

Edgbaston Dental Centre

Edgbaston Dental Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 27 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 form the framework for the areas we look at during the inspection.

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

Edgbaston Dental Centre is in Edgbaston, Birmingham and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including one for patients with disabled badges, are available in the car park at the rear of the practice. Patients are also able to park in local side roads.

The dental team includes 13 dentists (including the two principal dentists), 13 dental nurses (including two

Summary of findings

trainee dental nurses and a treatment co-ordinator), two dental hygienists, five receptionists and a practice manager who is also a qualified dental nurse. The practice has six treatment rooms, three on the ground floor and three on the first floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Edgbaston Dental Centre is one of the principal dentists.

On the day of inspection we collected 19 CQC comment cards filled in by patients. This information gave us a positive view of the practice. We did not receive any negative feedback about the practice.

During the inspection we spoke with three dentists, three dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday 9am to 7.30pm,
Tuesday and Friday 9am to 6pm and Saturday 9am to 3pm.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children. A member of reception staff held the lead role for safeguarding at the practice.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. The AED pads had expired, but we were told that these would be ordered immediately and following this inspection evidence was provided to demonstrate that the order had been placed.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 19 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and efficient. They said that they were given detailed explanations about dental treatment, staff spent their time answering any questions, and they confirmed their dentist listened to them.

Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist. They also commented that they would recommend the dental practice and would not go anywhere else for their dental care.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services and had arrangements to help patients with sight or hearing loss. Interpreters were present at the practice on the day of our inspection.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively. Information received from comments, compliments and complaints was discussed with staff during practice meetings.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. Staff had been allocated lead roles and staff were aware who held the lead roles at the practice.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

Robust audit procedures had been implemented and the practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. A file was available which contained guidance documents, reporting forms, accident and significant event audits as well as the policies and procedures.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. Incident records detailed the date that they were discussed at practice meetings. Appropriate action was taken when learning points were identified and any follow up action was recorded on incident records. The minutes of practice meetings seen demonstrated that incidents and accidents were discussed.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. A receptionist held the lead role regarding safeguarding, all staff spoken with were aware who held the lead role. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff said that they were encouraged to speak out and discuss any issues or concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp

dental items. We saw that the practice had robust procedures for staff to follow when a sharps injury occurred. A folder of information was available which contained the practice's inoculation injury policy, sharps injury flow chart, management of blood borne virus from sharps, immunisation guidance, a sharps injury questionnaire for patients (this was given to patients when a staff member had a sharps injury from a piece of used dental equipment) and a sharps injury audit. Some of this information was also available in a quality assurance folder kept in each dental treatment room and on the practice's computers. This gave staff easy access to the information.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The business continuity plan described how the practice would deal events which could disrupt the normal running of the practice. A copy of the plan including emergency contact details was available to the practice manager and principal dentist on-line and these staff were able to access this information when they were off site.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Training certificates were available to demonstrate that the last training was completed in April 2017. Some members of staff had also completed first aid training and the practice had first aid kits which were regularly checked to ensure items were within their expiry date.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the AED pads had expired. Staff were not checking the expiry date of these pads. We were told that new pads would be ordered immediately and expiry date checks would be completed. Following this inspection we were provided with evidence that AED pads had been ordered.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. The practice manager had identified some improvements required in the practice



Are services safe?

recruitment systems and had implemented these to ensure that they reflected relevant legislation. We looked at three staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. The practice manager had introduced monitoring systems to ensure personnel information such as indemnity cover, training and disclosure and barring checks were all up to date.

Monitoring health & safety and responding to risks

The lead receptionist was the lead person with overall responsibility for health and safety at the practice. The practice manager was the deputy. This helped to ensure that there was always someone available to provide help and support regarding health and safety issues. The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The health and safety lead completed a visual health and safety check on a daily basis. We were told that they completed a walk around all areas of the practice and kept records to demonstrate this. For example to ensure that there were no trip hazards and plugs did not have loose wiring.

Checks were also made of fire safety equipment to ensure they were in good working order and an external company completed regular service and maintenance checks. We saw records to demonstrate that a fire drill had recently been completed and we saw that two members of staff had been appointed as fire marshals; all other staff had completed fire training in August 2017.

A dental nurse worked with the dentists, dental hygienists and dental therapists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. These were being reviewed on an annual basis. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The practice had two separate decontamination rooms, one for the "dirty instruments" and a separate for the clean. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. We saw the audits completed in May and November 2016 and May 2017. These audits showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. This was reviewed by one of the principal dentists on an annual basis. Water temperatures were monitored and recorded on a monthly basis in line with the requirements of the legionella risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and dispensing medicines. A fridge was available and used to store one of the emergency medicines. We were told that staff were not checking and recording the temperature of this fridge. Fridge temperature monitoring would help to ensure that medicines were being stored at the correct temperature. We were told that a monitoring sheet would be introduced immediately. Following this inspection we were provided with evidence to demonstrate that a fridge thermometer had been purchased.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)



Are services safe?

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every three months following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Dental care records we looked at showed that the findings of the assessment including the condition of the gums using basic periodontal examination scores and details of the soft tissues lining the mouth were documented. Medical history information was reviewed and updated at every visit to the practice. Details of any advice given and treatment carried out was also documented. Evidence was available to demonstrate that the dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice carried out conscious sedation on a private basis for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Two dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. Patients could be referred to the hygienist for additional private periodontal treatment if required. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. The practice's computer system had a teaching programme which could be used to educate patients. Dental nurses were trained in oral health education.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans. Staff new to the practice also had three, six and nine monthly probationary reviews in which support was provided as needed and staff were able to discuss any issues or concerns.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.



Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Separate consent forms were used for those patients undergoing sedation. Sedation patients were given information in writing prior to their surgery; this was then discussed again with the patient at the time of their treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy did not include information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. We discussed Gillick competence with the dentists who were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

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Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting. Quality assurance systems had been implemented for the reception area. This included the lead receptionist monitoring to ensure the telephone was answered within three rings (when staff were not otherwise occupied with patients), work stations were clean and clutter free and any laboratory work was booked in appropriately.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that as well as text and email reminders that were sent to patients two days before their appointment, they also telephoned patients one day before their appointment. This was helping to reduce the number of patients who failed to attend their appointment.

The practice operated a short notice cancellation list. Patients who requested to be included on this list were offered the appointment of any patient who cancelled their appointment prior to the patient's allocated appointment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access, a hearing loop and accessible toilet with hand rails and a call bell. We were told that a note was put on patient records if they were unable to access the first floor treatment rooms or for those patients who were anxious and required appointments at a time when the practice was less busy.

Staff said they had access to interpreter/translation services which included British Sign Language and braille. An interpreter was on the premises during this inspection to assist a patient who could not speak or understand English. We were told that practice information such as complaints and the practice leaflet were not available in different formats and languages to meet individual patients' needs. However, the principal dentist confirmed that they would source methods of ensuring this information was available in the future. We were told that staff at the practice were able to communicate with patients who spoke Punjabi, Urdu, Arabic and Polish. Following this inspection we were sent a copy of the complaint's policy which had been translated into Polish.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept at least 30 minutes per dentist free for same day appointments. Patients could also sit and wait to be seen. They took part in an emergency on-call arrangement with some other local practices. The answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This was available to patients in the reception area. The practice manager was responsible for dealing with these. Staff said that there were forms to complete when a complaint was received. These would be completed and we were told that they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response. We saw that guidance information developed by the General Dental Council and Health watch regarding how to make a complaint was available for review by staff.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.



Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the last 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice had identified some improvements required to their complaints procedures

which included a final letter to complainants to “close down” the complaint. This letter gave the details of the organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.



Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. Information such as appraisal information, sickness and training records, policies, procedures, risk assessments and audits were available on a computer package. The principal dentist and practice manager had administration rights which enabled them to make changes to information. When changes were made a notification was sent out to the practice manager and principal dentist confirming who had made the changes. Staff had access to a copy of the employee handbook on-line and a paper copy was available in the staff room.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice had developed a "duty of candour letter" to send to patients regarding any incidents at the practice which may have an impact on them.

Staff told us there was an open, no blame culture at the practice. The practice manager told us about the reflection sheet which was available in the staff room. Staff were able to complete this form with comments, issues or suggestions and hand to the practice manager for discussion. Staff confirmed that this form was available. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Staff told us that they were able to add items for discussion to the agenda for each meeting and were always given the opportunity to raise items during the 'any other business' section of each meeting. We were told that all staff were sent a copy of practice meeting minutes by email. Those who were unable to attend the meeting were also able to discuss the minutes with the practice manager if required.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. We were shown the audits of dental care records for July 2016 and July 2017, X-rays for April and July 2017, waste for February 2017 and infection prevention and control for May and November 2016 and May 2017. They had clear records of the results of these audits and the resulting action plans and improvements. We were told that all staff were emailed with results of audits and these were discussed at practice meetings.

The principal dentist and practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team apart from the principal dentists had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders. Staff confirmed that they completed annual appraisals; we were told that they didn't feel rushed during these meetings and had the opportunity to raise issues and discuss training needs.

The practice had been involved in a mock CQC inspection. An external professional had visited the practice and conducted an inspection, where issues were identified action had been taken to address these. The practice manager said that they were very keen to get things right for the benefit of staff and patients.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The practice manager and principal dentist were able to monitor training completed and required by staff via their computer system. This helped to ensure staff completed



Are services well-led?

the relevant mandatory training. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service. Patients were able to give feedback via the practice website. This included giving patients the opportunity to record what they liked and what they felt could have been improved at the practice. The practice recorded and monitored these patient comments. We saw that amongst other things patients were happy with the care provided and reported that staff were friendly and helpful.

The practice had a comments/suggestions box. We were shown 19 completed comment cards which all recorded positive feedback. Staff told us that the results of any satisfaction survey or comment cards were discussed at practice meetings.

Following each appointment patients were automatically sent a copy of the on-line survey. We were told that the results of surveys and the comments box feedback were audited and reviewed on a three monthly basis.

We were told about the changes made as a result of suggestions from patients. For example patients had requested a hook on the back of the toilet door, patients had requested darkened glasses when having treatment as they had said that the light from the dentists loupes was bright (magnifying glasses worn by dentists to enlarge the view of the mouth) and the provision of colouring books and crayons for children. Changes had also been made as a result of staff feedback with a request for a new style and colour of uniform being granted.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The NHS Choices website records that 98% of the 61 patients who responded to the FFT would recommend this practice.