event of a sharps injury (if the skin is pricked or cut with a needle or sharp instrument in the course of their work). This helped protect staff against blood borne viruses.

There were effective systems in place to minimise the risk and spread of infection, ample stocks of cleaning products were available and there was a cleaning schedule in place. Staff had access to an infection prevention and control policy to guide good practice. The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

In accordance with HTM 01-05 guidance a safe system of transferring used instruments from the treatment rooms and the decontamination room was in use (a rigid plastic loackable box) which minimised the risk of cross contamination. These boxes were thoroughly cleaned after each transfer. There were clearly defined dirty and clean zones in the decontamination room to reduce the risks of cross contamination. Personal protective equipment (PPE) such as heavy duty gloves (to provide increased protection when cleaning sharp instruments), aprons and protective eye wear were worn by staff during the decontamination process.

The decontamination process was explained by one of the dental nurses. Used instruments were removed from the locked box. They were washed in the ‘dirty’ sink using cleaning solution and a long handled soft brush before being rinsed in the ‘clean’ sink. Instruments were then checked for debris using an illuminated magnifying glass if they were not visibly clean the process was repeated. After cleaning items were placed in an autoclave (a pressure chamber used to sterilize equipment using high pressure high temperature steam). Instruments were bagged and dated with a use by date. Any instruments not used by that date went through the decontamination process again.

The premises, treatment rooms and the decontamination room were clean and hygienic, surfaces and floors were clutter free and flooring was sealed and free from damage. There were ample supplies of liquid soaps; sanitiser and hand towels throughout the premises and hand washing techniques were displayed around the practice. Dental nurses cleaned the treatment rooms with a sanitising

Are services safe?

solution after every patient, this included the overhead inspection light and arm, spittoon, aspirators, work surfaces, instrument tray and treatment chair. In addition treatment areas were cleaned at the end of the morning and afternoon sessions to ensure infection control standards were maintained. Dedicated hand-washing facilities were provided in treatment areas. The principal dentist carried out an infection control audit twice a year in line with guidance.

There was a Legionella risk assessment by a specialist contractor (Legionella is a bacteria which can contaminate water systems in buildings). The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Dental unit water lines were flushed on a regular basis throughout the day to ensure water was clean and free from contaminants.

There was a contract in place with a professional waste carrier for the safe collection and disposal of clinical waste and amalgam. Clinical waste was securely stored in the cellar between collections. Sharps bins used for the disposal of needles and other sharp instruments were available in treatment rooms; they were dated and appropriately stored.

Equipment and medicines

There was an emergency medicine kit and oxygen supplies for use in the event of a medical emergency such as cardiac arrest, epileptic seizure, anaphylaxis and hypoglycaemia. The medicines were checked on a weekly basis to ensure they were in date and safe to use. Medicines approaching the expiry date were re-ordered two months before they were due to expire. The kit was safely stored and easily accessible for staff during the working day. In addition there was a first aid kit to treat minor injuries.

There was a copy of the British National Formulary (BNF a pharmaceutical reference book that contains information and advice on medicines) for dentists to reference. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

There was documentary evidence to show the oxygen tank was inspected and tested on a regular basis to ensure there were adequate levels and appropriate flow rates.

Service contracts were in place for maintaining the autoclave (a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure/ temperature saturated steam), air compressor, autoclave, fire extinguishers and the X-ray equipment.

Radiography (X-rays)

The practice had a radiation protection file in accordance with the Ionising Radiations Regulations 1999 (IRR99) and The Ionising Radiation (Medical Exposure) Regulations [as amended] (IR(ME)R).

Service contracts were in place to ensure the safety of the X-ray equipment and we saw local rules relating to the use of each X-ray machine were available in the practice. The maintenance records showed X-ray equipment had been serviced within the recommended interval of 3 years.

The critical examination reports and certificates relating to the servicing of X-ray equipment were up to date. The principal dentist was the radiation protection supervisor (RPS). An external radiation protection advisor (RPA) had been appointed to ensure that the equipment was operated safely and by qualified staff only. We saw there were continuing professional development (CPD) records in relation to IR (ME) R requirements for all staff responsible for taking X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients received an assessment of their dental health and were asked to provide information about their medical history, a list of medicines and any allergies. Patients confirmed that they were asked at each visit if there were any changes to medicines or their health.

The practice did not use conscious sedation, if patients required sedation they were referred to other dental specialists. The practice used a referral template and once a referral had been completed this was noted in the patients dental care record. Following the treatment patients were referred back to their own dentist for any follow-up and on-going review.

We looked at a sample of dental care records and found that examinations were carried out in line with the National Institute for Health and Care Excellence (NICE), General Dental Council (GDC) and Faculty of General Dental Practice (FGDP) guidelines.

We saw an examination was carried out of the teeth, the temporomandibular joint (TMJ) (this is a hinge that connects the jaw to the temporal bones of the skull), gums and soft tissues, to check for conditions such as temporomandibular joint disorder (TMD), gum disease and oral cancers.

Records showed a diagnosis was discussed with the patient and treatment options explained.

Patients spoken with and comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

The practice promoted good oral heath with patients in line with the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' (a tool designed to support dental teams in improving their patient's oral and general health). There were a range of leaflets in the waiting room providing information about preventative care and good dental hygiene. There were various products available to purchase such as toothbrushes for adults and children.

Patients told us the dentist discussed the types of food and drinks to avoid, for example fizzy sugary drinks. Patients were also given advice in relation to smoking cessation, frequency of brushing their teeth and using fluoride toothpastes.

Staffing

Dentists and dental nurses were registered with the General Dental Council (GDC). As a requirement of their professional registration they were required to keep a record of their continuing professional development (CPD). This meant they had to produce evidence that they had undertaken a specific number of hours training. We looked at the CPD records of three members of staff including the principal dentist and saw certificates to show they had received appropriate training for their role. New staff underwent an induction to the practice that included reading the practice policies and procedures. We saw staff appraisals were taking place and were used as an opportunity for staff to discuss their training and development needs.

We saw various periodicals and journals were available for staff to read about the latest developments in dentistry. Copies of the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' were available in the office for staff reference.

Working with other services

There were systems in place to refer patients for specialist treatments not provided by the practice such as; orthodontics or hospital investigations. Referral forms were completed to ensure the specialist service had access to all the relevant information required to treat the patient. Any referrals were discussed with the patient so they were fully aware of why the referral was made. Where possible patients were able to choose a preferred healthcare professional/hospital for their treatment. Following this specialist treatment patients were discharged back to their own dentist for on-going follow-up and review.

Consent to care and treatment

There were policies and procedures in place to provide guidance relating to consent that included verbal and written consent. There were consent forms available for both private and NHS patients.

Are services effective?

(for example, treatment is effective)

The principal dentist was aware of their responsibilities with regard to the Gillick competence (used in medical law to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

The principal dentist told us if there were any concerns about a patient's capacity to consent the treatment would be postponed. They would act in the best interests of the patient and involve relatives/carers or other healthcare professionals in any decision about treatment.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment.

Patients confirmed that they were involved in discussing the treatment options available to them. This included any risks, benefits and costs. Any discussion about treatment was recorded in a treatment plan.

We examined the minutes of the monthly staff meetings and saw valid consent was one of the agenda items discussed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice used both paper and electronic recording systems. Access to the electronic patient records was password protected and there was a backup system to prevent loss of documents. Paper records were kept in a locked filing cabinet in the reception office. This ensured any information about patients remained confidential.

Patients confirmed they were treated with respect and the staff were friendly and helpful. When patients had anxieties about treatment they told us the dentist respected their feelings and showed understanding, consideration and compassion.

Staff were aware of their responsibilities to protect patient information in accordance with the Data Protection Act 1998 and how to maintain confidentiality. The reception computer was positioned to ensure the screen could not be seen by patients booking in for their appointment. The computer and telephone in reception were located behind a partition screen so conversations were not overheard by patients in the waiting room. Patients were able to discuss their treatment privately in the treatment rooms alternatively there was a private office that could be used.

Involvement in decisions about care and treatment

There was a range of information displayed in the waiting area which gave details of NHS dental charges. In addition there was a practice information file that included the fees for private treatments.

Health promotion leaflets were available in relation to; gum disease and good oral hygiene. Information about procedures such as tooth whitening, crowns, veneers and bridges was also available.

We looked at a sample of patient treatment plans and found that they detailed treatment and the costs involved. The patients we spoke with told us they were involved in any discussions about their care and treatment and were given enough information to make an informed decision. Patients were given time to consider their treatment options before making a decision and had the option to change their mind.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The principal dentist opened the surgery on a Saturday to accommodate people working office hours during the week. Appointments varied in length depending on the type of treatment so patients were given enough time and their treatment was not rushed. Patients told us they knew the timescale for their next check-up and made an appointment before leaving the surgery.

Emergency appointment slots were scheduled in twice each day for patients who were in pain or had a dental injury. Two of the patients we spoke with were at the practice for emergency appointments they had booked that morning. They told us staff were very accommodating and where possible would see anyone who was in pain on the same day.

We saw the principal dentist had responded to feedback from patients and improved the décor in the waiting room. This included providing comfortable sofas and new chairs for those patients who were not able to sit on the low sofas.

Tackling inequity and promoting equality

The practice occupied the ground floor of the building so the treatment rooms were accessible to people who may have difficulties with mobility, impaired vision or parents with prams or pushchairs. The principal dentist told us they did not have a wheelchair accessible patient toilet as the design of the building meant the toilet facilities were not suitable for conversion. There was an agreement in place if needed for patients to use the disabled toilet facilities in the adjacent health centre or to be referred to a nearby practice that did have these facilities.

Access to the service

Where patients required emergency dental treatment they would be seen within 24 hours or sooner if possible. This was confirmed by two of the patients we spoke with; both had telephoned the practice on the morning of our inspection and were seen during the morning session. Saturday appointments were also available by appointment to accommodate people who worked and were unable to fit in with the weekday opening times.

All of the patients we spoke with said the dentists advised them when their next appointment was due and they booked the next appointment before they left the practice. Patients told us the receptionist apologised if patients were kept waiting past their appointment time.

The receptionists told us there was an answer phone message informing patients how to access emergency treatment outside of practice opening hours.

Concerns & complaints

Information about how to make a complaint was displayed in the reception area and in the practice leaflet. The complaint policy included the contact details of the agencies patients could contact if they were not satisfied with how their complaint was handled. There was a template for recording the detail of the complaint, contact with the complainant, investigation and outcome.

There had been no complaints in the last 12 months. The principal dentist told us they encouraged patients to discuss any concerns they may have about their treatment. Any concerns about an individual member of staff would be discussed with them in private and if necessary further training would be arranged. Concerns about the practice would be discussed at the regular team meetings and appropriate action taken.

The patients we spoke with and feedback from comment cards showed us that patients were extremely satisfied with the care and treatment they received at the practice.

Are services well-led?

Our findings

Governance arrangements

The principal dentist dental nurses and receptionist shared the day to day running of the service. We saw they had systems in place to monitor the quality of the service. These were used to make improvements to the service. They took lead roles relating to the individual aspects of governance such as complaints, equipment maintenance, risk management and audits within the practice.

There was a business continuity plan in place for use in the event of an emergency such as a failure of the electrical or water supplies or damage to the building or equipment. The principal dentist owned another practice in the area and in the event of an emergency patients would be seen there.

Clinical and non-clinical audits were undertaken and included: Infection prevention and control, medicines management, dental care records, radiographs to assess the image quality of X-rays staff records, and the cleanliness of the premises.

Staff were included in discussions about the day to day running of the practice in order to improve the patient experience.

Leadership, openness and transparency

The principal dentist was aware of their responsibilities to be open and transparent. If there was an incident affecting a patient the principal dentist would be honest, offer an apology and inform them of the action taken to prevent a reoccurrence. The principal dentist told us they had a duty of care towards their patients, there would be no secrets and lessons would be learned from any mistakes affecting patient care.

The staff we spoke with told us that there was an open culture within the practice they felt valued and were committed to the on-going development of the practice. Staff told us they enjoyed working at the practice and felt the team worked well together to improve the service for patients. Staff confirmed they were able to raise any suggestions or concerns with the principal dentist and were confident they would be listened to and acted upon.

Management lead through learning and improvement

Regular clinical and non-clinical audits were taking place. These included; health and safety, waste management, infection prevention and control, dental care records, oral health assessments and medicines. In addition an audit of radiographs was carried out to check the quality of X-rays and compliance with the Faculty of General Dental Practice (FGDP) regarding justification for taking X-rays.

We saw that annual staff appraisals were carried out to identify any staff training and development needs. The staff we spoke with told us the principal dentist encouraged training and this was evidenced in staff training records. The principal dentist kept a record of staff professional registration to ensure they were up to date.

Monthly practice meetings were held with a planned agenda that included a discussion on one of the five questions CQC ask about a service (is the service; Safe, Effective, Caring, Responsive and Well-led).

We saw that the principal dentist responded to feedback from patients to improve the service. As a result of feedback from a patient satisfaction survey the principal dentist had made improvements to the décor and furniture in the waiting room.

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

A patient survey had been carried out and a suggestion box was available in reception for patients to feedback on the service they received. The overwhelming majority of patient feedback had been positive. We saw an example of how the principal dentist had responded to patient feedback by improving the décor and furniture in the waiting room. The patients we spoke with told us this was now a calm and relaxing area in which to wait for their appointment.

Staff meetings and staff appraisals provided an opportunity for staff to give feedback. The staff we spoke with told us they felt part of a team and were given the opportunity to make suggestions for improving the service. Staff told us they could discuss any concerns and felt they would be supported by the principal dentist.