

First Choice Dental Limited

# Mydentist - Chichester Road - Copnor

## Inspection Report

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### Overall summary

Mydentist Chichester Road is a dental practice providing mainly NHS and some private treatment for both adults and children.

The practice is situated in two converted domestic dwellings situated north of Portsmouth city centre, Hampshire. The practice has five dental treatment rooms and a separate decontamination room used for cleaning, sterilising and packing dental instruments.

The practice employs five dentists, a hygienist, four dental nurses of which three are in training and on a recognised training course, two receptionists and a practice manager. The practice's opening hours are 8.30am to 5pm Monday to Thursday and 8am to 3pm on Friday. There are arrangements in place to ensure patients receive urgent medical assistance when the practice is closed. This is provided by an out-of-hours service.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 23 completed cards and obtained the views of 15 patients on the day of our visit.

We carried out an announced comprehensive inspection on 8 February 2016 as part of our planned inspection of all dental practices. Our inspection was carried out by a lead inspector and a dental specialist adviser.

### Our key findings were:

- The practice benefitted from a stable staff base and an empowered practice manager.
- Staff felt supported by the practice manager and were committed to providing a quality service to their patients.

# Summary of findings

- 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 had a 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.
- Staff recruitment files were organised and complete.
- Staff received training appropriate to their roles and were supported in their continuous professional development.
- Information from 23 completed Care Quality Commission (CQC) comment cards and the views of a further 15 patients on the day of our visit, gave us a positive picture of a friendly, professional service.
- The practice had a rolling programme of clinical and non-clinical audit in place.

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

- Complete autoclave validation logbooks with respect to recommended weekly and quarterly tests.
- Repair the floor covering in the decontamination room.
- Provide the hygienist with the chair side support of a dental nurse

# 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 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 to guide their practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council and were meeting the requirements of their professional registration.

### **Are services caring?**

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

We collected 23 completed CQC patient comment cards and obtained the views of a further 18 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. We observed privacy and confidentiality were maintained for patients using the service on the day of our visit.

### **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 two 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.

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.

# Mydentist - Chichester Road - Copnor

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 8 February 2016. The inspection was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff recruitment records. We spoke with seven members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and the computer system that supported the patient dental

care records. We reviewed CQC comment cards completed by patients and obtained the view of patients on the day of our inspection. Patients gave positive feedback about their experience at the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

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 needle stick incidents that occurred in the practice during 2015. We found that the reporting forms had been completed and the incidents had been referred to the head office in line with company policy. This enabled the company to analyse the incidents and share any learning with the rest of the practices in the group through the company newsletter. 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 practice manager 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. A single use system was used to deliver local anaesthetics to patients. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked how the practice 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. (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. This individual acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. 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.

### 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 in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had two 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 drugs 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. As part of maintaining competency, the practice also undertook simulated medical emergency scenario training on a quarterly basis. We found that all staff had received update training in 2015.

### Staff recruitment

All of the patients we asked said they had confidence and trust in the dentist.

All the dentists and dental nurses who worked at the practice had current registrations with the General Dental Council. The practice had a recruitment policy which

# Are services safe?

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 six staff recruitment files and records confirmed all had been recruited in accordance with the practice's recruitment policy. Staff recruitment records were ordered and stored securely.

## **Monitoring health & safety and responding to risks**

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file detailed how materials used in the provision of dental treatment were to be handled to prevent harm to staff and patients alike. 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. 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 five 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.

We found the drawers of treatment rooms stocked appropriately, clean, organised 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 a 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 unit water lines.

The dental unit water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). They described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in February 2014 with a review date of mid-2016. 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 and tidy and clutter free. We did note that a section of flooring was damaged. However the practice manager informed us that this had been raised with company head office and the practice was waiting for this issue to be addressed by them. Dedicated hand washing facilities were available in this room. The dental nurse demonstrated the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and ultrasonic cleaning baths for the initial cleaning process, following inspection they were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The dental nurse also demonstrated that systems were in place to ensure that the autoclaves and

# Are services safe?

washer disinfectors used in the decontamination process were working effectively. It was observed that the data log books used to record the essential daily validation checks of the sterilisation cycles were not always complete and up to date. The areas that were not always completed were the weekly and quarterly tests for the three autoclaves.

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 storage room 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 clinical waste.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, two of the autoclaves had been serviced and calibrated in January 2016 and the other in September 2015. The practices' X-ray machines had been serviced and calibrated in October 2015. Portable appliance testing (PAT) had been carried out in November 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.

## 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 and 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 with another dentist acting as overall lead for dental radiography. 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 2015, demonstrated that dental X-rays were of a good 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 we spoke with 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 soft tissues and the signs of oral cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

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 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 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 and 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. One dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish applications and appropriate high concentration fluoride tooth paste to keep their teeth in a healthy condition. They also placed where appropriate special plastic coatings (fissure sealants) on the biting surfaces of adult back teeth in children who were particularly vulnerable to dental decay.

Dentists had the opportunity at this practice to use the services of a dental hygienist to carry out the placement of fissure sealants and gum treatments where appropriate. The practice had a range of dental health products patients could purchase which were suitable for both adults and children. 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 team consisted of five dentists, a hygienist, four dental nurses of which three were in training, two receptionists and a practice manager. We asked 15 patients if they felt there was enough staff working at the practice. Of these, 14 said yes and one was not sure.

The practice manager kept records of training carried out by nursing and administration staff which confirmed they had the right skills to carry out their roles. Mandatory training included basic life support, fire safety and infection prevention and control.

There was an appraisal system in place which was used to identify staff training and development needs. We were told that due to staff shortages appraisals had fallen behind but these were now scheduled to take place. Staff we spoke with told us they had accessed specific training in the last 12 months in line with their professional development plan.

# Are services effective?

(for example, treatment is effective)

All but one of the dental nurses supporting the dentists were trainees who were on recognised training course. However we did note that the dental hygienist was working without chairside support. We drew to the attention of the practice manager the advice given in the General Dental Council's Standards for the Dental Team about dental staff being supported by an appropriately trained member of the dental team at all times when treating patients in a dental setting.

The practice manager told us the practice ethos was that all staff should receive appropriate training and development. The practice used a variety of ways to ensure staff development including internal company training through the academy programme and staff meetings as well as attendance at external courses. The company provided a rolling programme of professional development. This included training in cardiopulmonary resuscitation, infection control, child protection, adult safeguarding and other specific dental topics.

## **Working with other services**

The practice manager explained how they would work with other services. Dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers through a central referring system developed by local commissioners of

services. The dentists were able to refer patients whom required conscious sedation or dental implants to a nearby sister practice of the same company. This ensured that patients were seen by the right person at the right time.

## **Consent to care and treatment**

We spoke to two dentists on duty on the day of our visit; they all 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 is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

# 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 securely 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 23 completed CQC patient comment cards and obtained the views of 15 patients on the day of our visit. These provided

a positive view of the service the practice provided. We asked 15 patients if the dentists treated them with care and concern. Of these, 14 said yes and one told us they did not have an opinion either way.

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 helpful and efficient.

### **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 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 asked 15 patients if the dentist was good at involving them in decisions about their care and treatment. Of these, 13 said yes and two did not have an opinion either way.

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 practice waiting area displayed a variety of information including 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 computerised 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 for staff about the Equality Act 2010 and supporting national guidance. The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. For example, the practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. Hearing loops for patients who were hard of hearing were clearly available on the reception desk. There was level access into the building enabling patients with mobility problems or families with pushchairs and prams to access the practice easily.

### Access to the service

Appointments were available Monday to Thursday between 8.30am to 5pm and 8am to 3pm on Friday. Appointments could be made in person, by telephone or on-line via the practice website. We asked 15 patients if they were satisfied with the practice opening hours. Of these, 14 said yes and one told us they were unaware of the opening times.

Staff told us patients were seen as soon as possible for urgent care during practice opening hours and this was normally within 24 hours. Appointments were available each day to accommodate this. Patients told us and comment cards reflected that they felt they had good access to routine and urgent dental care.

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

### Concerns & complaints

The practice had a complaint policy and a procedure that set out how complaints would be addressed, who by, and the timeframes for responding. For example, a complaint would be acknowledged within three working days and a full response would be provided to the patient within 20 working days. This was seen to be followed. We saw a complaints log which listed four complaints received in the previous 12 months of our inspection. Complaints seen came from a variety of sources which included NHS Choices, telephone, letter and patient feedback forms. We were told all of these complaints had been resolved with a satisfactory outcome.

Information for patients about how to make a complaint was seen in the waiting areas of the practice, the practice leaflet and website. Lessons learnt and any changes implemented were shared with staff at monthly practice meetings. We asked 15 patients if they knew how to complain if they had an issue with the practice. Of these, ten told us they would know, four weren't sure and one probably would not know.

# Are services well-led?

## Our findings

### Governance arrangements

The company 'Mydentist' 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 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.

The governance arrangements for this location consisted of a practice manager who was responsible for the day-to-day running of the practice. 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 other dentists and dental therapist/hygienist. The clinical support manager had appropriate support from a system of clinical directors used by the company.

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 a caring service to their patients, underpinning this was a practice that benefited from a very stable staff base. For example, the practice manager had been in place for seven years and provided continuity in terms of management and support to all staff. Dentists had been employed at the practice between five and seven years. This had led to a very cohesive practice team. We found staff to be hard working, caring towards the patients and committed 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. The staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry. Generally the staff we spoke with were happy with the facilities and felt well supported by the practice manager. Staff reported that the practice manager resolved problems as soon as was practically possible. 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. Each year dental nurses received an appraisal that lasted about an hour; these appraisals were followed up by the practice manager by a series of one-to-one meetings throughout the year. This helped to ensure that the aims and objectives of the staff member's personal development plan were being met. The dentists also 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, antimicrobial prescribing and infection control during 2015. These indicated that good standards were being maintained by the practice. 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, My Dentist, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area, practice leaflet and on the website. The company used an on-line system for capturing patient satisfaction. We saw from the practice manager's appraisal documentation that 4.6 out of 5 patients would recommend the practice to their family or friends. Results of the Family and Friends Test indicated that 96.4% of patients were very likely or likely to

## Are services well-led?

recommend the service to family or friends. 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.