Care Quality Commission

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Dash Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 February 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

Dash Dental Care provides a wide range of private dental treatments for people of all ages. Treatments include routine dentistry, preventative care, conscious sedation and dentures, hygienist service, cosmetic dentistry and tooth whitening. One of the dentists specialises in fitting dental implants. The practice is located in Northenden, there are four treatment rooms situated over the ground and first floors. The practice specialises in treating nervous patients.

The practice has two dentists who are business partners (the providers) they are supported by three part time dental hygienist/therapists, dental nurses who also cover reception and a practice manager.

The opening times were Monday and Tuesday 8.45am to 5pm, Wednesday and Thursday 8.30am to 5pm and Friday 8am to 4pm.

One of the providers 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.

Four patients provided feedback about the service. Patients were complimentary about the

Summary of findings

friendliness and professionalism of staff, the care and treatment they received and the standards of cleanliness at the practice.

Our key findings were:

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

- The practice had access to an automated external defibrillator and medical oxygen available on the premises.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance, for example from the Faculty of General Dental Practice (FGDP). Patient dental care records were detailed and showed on-going monitoring of patients' oral health.
- Staff recruitment records contained the required documents and checks.
- Patients were provided with sufficient information about their treatment options to enable them to make informed decisions.
- The practice kept detailed dental care records that showed ongoing monitoring of patients' oral health.
- New patients were asked to complete a medical history form that included information about allergies, general health and any medications they were taking. This was checked verbally at each consultation.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and there was a range of clinical and non-clinical audits to monitor the quality of services.
- The practice sought feedback from staff and patients about the services they provided.

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 providers were aware of their responsibilities in respect of the Duty of Candour requirements. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

The practice responded to national patient safety and medicines alerts and took appropriate action. Significant events and accidents were appropriately recorded. Staff told us they felt confident about reporting incidents, accidents and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

There were clear procedures regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. Medicines for use in the event of a medical emergency were safely stored and regularly checked to ensure they were in date and safe to use. All staff had received annual training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

Are services effective?

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

The review of dental care records and our discussions with patients showed patients were advised about maintaining good oral health, smoking cessation, alcohol consumption and diet. The practice was using the Department of Health publication -Delivering Better Oral Health; a toolkit for prevention which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Patients were given sufficient information to support them to make decisions about the care and treatment they received. Consultations were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to dental recall intervals.

Are services caring?

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

We saw that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Staff recognised the importance of explaining the assessment and options for treatment to patients. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Comments on the three completed CQC comment cards we received included statements saying the staff were helpful, calm, professional and friendly and treated patients with dignity and respect.

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 varied in length according to the proposed treatment and to ensure patients and staff were not rushed. The practice offered dedicated emergency slots each day so that patients with dental emergencies received treatment on the same day or within 24 hours. There were clear instructions for patients requiring urgent dental care when the practice was closed.

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

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

The staff we spoke with told us they felt able to raise any issues or concerns with the provider and their concerns would be listened to and acted upon. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice identified, assessed and managed clinical and environmental risks related to the service provided and audited areas of their practice as part of a system of continuous improvement and learning. The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice manager showed commitment to their work and said they were well supported by the providers.

Dash Dental Care

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 took place on 29 February 2016. The inspection was led by a CQC inspector and a dental specialist advisor.

Before the inspection we asked the practice to send us information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of the staff members, their qualifications and proof of registration with their professional bodies. We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with dentists (the providers), three dental nurses and the practice manager. We looked around the premises and all of the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records.

We informed NHS England area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had systems in place to learn from and make improvements following any accidents or incidents in line with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no RIDDOR reports made in the last 12 months. There was clear guidance for staff about how to report incidents and accidents.

There were policies and procedures in place relating to the prevention of needle stick injuries (where a used needle or sharp instrument punctures the skin). We saw posters demonstrating the process to follow should staff sustain such an injury.

The staff we spoke with were aware of how to report incidents both internally and to the relevant safety authorities.

The practice had a complaints policy and process in place. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The dentists told us that any learning from the complaints would be shared at practice meetings.

The staff were aware of their responsibilities under the duty of candour. A duty of candour is where the health provider must always be open and transparent when mistakes occur. We found the practice responded to concerns in an open and transparent manner. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

Reliable safety systems and processes (including safeguarding)

We found that a rubber dam was used in all root canal treatments unless the patient was not able to tolerate it. The dentists we spoke with told us that where it was not possible to use a rubber dam they would secure any small instruments to minimise the risk of them being dropped into the mouth or throat during treatment.

The British Endodontic Society uses quality guidance from the European Society of Endodontology recommending the use of rubber dams for endodontic (root canal) treatment. 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.

The practice was working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. This reduced the risk of inoculation injuries to staff from needles or sharp instruments.

The practice had child and adult protection policies and procedures in place that were kept under review. These policies provided staff with information about identifying, reporting and dealing with suspected abuse. Staff had access to a flow chart of how to raise concerns and contact details for safeguarding teams in the Manchester area.

The surgery had an identified a safeguarding lead and staff were up to date with their safeguarding training. Staff we spoke with told us they were confident about raising any concerns.

Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. All staff had attended training in cardiopulmonary resuscitation (CPR) the training was updated annually.

The practice had an automated external defibrillator (AED), 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.

Staff received annual life support training that included the use of an AED. This was in accordance with the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).

The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical

emergencies in dental practice. We checked the emergency medicines and saw that oxygen and medicines for use in an emergency were of the required type. We saw the practice had a system in place for checking and recording expiry dates of medicines, and replacing when necessary.

Staff recruitment

The practice's written procedures contained clear information about all of the required checks for new staff. This included obtaining references and checking qualifications, immunisation status and professional registration. We reviewed four personnel files which confirmed that the processes had been followed. Clinical staff were registered with the General Dental Council (GDC) and their registration status was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

It was the practice policy to obtain a Disclosure and Barring Service (DBS) check for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Monitoring health & safety and responding to risks

There were a range of policies and procedures in place to manage risks at the practice. These included infection prevention and control and a legionella risk assessment. Processes were in place to monitor and minimise risks to ensure patients and staff were safe.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been serviced in 2015. Records showed that fire detection and firefighting equipment were regularly tested. Evacuation instructions were displayed on the premises and staff were knowledgeable about their role in the event of a fire.

The practice had a detailed business continuity and disaster recovery policy to support staff to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The practice had links with other dental practices in the area for patients needing emergency appointments if the practice needed to close.

The practice had a system in place to respond promptly to Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.

Infection control

The practice had a range of written policies in place for the management of infection control including those for exposure to blood borne viruses, hand hygiene and Legionella.

The dental water lines were maintained within current guidelines to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings) The dental nurse described the method they used which was in line with current Health Technical Memorandum 01-05 (HTM 01-05) guidelines. The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections.

We saw contracts were in place for the safe disposal of clinical waste and examined the waste transfer notes. Dental waste was appropriately segregated and stored in a dedicated locked room pending collection. We observed non clinical waste was stored and disposed of correctly.

We observed that all areas of the practice were visibly clean and hygienic, including the waiting area, staff kitchen and treatment rooms. The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

Are services safe?

We saw there were effective systems in place to reduce the risk and spread of infection. During our visit we spoke with the dental nurse, who was the designated lead for infection prevention and control.

The processes in place to ensure used instruments were cleaned and sterilised was in accordance with the guidance on decontamination and infection control issued by the Department of Health, namely Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05).

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between surgeries and the decontamination area which ensured the risk of cross contamination was minimised.

The dental nurse demonstrated to us the process for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

The practice had a washer disinfector which is a piece of equipment similar to a domestic dishwasher specifically designed to clean dental instruments. Used instruments were soaked and scrubbed prior to being placed into the washer disinfector. They were inspected under an illuminated magnifying glass to ensure there were no remaining contaminants and put into the autoclave (a high temperature high pressure machine for sterilising instruments). We found there was a clear flow of instruments from dirty through to sterilisation. Sterilised instruments were placed in pouches that were date stamped to be used within one year.

During the decontamination process we observed staff wearing appropriate personal protective equipment such as heavy duty disposable gloves, aprons and protective eye wear. We saw there were enough instruments available to ensure the services provided to patients were uninterrupted.

We saw documentation that demonstrated infection prevention and control audits were being carried out on a regular six-monthly basis. The most recent audits were carried out in July 2015 and January 2016.

Cleaning schedules were in place for the decontamination room, the dental surgeries and the general premises to maintain infection control standards.

Equipment and medicines

The equipment used for cleaning and sterilising was checked, maintained and serviced in accordance with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning appropriately.

The provider carried out intra-venous sedation (IV) at the practice for patients who were very nervous about dental treatment and required complex dental work such as the provision of dental implants.

We found that the provider had robust governance systems in place to underpin the provision of conscious sedation. We saw the systems and processes were in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We looked at the governance systems supporting sedation these included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, staff present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that patients undergoing sedation had important checks carried out prior to sedation. These included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records demonstrated that during sedation regular checks were carried out which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

We saw that the consent form provided guidance to patients for before and after their treatment. This information was re-affirmed following the sedation procedure with the patients escort.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser (RPA) and

Are services safe?

Radiation Protection Supervisor (RPS) and a well maintained radiation protection file. Warning signs about the use of radiography were displayed outside the treatment rooms.

X-ray equipment was situated in suitable areas and X-rays were carried out in line with the local rules which were relevant to the practice and equipment. There was also one extra-oral X-ray machine (an orthopantomogram known as an OPG) for taking X-rays of the entire jaw and lower skull, this was located in a corridor at the rear of the building. When the OPG was in use a member of staff stood in the doorway of the corridor to ensure no patients could access the area.

We looked at a sample of dental care records where X-rays had been taken. These showed that in line with national guidance provided by the faculty of general dental practitioners (FGDP UK) the justification for taking the X-rays and the results was recorded.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists worked in accordance with current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

The patients we spoke with were satisfied that their dentist had given them enough information for them to make an informed decision about treatment. The dental care records we reviewed were detailed and well structured.

We saw that dental care records contained a written medical history which the practice always obtained before starting to treat a patient. We saw evidence to demonstrate that these were updated on each visit. The records contained details of the condition of the gums using the basic periodontal examination (BPE) scores. The BPE is a simple and rapid screening tool that is used to indicate the level of treatment needed and offer tailored advice to help patients improve their dental health). We saw that the dentists also checked the soft tissue lining the mouth and external checks of patient's neck which can help to identify early signs of cancer.

The practice carried out a range of clinical and non-clinical audits to monitor the effectiveness of the service. These included the quality of clinical record keeping, quality of dental radiographs, patient waiting times, practice safety reviews and infection prevention control procedures.

Health promotion & prevention

The practice was working in accordance with the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion leaflets were available for patients in the waiting area and included a range of leaflets relating to smoking cessation and oral health care.

Staffing

We saw that all clinical staff were registered with the General Dental Council (GDC). Completing a prescribed number of hours of continuing professional development (CPD) training is a compulsory requirement of registration for a general dental professional. The partner told us that they regularly emailed staff details of CPD training courses to clinical staff to select from. Staff told us that the practice supported their training.

Dental nurses were supervised and supported on a day-to-day basis by the dentists. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that the principal dentist and practice manager were supportive and always available for advice and guidance.

The dentist carrying out conscious sedation was assisted by the other dentist on each occasion. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practise. Conscious sedation is a technique in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation. Dental care records demonstrated that during the sedation procedure important checks were recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed referral letters to ensure the specialist service had all the relevant information required. Staff were knowledgeable about following up urgent referrals, for example regarding oral cancer. The practice followed the two week referral process to refer patients for screening where oral cancer was suspected.

Dental care records contained details of the referrals made and the outcome of the specialist's advice.

Consent to care and treatment

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and their responsibilities to ensure patients had enough information and the capacity to consent to dental treatment. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services effective?

(for example, treatment is effective)

Staff explained that they would raise concerns with the practice manager or the principal dentist should they had concerns about a patient's capacity to consent.

Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff we spoke with understood the need to maintain patients' confidentiality. Staff told us there was a room available if patients wished to have a private conversation. During our observations we noted staff were discreet and confidential information was not discussed at reception. There was a lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records were held securely.

We received feedback from four patients and reviewed the results of the practice's patient satisfaction surveys. The feedback was extremely complimentary about the care and treatment patients had received at the practice.

Patients commented on the understanding and kindness of their dentists as well as the polite attitudes and the respectful and caring approach of the whole team.

Involvement in decisions about care and treatment

The providers told us that they explained the treatment options available to patients so they were able to make informed decisions about their care and treatment. The patients we spoke with felt their dentist explained the treatment they needed in a way they could understand. They confirmed that staff listened to them and allowed sufficient time for them to make an informed decision about the type of treatment they wished to receive.

Discussions with dentists identified their awareness and understanding of the principles of the Mental Capacity Act (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff told us that patients with disabilities or in need of extra support would be given as much time as was needed to provide the treatment required.

The practice displayed its opening hours in their premises and in the practice information leaflet. Patients could access care and treatment in a timely way and the appointment system met their needs. They told us they were rarely kept waiting for their appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information displayed in the reception and waiting areas described the range of services offered to patients and opening times. Information was also available explaining the practice's complaints procedure. We were shown the information given to new patients which included a price list, a medical history questionnaire and information about the dentists performing the treatment.

Where possible the practice offered same day appointments for patients in need of urgent dental care during normal working hours.

We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments depending on the complexity of treatment.

The practice is a member of the British Dental Association (BDA) Good Practice Scheme which is externally audited to ensure member practices work to high quality standards.

Tackling inequity and promoting equality

There was an equality and diversity policy to support staff in understanding and meeting the diverse needs of patients. The practice manager recognised the needs of different groups and would arrange access to a telephone translation service if this was required.

Due to the age and structure of the building it was not fully disability friendly. The practice was located in converted commercial premises with a small number of steps from the reception area to the ground floor waiting room and treatment room. The providers had made reasonable adjustments in accordance with the Equality Act 2010 by providing handrails.

Access to the service

The opening times were Monday and Tuesday 8.45am to 5pm, Wednesday and Thursday 8.30am to 5pm and Friday 8am to 4pm.

The practice answer phone message detailed how patients could access treatment in the event of an emergency outside of normal opening hours. Patients commented they were able to contact the practice easily and had choice about when to come for their treatment. Patients confirmed they had easy access to both routine and emergency appointments. There were clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed.

CQC comment cards showed patients felt they had good access to routine and urgent dental care.

Patients told us that they could access care and treatment in a timely way and the appointment system met their needs.

Concerns & complaints

The practice had a complaints policy and procedure which could be accessed via the practice website or at the practice. Details of how they could complain to NHS England and the Dental Complaints Service (for private patients) were included.

Both providers are responsible for responding to complaints. We were told the practice had

received one complaint in the previous 12 months and this was resolved appropriately with the patient.

Are services well-led?

Our findings

Governance arrangements

There was a full range of operational policies, procedures and protocols to govern activity. All of these policies, procedures and protocols were subject to annual review. Staff were aware of where policies and procedures were held and we saw these were easily accessible.

We saw there was a system of audits in place. These covered areas such as the quality of X-ray images, dental care records, consent, infection control and health and safety.

There was a clear management structure at the practice. Staff told us they could speak with the providers and the practice manager if they had any concerns. The staff we spoke with told us they held regular practice meetings, and we saw copies of minutes from those meetings.

Leadership, openness and transparency

The providers and the practice manager were aware of their responsibilities in relation to the Duty of Candour regulation (this regulation is to ensure that providers are transparent, open and honest and apologise to patients if there have been mistakes in their care that have led to harm). They told us if there was a mistake that affected a patient they would apologise and work with the patient to put things right.

Staff told us that they felt well supported and enjoyed working at the practice. They told us that they could talk to the providers or the practice manager about anything.

Learning and improvement

Staff working at the practice had regular appraisals and were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

Staff told us they had good access to training and the practice manager monitored staff training to ensure essential training was completed each year, this included cardiopulmonary resuscitation (CPR) and infection control.

The providers were confident and assured about their roles during sedation. This reflected the quality of the ongoing training such as, conferences and postgraduate courses organised by the Society for the Advancement of Anaesthesia in Dentistry (SAAD).

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

We saw that the practice held regular practice meetings which were minuted and gave everybody an opportunity to share information and discuss any concerns or issues. Staff told us the practice manager and providers were readily available to speak to at all times and they felt confident about raising any concerns or suggestions for improvement.

The practice had a system of quality monitoring in the form of a questionnaire. We saw that feedback from patients was overwhelmingly positive about the care and treatment they received at the practice.