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The Dental Implant Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 August 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

The Dental Implant Centre is a dental practice that provides private dental care. The practice specialise in providing dental implants, but provides general dental services to people in an emergency. The practice treats adult patients from a range of cultures and backgrounds.

The practice has one principal dentist who is also the registered manager and owner. They work at the practice four days a week and four associate dentists provide treatment one day a week in rotation or when requested by a patient. In addition, the practice has one dental nurse, who is also the practice manager and a receptionist.

The practice opening hours were: Monday to Friday – 9.00am to 5:00pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 10 Care Quality Commission (CQC) comment cards that had been completed by patients, about the services provided. All had positive comments about the staff and the services provided. In addition, we spoke with three patients who all provided positive feedback about the practice and the dental treatment they had received. Comments particularly focussed on the caring nature of the staff and the quality of the service provided.

Summary of findings

Our key findings were:

- The practice recorded and analysed significant events and complaints and shared learning with staff.
- Staff had received safeguarding training and knew the procedures to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to handle emergencies. Appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were in place and the practice followed the related guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, good practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, options and risks and were involved in making decisions.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice was well-led and staff worked as a team.

- The practice sought feedback from staff and patients about the services they provided

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

- Review the practices' current Legionella risk assessment giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review its audit protocols to ensure audits of various aspects of the service, including on infection control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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 effective systems and processes in place to ensure all care and treatment was carried out safely. Significant events and accidents were recorded, investigated and analysed.

Staff had received training in safeguarding and knew the signs of abuse and who to report them to. There were recruitment and induction procedures in place and staff were trained and skilled to meet patient's needs.

The practice had infection control procedures and staff had received training. Radiation equipment was suitably sited and used by trained staff only. However, improvements could be made to ensure all necessary checks were being undertaken at regular intervals in accordance with current guidelines. We were assured by the principal dentist after the inspection that necessary steps had been taken and an external advisor booked to undertake as a priority the required checks.

Emergency medicines in use at the practice were stored safely and securely, and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance. The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General dental council (GDC).

Are services caring?

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

We received positive feedback from patients through comment cards and discussions on the day of the inspection.

Staff at the practice treated patients with dignity and respect and maintained their privacy.

Patients said they were able to ask questions when staff explained treatment options to them. The cost of any treatment was identified and explained before treatment began. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients were able to access treatment in an emergency, and there were arrangements in place for patients to receive alternative emergency treatment when the practice was closed.

There was a complaints policy which was displayed in the waiting area and patients were invited to provide feedback via a feedback form situated in the waiting area.

Summary of findings

Are services well-led?

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

The practice had good governance and management arrangements in place. They had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patients' needs were being met. There was a full range of policies and procedures to ensure the practice met patients' needs.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist.

The Dental Implant Centre

Detailed findings

Background to this inspection

The inspection took place on 18 August 2015 and was conducted by a CQC inspector and a Dentist specialist advisor.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months and their latest statement of purpose.

We also reviewed the information we held about the practice and found there were no areas of concern.

During the inspection we spoke with one dentist, the practice manager who was also the practice dental nurse and a receptionist. We reviewed policies, procedures and

other documents. We reviewed 10 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also spoke with three patients.

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 procedures in place to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the dentist or the practice manager. The practice manager told us of a recent incident where the premises had been flooded and equipment damaged. This incident had been appropriately recorded and investigated. Actions taken at the time and any lessons that could be learned to prevent a recurrence were noted and discussed with staff.

The practice had procedures in place to assess the risks in relation to the Control Of Substances Hazardous to Health Regulations (2002) (COSHH). Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had been no accidents that had required notification under the RIDDOR 2013 guidance.

Reliable safety systems and processes (including safeguarding)

The practice manager told us they had a safeguarding policy and procedure in place; though they were unable to locate it on the day of our inspection. The practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. Staff we spoke with knew who to contact and how to refer concerns both internally and to agencies outside of the practice if necessary. They were also able to demonstrate that they understood the different forms of abuse that may occur. Training records showed that all staff at the practice had undertaken training in safeguarding adults and children in August 2014.

The dentist at the practice ensured that clinical practices reflected current guidance in relation to safety. For example, the dentist routinely used a rubber dam for certain procedures, such as root canal treatment to ensure patient safety and increase effectiveness of treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment and this was in line with current guidelines and in line with continuous professional development (CPD) recommendations provided by the General Dental Council (GDC). (All people registered with the GDC have to carry out a specified number of hours of CPD to maintain their registration).

Staff recruitment

The practice had a recruitment policy for the employment of new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references, Hepatitis B immunisation status and Disclosure and Barring Service (DBS) checks in line with the practice policy. (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).

The practice staffing consisted of one dentist (who was the owner), four associate dentists, two dental nurses and one receptionist and all had been at the practice for a number of years. The practice had an induction system for new staff; this was individually tailored for the job role. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practices' policies and procedures. We saw that there was an induction checklist in place.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred, appropriate

Are services safe?

staffing agencies would be contacted. However, as this practice specialised in implants, we were told that if the dentist was absent and this was not planned, patients would be contacted and their appointments rearranged.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and risk assessments in place. The risks to staff and patients had been identified and measures had been put in place to reduce them.

The practice also had other policies and procedures to manage risks. These included infection prevention and control, a legionella risk assessment, and fire evacuation procedures. Processes were in place to monitor and reduce these risks so that staff and patients were safe. Staff told us that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and we saw records in respect of these checks were completed.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise these risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

The practice manager received alerts from the Medicines and Healthcare Products Regulatory Agency and these were disseminated to all staff at the practice and discussed at team meetings.

The practice had minimised risks in relation to sharps (needles and other sharp objects that may be contaminated) by using the safer sharps system, which ensures that the contaminated needle was not exposed during the disposal process. We found the practice compliant with the Safe Sharps Regulations 2013.

Infection control

The practice was visibly clean, tidy and organised. An infection control policy was in place. However, we noted that it was last reviewed in November 2013. The policy described how cleaning was to be undertaken at the premises including the surgeries and the general areas of

the practice. The practice manager told us that the practice employed a cleaner though dental nurses had set responsibilities in each surgery. The practice had systems for testing and auditing the infection control procedures.

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Sharps bins (secure bins for the disposal of needles, blades or any other instrument that posed a risk of injury through cutting or pricking) were suitably located, signed and dated and not overfilled. A clinical waste contract was in place and waste matter was appropriately sorted and stored securely in locked containers until collection.

The practice had systems in place to reduce the risk and spread of infection. The practice manager was the lead for infection prevention and control and they had completed additional training in the testing of equipment that was used as part of the decontamination process. They were aware of the safe practices in line with 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)'. We observed the decontamination process and saw that staff used appropriate personal protective equipment (PPE), including heavy duty gloves. The infection control lead described the process for the decontamination of instruments.

The practice had a separate decontamination room for instrument processing. This room was well organised. Protocols were displayed on the wall to remind staff about the correct processes to follow at each stage of the decontamination process. Staff demonstrated the process to us; 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 designed to minimise the risks of infection. We found that instruments were being cleaned and sterilised in line with the published guidance (HTM01-05).

The practice used a system of ultra-sonic cleaning bath, manual scrubbing (utilising the double sink method) and a washer disinfectant as part of the initial cleaning process. Following inspection of cleaned items, they were placed in

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an autoclave (steriliser). 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 equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and was effectively maintained.

We found that the last infection control audit was carried out in November 2013 although this should be completed every six months. Records showed a risk assessment process for Legionella had recently been carried out, however we found it had not been carried out by an experienced and competent person. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. For example, we observed that sharps containers, clinical waste bags and general waste were properly segregated and stored. The practice used a contractor to remove dental waste from the practice. Waste consignment notices were available for inspection

Equipment and medicines

Equipment in use at the practice was regularly maintained and serviced in line with manufacturers' guidelines. Portable appliance testing (PAT) took place on all electrical equipment with the last PAT tests having been completed in April 2015. Fire extinguishers were checked and serviced regularly by an external company and staff had been trained in the use of equipment and evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient

stocks available for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for audit purposes.

Emergency medicines were available, and located centrally, but securely for ease of use in an emergency.

Radiography (X-rays)

X-ray equipment was situated in one surgery. However, it was not being used on the day of our inspection due to a recent flood. The practice were referring patients to a local dentist for X-rays. The dentist told us that X-rays had been carried out in line with local rules that were relevant to the practice and equipment, but were unable to give us any evidence to confirm this. Appropriate radiation warning sign was on the door of the surgery.

The practice monitored the quality of its X-rays images on a regular basis and maintained appropriate records. This ensured they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant. Dental care records we checked showed that information related to X-rays was recorded and in line with current guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included grading of the X-ray, views taken, justification for taking the X-ray and the clinical findings.

The practice manager told us the equipment had been serviced in 2014, however they said they were not currently using the x-ray machine, as it had been damaged in a recent flood. They said they were referring patients to another local dentist to have these carried out.

Improvements could however be made in maintenance of a suitable radiation protection file to include the required information. There was no evidence of a critical examination pack for the X-ray, a servicing contract, a named radiation protection advisor or a copy of the local rules. We were assured by the principal dentist after the inspection that necessary steps had been taken and an external advisor booked to undertake as a priority the required checks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' care and treatment was assessed, planned and delivered according to their individual needs. We looked at dental care records to confirm our findings which showed that dentists used a systematic and structured approach to assessing and planning treatment.

All patients had an up to date medical history completed when they attended for examination and these were updated regularly. There were systems in place to reduce any possible medical emergencies as the computer system automatically flagged individual patient alerts. Patients told us that the dentist always asked if there had been any changes to medical conditions or any medicines they were taking. This information was recorded in the patient's dental care record.

Following the clinical assessment, the diagnosis was then discussed with the patient. Treatment options and costs were explained in detail. Where relevant, preventative dental information was given in order to improve the outcome for the patient. The patient dental care records were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines.

We checked a sample dental care records to confirm our findings and saw that the dentist kept a record of the examinations of soft tissues, teeth and other relevant observations. We saw that the dentist assessed the patient's gums and provided a more detailed assessment when required.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. This included information on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance to have regular dental check-ups as part of maintaining good oral health.

The dentist said where applicable, they discussed smoking, alcohol and diet with patients and the effect they might have on the patient's oral health. Patients were also signposted to other services such as smoking cessation.

Staffing

The practice had one dentist, a practice manager, who also acted a dental nurse and one receptionist. Dental staff had appropriate professional qualifications and were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration with the General Dental Council (GDC). CPD contributes to the staff members' professional development. Staff files we looked at showed details of the number of hours they had undertaken and training certificates were also in place.

Staff training was monitored and training updates and refresher courses were provided. The practice had identified the training that was required for its staff and this included basic life support and safeguarding. Records we viewed showed that staff were now up to date with this training. Staff told us that they were supported in their learning and development and to maintain their professional registration.

The practice had procedures in place for appraising staff performance and the practice manager told us all staff had been appraised this year, but was unable to provide any documentary evidence. Staff said they felt supported and involved in discussions about their personal development. They told us that the dentist was supportive and always available for advice and guidance.

Working with other services

The practice was relatively self-contained as it provided specialised implant treatment. The dentist referred patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. This included referral for specialist treatments such as conscious sedation or referral to the dental hospital if the problem required more specialist attention. The practice then monitored patients after their treatment to ensure they had received a satisfactory outcome and the necessary care after treatment.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice had a policy for consent to care and treatment. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent. The dentist explained treatment options and would send a letter to patients following the consultation who were required to sign them. Patients were then provided with a written treatment plan

which included the costs associated with each treatment option. The patients that we spoke with confirmed that they had been fully informed about their treatment options.

We saw evidence to confirm that staff had been booked to attend Mental Capacity Act 2005 (MCA) training the week after our inspection. 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 caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The general atmosphere was welcoming and friendly. The reception was situated in a large open plan area. Reception staff told us that should a confidential matter arise, a private area was available for use in an unused surgery. Staff members told us that they never asked patients questions related to personal information at reception.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of, and the secure handling of patient information. We saw that dental care records, both paper and electronic were held securely either under lock and key or password protected on the computer.

We viewed 10 CQC comment cards that had been completed by patients, about the services provided. All

cards had positive comments about the staff and the services provided. Patients said that practice staff were kind and caring and that they were treated with dignity and respect.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of its private dental charges and treatment plan fees. There were a range of information leaflets in the waiting area which described the different types of dental treatments available. Patients were given copies of their treatment plans which included information about the proposed treatments and associated costs. We checked a sample of dental care records to confirm our findings and saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with three patients on the day of the visit. All the comments were positive, and included comments about how caring and friendly the staff were. All three patients said that treatment was explained clearly including the cost and felt involved in the planning of their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. The practice had a system in place to schedule enough time to assess and meet patients' needs. Appointment times varied in length according to the proposed treatment and to ensure that patients and staff were not rushed.

This practice offered dental implant services and as such patients could book an appointment in good time to see the dentist. However, the dentist told us they would also see patients that needed emergency general dental treatment usually on the same day. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice had anti-discrimination policies and promoted equality and diversity and staff were aware of these.

Some of the clinical staff spoke additional languages and one of the principal dentists told us they had access to a telephone translation service, although they had not had to use this so far. There was written information for people who were hard of hearing and as well as large print documents for patients with some visual impairment.

Access to the building was via steps and there was no ramp access available. However, all the treatment rooms were on the ground floor of the building.

Access to the service

The practice was open Monday to Friday from 9am to 5pm. The practice displayed its opening hours on their premises. New patients were also given a practice information sheet which included the practice contact details and opening hours.

The dentist told us that they would always ensure that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated on the day as they only booked three or four appointments daily. We reviewed the electronic appointments system and saw that this was the case.

We asked the dentist about access to the service in an emergency or outside of normal opening hours. They told us they remained 'on call' so that patients could contact a dentist at any time and had a reciprocal arrangement with a local practice when they were on holiday.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area. The practice also had patient's suggestions and feedback forms displayed in the waiting area.

The practice told us they had not received any complaints, either verbal or written. The dentist told us that if patients were not happy with their treatment they would mention straight away and their concerns would be addressed. The patients we spoke with told they had never had an occasion to make a complaint, but had given lots of positive feedback to the practice. We saw there was a book in the waiting room with patient testimonials and they had received 10 comments in the last year. All were exceptionally complimentary about the service they received from the practice staff. CQC comment cards reflected that patients were satisfied with the services provided.

Are services well-led?

Our findings

Governance arrangements

There was a clear management structure in place. The dentist and the practice manager had defined managerial roles. The practice manager was the first point of contact for all staff management issues and took the lead for carrying out quality monitoring processes. They were also the lead for areas such as safeguarding, fire safety and infection control processes. Staff were aware of these structures and therefore knew who to approach about different issues for advice.

The practice had arrangements in place for monitoring and improving the services provided for patients. For example staff told us that issues of safety and quality were regularly discussed at staff meetings; however the practice was unable to provide any minutes from meetings to evidence this. There were robust governance arrangements in place. This was demonstrated by audits of dental care records and regular review and updates of policies and procedures. Staff were aware of their roles and responsibilities within the practice.

There were systems in place for carrying out clinical and non-clinical audits taking place within the practice. These included assessing the detail and quality of dental care records, oral health assessments and X-ray quality. Health and safety related audits and risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. Staff were aware of the policies and they were readily available for them to access. Staff were able to demonstrate many of the policies and this indicated they had read and understood them. The practice also used a dental patient computerised record system and all staff had been trained to use it.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff told us they were comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

Staff said they were able to speak with the dentist and the practice manager to discuss any professional issues with them. We were told that there was a no blame culture at the practice and that the delivery of high quality care was integral to the running of the practice.

Staff told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns.

We were told staff felt well cared for, respected and involved with monthly staff meetings and that alerts were e-mailed to them of any changes to policy or procedures.

Management lead through learning and improvement

Staff told us that they had access to training, and training records were available to us to review as part of staff files. Staff were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). Professionals are required to complete a specified number of CPD hours in core topics which includes medical emergencies, disinfection and decontamination and radiation protection to maintain their registration. The practice manager had a system in place to identify when staff completed essential training each year and highlight when training was due for renewal.

We saw that the dentist had attended a range of specialist training relating to implants over the past two years and attended external meetings related to implantology.

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

Patients who used the service were able to provide feedback about the service and patient feedback forms were available in the waiting room. Patients we spoke with on the day of the inspection, all CQC comment cards and patient testimonials indicated a high level of satisfaction with the care provided.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care. They held regular staff meetings and staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.