

Whitecross Dental Care Limited

St Leonard's House Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 March 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

St Leonard's House Dental Centre is a mixed dental practice providing mainly NHS and some private treatment for both adults and children. The practice is situated in a converted domestic property. The practice has four dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. Dental care is provided on the ground floor with a reception and waiting area.

The practice is open 8:30am to 5:00pm Monday, Tuesday, Wednesday and Friday, Thursday 8:30am to 7:00pm. The practice has four dentists who are supported by six dental nurses and two receptionists. The practice also has a dental hygienist who works one day per week.

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

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to

Summary of findings

complete to tell us about their experience of the practice. We received feedback from 32 patients. These provided a completely positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

Our key findings were:

- The practice ethos was to provide patient centred care.
- The practice benefitted from a stable staff base with the practice manager providing strong, supportive and effective leadership.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice manager was the dedicated safeguarding lead with effective safeguarding processes in place for safeguarding adults and children living in vulnerable circumstances.
- The service was aware of the needs of the local population and took those into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff reported incidents and kept records of these which the practice used for shared learning.
- The practice had enough staff to deliver the service.
- Staff recruitment files were well organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice manager and were committed to providing a quality service to their patients.
- Information from 32 completed Care Quality Commission (CQC) comment cards gave us a completely positive picture of a friendly, professional service.
- The practice had a rolling programme of clinical and non-clinical audit in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had robust arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. There were sufficient numbers of suitably qualified staff working at the practice. Staff had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 32 completed CQC patient comment cards and obtained the views of a further eight patients on the day of our visit. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and all dentists were good at explaining the treatment that were proposed.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services. The practice had ground floor treatment rooms and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

Strong and effective leadership was provided by an empowered practice manager. The practice manager and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had robust clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the practice manager. All the staff we met said that the practice was a good place to work.

St Leonard's House Dental Centre

Detailed findings

Background to this inspection

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

The inspection was carried out on 14 March 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members and proof of registration with their professional bodies.

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

During the inspection, we spoke with the practice manager, dentists, lead dental nurse, reception staff and reviewed policies, procedures and other documents. We also obtained the views of eight patients on the day of our visit. We reviewed 32 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 an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics that could be considered to be an adverse incident. The practice also had an appropriate accident record book which was used correctly to protect the privacy of individuals filling in the forms. We saw evidence of two incidents in 2015 and one in 2016 that occurred in the practice. We found that the incident reporting forms had been completed in full in line with company policy. The practice received national patient safety alerts from company head office in the form of a regular bulletin that described the learning points arising from these alerts.

Reliable safety systems and processes (including safeguarding)

We spoke to the lead dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The practice used a mixture of a single use system and needle guards to prevent contaminated needle stick injuries. The lead dental nurse was also able to explain the practice protocol in detail should a needle stick injury occur. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps. There had been no needle stick injuries during 2015.

We asked how the dentists treated the use of instruments during root canal treatment. The dentists we spoke with explained that these instruments were single use only. They explained that root canal treatment was carried out where practically possible using a rubber dam. Each treatment room had its own rubber dam kit. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or

swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

The practice had a nominated individual, the practice manager, who acted as the practice safeguarding lead. The practice manager acted as a point of referral should members of staff encounter a child or adult safeguarding issue. They had a robust knowledge of safeguarding issues affecting both children and adults. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Training records showed that all staff had received safeguarding training for both vulnerable adults and children within the past 12 months. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities in recent times.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. 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 training in how to use this. The practice had emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had oxygen cylinders along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen were all in date and stored in central locations known to all staff.

The expiry dates of medicines and equipment were monitored using a daily and monthly check sheet that enabled the staff to replace out of date medicines and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. We found that all staff had received update training in 2015. As part of

Are services safe?

maintaining competency, we saw records that showed the practice undertook simulated medical emergency scenario training to underpin their update training and this occurred on a quarterly basis.

Staff recruitment

All of the dentists and dental nurses who worked at the practice had current registration with the General Dental Council, the dental registrant's regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications and employment checks including references. We looked at examples of staff recruitment files, these were very well maintained and complete. The records confirmed that the individuals had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were stored securely. We saw that all staff had received a criminal records check through the Disclosure and Barring Service (DBS).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw a very detailed medical emergency policy and procedure document that set out how staff should deal with medical emergency scenarios that could be encountered in a high street dental setting. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health and safety and water quality risk assessments. The practice had a detailed business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The practice manager had delegated the responsibility for infection control procedures to the practices' lead dental nurse. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements

for infection control were being met. It was observed that an audit of infection control processes carried out in October 2015 confirmed compliance with HTM 01 05 guidelines.

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

The drawers of treatment rooms were inspected and we found these to be well-stocked, clean, well ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. Each treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

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

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

The practice had a separate decontamination room for instrument processing. This room was organised, clean, tidy and clutter free. Dedicated hand washing facilities were available in this room. The lead dental nurse

Are services safe?

demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing followed by ultrasonic cleaning bath for the initial cleaning process, following inspection they were placed in an autoclave (a device used to sterilise medical and dental instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The lead nurse also demonstrated that systems were in place to ensure that the autoclaves and ultrasonic cleaning bath used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date. Essential checks for the ultrasonic cleaning bath were also carried out and were available for inspection, including weekly protein residue and soil tests.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste from the practice and was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste. General environmental cleaning was carried out in accordance with national guidance.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the

autoclaves had been serviced and calibrated in August 2015. The practices' five X-ray machines had been serviced and calibrated in March 2016. Portable appliance testing (PAT) had been carried out in July 2015 and a gas safety test in July 2015. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. NHS prescription pads were stored in a safe overnight to prevent theft. The pads were also logged in and out each day to prevent loss. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

We were shown 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 the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. At this location, each individual dentist acted as the Radiation Protection Supervisor for their dental treatment room. 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.

A copy of the radiological audits for each dentist carried out in February 2016 demonstrated that a very high percentage of radiographs were of a high standard of quality in terms of positioning and processing. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

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

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

The waiting room and reception area at the practice contained leaflets that explained the services offered at the practice. This included information about how to carry out effective dental hygiene and how to reduce the risk of poor dental health. The company web site also provided information and advice to patients on how to maintain

healthy teeth and gums. Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. All the dentists we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications to keep their teeth in a healthy condition. They also placed special plastic coatings on the biting surfaces of adult back teeth in children who were particularly vulnerable to dental decay. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients.

Staffing

The practice has four dentists who are supported by six dental nurses and two receptionists. The practice also has a dental hygienist who works one day per week. We observed a friendly atmosphere at the practice. Staff we spoke with told us the staffing levels were suitable for the size of the service. The staff appeared to be a very effective and cohesive team; they told us they felt supported by the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

The practice manager showed us their system for recording training that staff had completed. These contained details of continuing professional development (CPD), confirmation of current General Dental Council (GDC) registration, and current professional indemnity cover where applicable. All of the patients we asked on the day of our visit said they had confidence and trust in the dentists. This was also reflected in the Care Quality Commission comment cards we received.

Working with other services

The dentists explained how they would work with other services. They were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

We spoke to three dentists on duty on the day of our visit; they both had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

The dentists we spoke with explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their

treatment. They explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms that protected patient's privacy. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Before the inspection, we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 32 completed CQC patient comment cards and obtained the views of eight patients on the day of our visit. These

provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the busy reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible management options and indicative costs. A poster detailing NHS and private treatment costs was displayed on the practice notice board in the waiting area. The practice website also gave details of the cost of treatment and entitlements under NHS regulations. The dentists we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them. This information was recorded on the standard NHS treatment planning forms for dentistry.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the patient notice board displayed a variety of information including that explained opening hours, emergency 'out of hours' contact details and arrangements. The company web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided. There was also information on how to maintain healthy teeth and gums. This ensured that patients had access to appropriate information in relation to their care. We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with pain to be fitted into specifically allocated urgent slots for each dentist. Patients were also invited to come and sit and wait if these dedicated slots had already been allocated. The dentists decided how long a patient's appointments needed to be and took into account any special circumstances such as whether a patient was very nervous, had a disability and the level of complexity of treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and provided training for the staff team about this. Information was readily available about the Equality Act 2010 and supporting national guidance. The practice used a translation service, which they arranged if it was clear that

a patient had difficulty in understanding information about their treatment. The practice manager explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to go through NHS and other forms. The company head office had the facilities to convert information into easy to read language and large print as well as into braille for patients who used it.

Access to the service

The practice provided extended hours on each Thursday to meet the needs of patients unable to attend during the working day. The practice manager told us that as well as being flexible for patients the hours also enabled the practice to make appointments for courses of treatment in a timely way so patients did not have to wait too long and reduced pressure on appointments between 8:30am and 5:00pm.

Concerns & complaints

The practice had a complaints process and the practice manager had detailed guidance available about effective complaints handling. The practice had a complaints log that the practice manager had to send to the company head office every month so that the organisation could monitor the number of complaints and the reasons for these. The practice had a relatively low level of complaints that reflected the caring and compassionate ethos of the whole practice.

The practice manager explained that in the event of a complaint they would adopt a very proactive response to any patient concern or complaint. Patients would be spoken to by telephone or invited to a face-to-face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients would receive an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

The organisation had in place a comprehensive system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. We saw that these policies and risk management procedures including COSHH, fire and Legionella were well maintained and up to date. We saw examples of monthly staff meeting minutes which provided evidence that training took place and that information was shared with practice staff. The meetings were used to discuss all aspects of the running of the practice and the care and treatment it provided to patients. This included patient feedback, health and safety, infection control, audit reports and company updates.

Underpinning the governance arrangements for this location consisted of a practice manager who was responsible for the day-to-day running of the practice. They were supported by a lead dental nurse. The corporate provider had in place a system of area and regional managers who provided support and leadership to the practice manager. The practice had a clinical support manager who was a dentist who provided clinical advice and support to the practice manager other dentists and dental nurses working in the practice. The clinical support manager had appropriate support from a system of clinical directors used by the organisation.

The company used a system known as 'My Reports' which detailed the performance of the dentist against the NHS commissioner's criteria for quality performance for dentistry in the NHS known as the vital signs report. These were freely available on the company intranet to each dentist at the practice. Dentists were able to analyse their own performance as well as being able to obtain support and guidance from the clinical support manager where there were particular difficulties.

Leadership, openness and transparency

The practice ethos was to provide patient centred care, underpinning this was a practice that benefited from a very stable staff base. For example, the dentists had been working at the practice between five and six years and the dental nurses for over three years. This had led to a very cohesive practice team. We found staff to be hard working, caring towards the patients and committed and to the work, they did. We saw evidence from staff meetings that

issues relating to complaints and compliments, practice performance including the quality of care provided was openly discussed and addressed by the whole team. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry. All of the staff we spoke with were happy with the facilities and felt well supported by the practice manager. Staff reported that the practice manager was proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs, this was underpinned by an appraisal system and a programme of clinical audit. We observed that the dental nurses received an annual appraisal; these appraisals were carried out by the practice manager. These were followed up by monthly one to one reviews. The dentists received one to one performance reviews with the practice manager at various times during the year. With respect to clinical audit, we saw results of audits in relation to clinical record keeping, the quality of X-rays and infection control which demonstrated that good standards were being maintained. These audits were used by the company to identify additional training or clinical supervision needs and improve confidence and competence in particular clinical techniques where appropriate.

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

The practice had gathered feedback from patients through the NHS Friends and Family test, NHS Choices, and the My Dentist compliments and complaints system. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area and on the website. The company used an on-line system for capturing patient satisfaction as well as paper questionnaires. Results of the Family and Friends Test displayed in the waiting area indicated that in February 91% of patients were highly likely or likely to recommend the practice to family and friends. For the year to date 97% were highly likely or likely to recommend the practice.

Staff told us that the practice manager was very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had monthly meetings; the minutes of

Are services well-led?

these were made available if they could not attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.