Care Quality Commission

Chokshi Limited

The Dental Surgery

Inspection Report

21 Darthill Road
March
Cambridgeshire
PE15 8HP
Tel:01353 650013
Website: www.marchdentalsurgery.co.uk

Date of inspection visit: 23 January 2017
Date of publication: 27/03/2017

Overall summary

We carried out an announced comprehensive inspection on 23 January 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Dental Surgery known locally as March Dental Surgery is located in the market town of March. The practice is located in a two storey building with patient services provided on the ground and first floor. The practice has two waiting rooms and six treatment rooms, four of which are on the ground floor.

One of the principal dentist's is registered with the Care Quality Commission (CQC) as an individual. 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.

The practice employs five dentists, two dental hygienists, six dental nurses and three further trainee nurses. The staff team is supported by a practice manager.

As part of the inspection, we received feedback through 12 CQC comments cards completed by patients, speaking with other patients and staff during the inspection. Patients said that the staff were caring and helpful to them and they received good care and treatment.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.

Summary of findings

- There were systems to promote the safe operation of the service which included the reporting of incidents, significant events, accidents and the management of patient safety alerts. However records of actions taken following accidents were not in place.
- The provider had most emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. However they did not have a sufficient amount of adrenaline and had not considered whether they had enough oxygen for use in a medical emergency.
- Patients told us they were able to get an appointment when they needed one and that staff were considerate, listened to their needs and put them at ease.
- Dentists provided dental care in accordance with current guidelines from the Faculty for General Dental Practice guidelines and the National Institute for Care Excellence (NICE).
- The service was an established dental training practice and also ensured that staff had good access to training and were supported to develop their knowledge and maintain their professional development.
- Governance arrangements were in place for the smooth running of the practice. This included a structured plan to audit quality and safety beyond the mandatory audits for infection control and radiography.

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

- Review the accident procedure so that records of any resulting actions are maintained.
- Review the storage and security of oxygen and consider whether there is a sufficient supply at the location. Review the frequency of equipment checks giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the arrangements for logging and tracking prescription pads held at the practice.
- Review the process for monitoring progress with staff training
- Review patient access to health information leaflets and how to raise a complaint.

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?

No action

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

Accidents were recorded although the actions taken were not being recorded. There was a process in place for identifying, managing and learning from significant events, incidents and complaints. The practice received electronic safety alerts and these were shared and actioned appropriately. There were clear guidelines in place for reporting safeguarding concerns and staff had received relevant training. Safe recruitment procedures were in place.

Emergency medicines and equipment were available although additional stocks of one item were needed and the practice had not considered whether they had sufficient oxygen for use during an emergency. The emergency equipment was not being checked regularly enough in accordance with recommended guidelines and the storage and location of oxygen required review. The practice had good infection control procedures in place to ensure that patients were protected from potential risks. The equipment used in the decontamination process was maintained by a specialist company and regular checks were carried out to ensure equipment was working properly and safely. X-ray equipment was well maintained and record keeping in relation to X-rays clearly documented.

Are services effective?

No action

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

Consultations were carried out in line with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice Guidelines, a professional membership body that supports standards of dentistry practice. Patients received a comprehensive assessment of their dental needs which took their medical history into account. Information was provided to patients in a way they understood. Risks, benefits, options and costs were explained. Patients were referred to other services in a timely manner and staff followed appropriate guidelines for obtaining patient consent.

The staff were able to access professional training and development appropriate to their roles and an appraisal process was in place. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

No action

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

Staff treated patients with dignity and respect and ensured their privacy was maintained. Patients told us that staff were very considerate, listened to their needs and put them at ease. Staff demonstrated a caring and compassionate approach to their patients for example following complex treatment; the dentists telephoned the patient at home to check on them. Patients were provided with information about their treatment and the expected costs. Patients were given time to consider their treatment options and felt involved in their care and treatment. Patient information and data was handled confidentially.

Summary of findings

Are services responsive to people's needs? We found that this practice was providing responsive care in accordance with the relevant regulations. Appointment times met the needs of patients and staff took steps to ensure that waiting times were kept to a minimum. When the practice was closed, information about how to access urgent care was made available to patients on the website and as part of a recorded message on the telephone system. A practice leaflet was provided to new patients which was also available in large print. The service was accessible to patients with a disability and patients who had difficulty understanding care and treatment options were supported. A complaints policy was in place to deal with complaints in an open and transparent way and we saw one example to show that the policy was followed. The patient received an apology and the learning was discussed with relevant staff. However information about raising a concern or complaint was not very accessible to patients.	**No action**
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. There were effective systems in place to monitor the overall quality of the service. There were systems in place to monitor the safety and quality of the service and opportunities were taken to improve practice and the patient experience through learning from significant events, complaints, audits and environmental risk assessments. Practice policies were reviewed on a regular basis and these were used to underpin systems related to the provision of the service. Overall leadership of the practice was clear and staff were aware of their own responsibilities as well as the role of others. The practice team held regular meetings and worked closely as a team to support one another in delivering a patient focused service. There was a strong learning culture which included seeking the views of patients on a regular basis which were considered and acted upon to improve and strengthen the patient experience.	**No action**

The Dental Surgery

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 23 January 2017 and was led by a CQC Inspector who was supported by a specialist dental advisor. Before the inspection, we asked the practice to send us some information for review and this included a summary of complaints received.

During the inspection we spoke with four dentists (including a principal dentist), three dental nurses, and the practice manager. We reviewed policies, procedures and other documents. We also obtained the views of 14 patients who used the service. This was either through CQC comment cards that we had provided for patients to complete during the two weeks leading up to the inspection or speaking with them in person during the inspection.

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.

No action

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a process in place for reporting and recording accidents. An accident book had been used to record three accidents in the last two years. Appropriate action and learning had been taken but records were not in place to reflect this. The practice had implemented a policy for reporting and managing significant events and incidents in September 2016. We found that five had been reported and there was evidence of learning and action to improve the service. For example any work being sent to the dental laboratory was sent using a courier service to enable items to be tracked.

A policy was in place for the reporting of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice manager understood the basic principles of the reporting procedure.

The practice manager had signed up to receive national patient safety alerts such as those relating to medicines or the safety of clinical equipment and alerts from NHS England. A process was in place to share these with relevant staff and ensure they were actioned as necessary.

The practice manager had a broad understanding of the principles of the duty of candour and we saw that patients had received an apology when they experienced a poor service.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding vulnerable adults and children which linked to the local guidelines. The principal dentist was the designated lead for safeguarding concerns and had knowledge of the escalation process to the local authority team if it was required. Information on the reporting process was visible and accessible to staff who had received relevant training and were able to demonstrate sufficient knowledge in recognising safeguarding concerns.

We spoke with clinical staff to ask about the use of rubber dam for root canal treatments. 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. We found these were in routine use.

Medical emergencies

Staff had access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. 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. Additional equipment for use in medical emergencies included oxygen which was sufficient for use in a medical emergency. However, the practice had not considered whether a back up supply was required. We also noted the oxygen was stored on the first floor and was not well secured or with the rest of the emergency equipment stored on the ground floor. The emergency equipment (including medicines) was checked by staff on a monthly basis. This was not in line with the recommended weekly checks in accordance with Resuscitation UK Guidelines 2013.

The practice had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and found that they were within their expiry dates. In addition we found that there was only one syringe of adrenaline which may not be sufficient in an emergency situation. The practice manager took immediate action during the inspection. Staff had received update training in dealing with medical emergencies.

Staff recruitment

All of the employed dental professionals had current registration with the General Dental Council, the dental professionals' regulatory body. We found they had a detailed recruitment policy that included the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover and references. We reviewed three recruitment files and records confirmed to us that the process was being followed. There was also an induction programme for dental nurses and reception staff which included key information such as complaints and other practice policies. We saw that relevant staff had received appropriate checks from the Disclosure and Barring Service (DBS). 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.

No action

Are services safe?

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 manager led on health and safety issues and there were a number of general risk assessments in place covering all areas of the premises. The assessments were regularly reviewed. There was also comprehensive information for the Control of Substances Hazardous to Health (COSHH) to ensure the safe storage and management of these products. Safety kits were available in the practice for cleaning and disposing of spillages of mercury or body fluids in a safe way. A first aid kit was also available and there was a designated member of staff as a first aider.

The practice had procedures in place to reduce the risk of injuries through the use of sharp instruments and safer sharps systems were in use. Staff knew how to take immediate action if an injury occurred. A sharps injury had occurred within the last year and appropriate action had been taken including follow up through an occupational health team. A sharps risk assessment was in place and staff had received immunisation for Hepatitis B.

A fire safety check had been completed by an external advisor following an extension to the premises in February 2016 and recommendations were actioned. In addition, a fire risk assessment had been completed by the practice manager in June 2016. This had identified some actions including the need to train staff in the use of fire extinguishers. Actions remained outstanding. Fire fighting and detection equipment had been serviced. Annual fire drills were in place.

The practice had a business continuity plan in place to deal with any emergencies that could disrupt the safe and smooth running of the service. Copies of the plan were held by senior members of staff and a further copy was accessible to other staff.

Infection control

The practice had a clear infection control policy that was regularly reviewed. One of the principal dentists was named as the infection control lead and the decontamination of dental instruments was completed by the dental nurses. There were two decontamination rooms available on each floor of the practice. We spoke with dental nurses about the decontamination process and observed the procedures and practice that was being followed. We found that overall the practice was meeting HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met.

Infection control audits were completed every six months. The most recent audit in November 2016 scored 99% and the report highlighted areas for improvement for example considering the purchase of a new washer disinfector for best practice. The previous audit had scored 98% and resulted in minimal actions. This confirmed to us that staff followed systems to ensure they were compliant with HTM 01 05 guidelines.

We saw that the dental treatment rooms, waiting area, reception and toilet were clean, tidy and clutter free. Hand washing facilities were available including liquid soap and paper towel dispensers in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

The dental nurses demonstrated the decontamination process they followed from taking the dirty instruments through the cleaning process to ensure they were fit for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean. Cleaned instruments were date stamped so that any unused instruments could be reprocessed if they exceeded the use by date.

There were systems in place to ensure that the equipment used in the decontamination process was working effectively. Records showed that regular daily, weekly and monthly validation tests were recorded in an appropriate log book. The dental water lines were maintained in line with current HTM 01 05 guidelines to prevent the growth and spread of Legionella bacteria (legionella is a term for a particular bacteria which can contaminate water systems in buildings). A legionella risk assessment report had been completed in March 2011 and we saw that staff still followed recommended actions which included monitoring water temperatures, use of a weekly cleaning solution for suction equipment and draining the water lines at the end of the day.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. Arrangements were in place to ensure that an approved contractor removed clinical waste from the

No action

Are services safe?

premises on a monthly basis. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and stored securely where appropriate. Cleaning equipment for the premises was colour coded for use and general cleaning was completed by an employed cleaner who completed daily schedules.

Equipment and medicines

There were systems in place to check that the equipment had been serviced regularly and in accordance with the manufacturer's instructions. Items included the items used for decontamination of the dental equipment, the dental chairs, electrical items and fire fighting equipment.

An effective system was in place for the prescribing, dispensing, use and stock control of the medicines used in clinical practice such as antibiotics and local anaesthetics. We found that the practice stored prescription pads securely and issued a small number to each dentist who logged each prescription issued. However there was no log kept of the prescription pads once they arrived at the practice and were locked into storage. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records.

Radiography (X-rays)

The practice had a well-maintained radiation protection file in line with the Ionising Radiation Regulations 1999 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 in relation 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 three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of three years and all newly installed equipment had been validated. Training records showed all relevant staff had received training for core radiological knowledge under IRMER 2000.

Radiographic audits were completed regularly for each dentist and action plans were formed in response to any findings. We saw that dental care records included information when X-rays had been taken, how these were justified, reported on and quality assured. This showed the practice was acting in accordance with national radiological guidelines to protect both patients and staff from unnecessary exposure to radiation.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described how they carried out their assessment of patients for routine care and we saw this evidenced in some dental care records. The assessment for new patients included a verbal discussion with them about their medical history, health conditions, medicines being taken and any allergies suffered. This was reviewed at each routine check.

Patients received an examination to assess the condition of their teeth, gums and soft tissues and this included a check for signs of mouth 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 result was discussed with the patient and any treatment options explained to them in detail. Where appropriate a health assessment using the basic periodontal examination (BPE) scores for the soft tissues lining the mouth, was used. BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on the treatment required.

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 tooth brushing techniques or recommended tooth care products. The patient's dental care record was updated with the proposed treatment after discussing options with the patient and records indicated that NHS patients received a copy of their treatment plan and were provided with information about the costs involved. For private and dental plan patients, dentists discussed the treatment plans and costs with them and provided a written plan if the treatment was particularly complex or costly. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Health promotion & prevention

The staff were focussed on the prevention of poor dental health and used opportunities to promote dental and general health of their patients. Patients were provided with health advice from dental staff. Adults and children attending the practice were advised during their consultation of the steps to take to maintain healthy teeth. This included tooth brushing techniques, dietary, smoking and alcohol advice where it was appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. The practice also employed two dental hygienists to work alongside the dentists to deliver preventive dental care.

The practice sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. There was limited dental health promotion information available to read or take away in the waiting area.

Staffing

The practice was led by two principal dentists who also led another practice in the area. They employed five other dentists and were supported by two dental hygienists. The practice manager supported the team that included six dental nurses, three trainee dental nurses and a cleaner. The patients we asked on the day of our visit said they had confidence and trust in the dentists and this was also reflected in the Care Quality Commission comment cards we received.

We observed a friendly atmosphere at the practice. The staff appeared to work effectively as a team. They told us they felt supported by the practice manager and owner, they had acquired the necessary skills to carry out their role and were encouraged to maintain their professional development. All staff had received an annual appraisal and staff training certificates were held on file. Training included infection control and hand hygiene, the Mental Capacity Act, safeguarding adults and children, confidentiality and other online training related to health and safety and dental care. The practice manager did not have a system to record and monitor training overall although certificates were used to evidence this. The practice manager told us they intended to develop an electronic record.

Working with other services

Dentists referred patients to other specialists in primary and secondary care services if the treatment they 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 or special care dentistry. Any urgent referrals were made through a

No action

Are services effective?

(for example, treatment is effective)

fast track system and were followed up by telephone to ensure they were received and actioned. Once a patient had received treatment from another provider, they were referred back to the practice for appropriate follow up care.

Consent to care and treatment

Staff explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in their dental records. Staff we spoke with stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. They were able to give us examples of patients who required additional support to ensure they were able to give valid consent to treatment.

The practice had an appropriate consent policy in place. We spoke with the dental staff about how they implemented the principles of informed consent. We found that staff had clear knowledge of consent and specifically, the Mental Capacity Act 2005 and Gillick competency. 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 them. Gillick competency is a test to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

No action

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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. This prevented conversations between patients and dentists from being overheard and protected patient's privacy. Patients' dental records were stored electronically and computers were password protected and regularly backed up. The 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 to the practice for patients to use to tell us about their experience of the practice. We collected 12 completed CQC comment cards and obtained the views of two patients on the day of our visit. All of the feedback we received provided a very positive view of the service the practice provided. Patients commented that treatment was very gentle; staff were friendly, helpful and put them at ease.

During the inspection, we observed that staff working on the reception desk and those greeting patients were polite and welcoming. Staff also told us about examples of their caring attitudes. This included completing phone calls to check on patients after a difficult procedure such as an extraction and working after hours to see trauma patients who required urgent care.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs were displayed in the waiting areas. The practice website gave details of the cost of treatment for patients who opted to pay for treatments although it did not include information about NHS dentistry costs. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. They stressed the importance of taking time to explain the options to their patient in order to provide support to them when making decisions about their care and treatment. We saw evidence in the records to support this approach.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice waiting area had some information on display that referred to the services available at the practice. This included general information about the practice (also available in large print), treatment costs, dental hygiene, oral health and private dental treatments.

We spoke with reception staff about the appointments system and found that there were a sufficient number of available appointments. One or two urgent appointments were held each day for every dentist. If these appointments were fully booked, patients were offered the option of attending the practice and waiting until a dentist could see them. On the day of the inspection, we saw that patients were offered follow up appointments within a week and a patient with a more urgent need was booked into a next day appointment with their usual dentist. The dentists advised staff about the length of time required for each follow up appointment according to the treatment planned.

Staff also took into account any special circumstances such as whether a patient was very nervous, had a disability or required complex treatment and booked the length of appointment that was most relevant to the patient's need. Comments we received from patients indicated that they were satisfied with the response they received from staff when they required treatment or an urgent appointment.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice had access to a translation service if a patient had difficulty in understanding information about their treatment and some staff spoke alternative languages. Staff explained they would also help patients on an individual basis if they were partially sighted or required assistance to complete dental forms. The practice had no hearing loop available to support communication with patients who had a hearing loss and were considering installing one. There was level access into the building and four treatment rooms were on the ground floor. There was an accessible toilet and baby change facility available.

Staff told us they treated all of their patients equally and with respect. At the time of the inspection they were unable to accept any new NHS patients but kept this under constant review by offering a waiting list to any potential patient.

Access to the service

The practice opened from 9.00am to 5.00pmMonday to Friday. When the practice was closed, a recorded message on the practice telephone system advised patients where to go to seek urgent care advice. This information was available in the practice leaflet but was not displayed on their website.

Concerns & complaints

The practice had a complaints policy and a procedure that set out how complaints would be addressed. This included the person with overall responsibility for dealing with a complaint and the timeframes for responding. Information for patients about how to make a complaint was not available in the practice leaflet or on the website which made it more difficult for patients to access. None of the patients who gave us comments about the practice had needed to make a complaint.

We spoke with staff about complaints and they told us they always tried to resolve the issue at the time if possible. Patients were also encouraged to seek a second opinion from one of their dentists if this was appropriate. If the patients' concern could not be easily resolved they were referred to the practice manager or principal dentist who identified an appropriate person to investigate and respond to the patient in line with the complaints process. Staff had received training in the management of concerns and complaints.

The practice had received one complaint in the last twelve months. We found this had been acknowledged, investigated and the patient had been provided with a response in a timely way and an apology had been provided to the patient. The practice had considered and discussed any learning points.

No action

Are services well-led?

Our findings

Governance arrangements

The principal dentists shared responsibility for monitoring the quality of the service and were supported in this by the practice manager.

The practice had a number of policies and procedures in place and we saw these covered a wide range of topics. For example, control of infection and health and safety and the management of information. We noted these were kept under review by the practice manager and principal dentist. Staff knew where to locate policies and procedures and were able to demonstrate their knowledge and how they used these in practice during are discussions with them.

The practice manager monitored the systems used to manage the safety of the environment which included fire safety and health and safety risk assessments. There was a clear system for the review of clinical care through significant events, accidents, complaints and safety alerts. Systems were in place to ensure that the maintenance of equipment such as machinery used in the decontamination process and other electrical equipment was checked and serviced regularly.

Leadership, openness and transparency

The principal dentist and practice manager had overall leadership and divided most of the lead roles between them for example complaints and the safeguarding lead. Two dental nurses shared responsibilities as lead dental nurses.

Regular practice meetings were in place and these were led by the principal dentist and practice manager. These included issues such as patient feedback, significant events, health and safety and training. Staff told us they could raise issues for discussion at the staff meeting.

We spoke with six members of staff who told us they were part of a team who valued the support they received from their colleagues as well as the principal dentists. They were supported to raise any issues about the safety and quality of the service, share their ideas and learning in an open and transparent way.

Providing a quality service for patients was a high priority for staff and this was apparent in the discussions we had with them. All staff knew how to raise any issues or concerns and were confident that action would be taken by the practice manager. All staff had signed the policy to say they would follow the duty of candour by being open and honest in their work roles.

Learning and improvement

The practice had a strong learning culture and had been an accredited training practice for the past five years supporting foundation dentists: some of whom were then recruited by the practice on a permanent basis. The practice has also supported eight dental nurses through their training programme.

Regular clinical audits were used to inform and improve upon practice. This included audits of dental records, radiography, infection control and prescribing antibiotics. The practice also used other quality measures to improve the service through complaints and significant events.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. They also received annual appraisals and were supported to extend their knowledge and skills for example through completing a first aid course and learning how to take dental impressions. Training was completed through a variety of resources including media provision and records of completion were held on staff files. The practice manager planned to implement a more efficient method of monitoring progress with training.

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

The practice gathered feedback from fifty patients for each dentist every month. The results were reviewed by a dental nurse who produced a short written report for discussion at the practice meeting. The practice had acted on feedback for example, by increasing the number of appointments with a dental hygienist and extending the practice opening hours to cover Friday afternoons. As a result of a patient focus group and feedback from parents, the practice had recruited an orthodontist to provide regular clinics so that patients were not required to travel a distance for this service.

No action

Are services well-led?

The practice had participated in the NHS Family and Friends Test and monitored the responses they received. During November 2016 the practice received feedback from 22 patients, all of whom would recommend the practice to family and friends.

Staff told us they felt included in the running of the practice, their views and opinions were listened to and they were able to contribute to team meetings and plans for the future of the service.