

Rensburg Pty Ltd

# Elvetham Dental Care - Fleet

## Inspection Report

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## Overall summary

We carried out an announced comprehensive inspection on 20 January 2017 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

Elvetham Dental Care is a dental practice providing general dental care for both adults and children under NHS and private arrangements. The practice is based in a converted domestic dwelling in Fleet, a town situated in Hampshire.

The practice has four dental treatment rooms, one of which is based on the ground floor and a separate dedicated decontamination room used for cleaning, sterilising and packing dental instruments. The ground floor is accessible to wheelchair users, prams and patients with limited mobility.

The practice employs four dentists, two hygienists, four dental nurses and a practice manager.

The practice opening hours are between 8am and 6pm on Monday; 8am and 5pm Tuesday to Friday; and 8am and 1pm on Saturdays by arrangement.

There are arrangements in place to ensure patients receive urgent treatment when the practice is closed.

The Provider and Practice Owner is the Principal Dentist and also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered

# Summary of findings

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 received feedback from 46 patients. These provided a positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff and the cleanliness of the practice.

## **Our key findings were:**

- The practice ethos was to provide high quality general dental care in a relaxed and friendly environment.
- Effective leadership was provided by the principal dentist and a newly appointed and empowered practice manager.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- There was a process in place for reporting and shared learning of untoward incidents which occurred in the practice.
- Dentists provided dental care in accordance with current specialist professional and National Institute for Care Excellence guidelines.

- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent care when required.
- Staff received training appropriate to their roles and were supported in their continuing professional development by the practice.
- Staff we spoke with felt well supported by the principal dentist and practice manager and were committed to providing a high-quality service to their patients.
- Information from 46 completed Care Quality Commission comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Consider the provision of an external name plate providing details of the dentists working at the practice including their General Dental Council (GDC) registration number in accordance with GDC guidance March 2012. This should also be included in practice information leaflets, the practice website and NHS Choices website.
- Review the availability of hearing loops for patients who use hearing aids.
- Review the safety arrangements of the window blinds in the practice, this could include ensuring the pull cords are made secure or carrying out a suitable risk assessment in relation to the pull cords.
- Review practice information on the NHS Choices website.
- Review the suite of practice policies to ensure that they contain an up to date review date.

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

No action



### 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 focused on the needs of the patients. The practice used current national guidance to guide their professional practice. We saw examples of positive teamwork within the practice and evidence of good communication with other dental professionals. 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.

No action



### Are services caring?

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

We collected 46 completed Care Quality Commission patient comment cards. These provided a positive view of the service the practice provided. Patients commented that the quality of care was very good. Patients commented about the friendliness and helpfulness of the staff and said the orthodontists were good at explaining the treatment that was proposed.

No action



### Are services responsive to people's needs?

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

The practice had a system in place to schedule enough time to assess and meet patients' needs. Patients were booked for longer appointments depending on their needs. Staff told us they treated everybody equally and where patients required additional assistance the practice would work together to assist patients.

The practice followed their complaints policy and procedures. Patients were informed about how to make a complaint. The practice acted with candour and apologised when things had not gone well.

No action



# Summary of findings

## Are services well-led?

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

The principal dentist, 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 effective clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the principal dentist and practice manager. All the staff we met said they were happy in their work and the practice was a good place to work.

No action



# Elvetham Dental Care - Fleet

## Detailed findings

### Background to this inspection

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

The inspection took place on 20 January 2017 and was led by a CQC inspector supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with specialist dentists, the practice manager, dental nurses and reception staff and reviewed policies, procedures and other documents. We reviewed 46 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice manager we spoke with demonstrated a good awareness of RIDDOR 2013 (reporting of injuries, diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff.

Records showed that four accidents occurred during 2015-16 and were managed in accordance with the practice's accident reporting policy.

We discussed with the practice manager the action they would take if a significant incident occurred, they detailed a process that involved a discussion and feedback with any patient that might be involved. This indicated an understanding of their duty of candour. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). These alerts were shared with relevant members of staff by the practice manager.

### Reliable safety systems and processes (including safeguarding)

We spoke with a dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus helping to protect staff from blood borne diseases. The practice used a system whereby needles were not manually re-sheathed using the hands following administration of a local anaesthetic to a patient. The practice used a special safety syringe for the administration of dental local anaesthetics to prevent needle stick injuries from occurring. Dentists were also responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur and we

noted that staff were aware of the procedure to be carried out in the event of such injury occurring. The systems and processes we observed were in line with the current EU Directive on the use of safer sharps.

We asked the staff how they treated the use of instruments used during root canal treatment. They explained that these instruments were single patient use only. The practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam. They explained that root canal treatment was carried out where practically possible using a rubber dam. 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 and protect the airway.

The practice had a safeguarding lead who was the point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect.

Training records showed that staff had received appropriate safeguarding training for both vulnerable adults and children. Information was available which 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. Staff spoken to were able to illustrate, by example, instances where they could identify and report safeguarding concerns to the appropriate person.

### 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 had received training in how to use this equipment and confirmed their ability to use it should the need arise.

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 access to medical oxygen along with other

# Are services safe?

related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in locations known to all staff.

The practice held training sessions each year for the whole team so that they could maintain their competence in dealing with medical emergencies. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

## Staff recruitment

Clinical staff had current registration with the General Dental Council, the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. We noted the policy had not been reviewed since January 2013 but it was in line with current recommendations and we saw evidence in staff files that it had been implemented.

We reviewed three staff files and saw checks that included proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2015. Staff recruitment records were stored securely to protect the confidentiality of staff personal information. We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

## Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with various emergencies. We saw that the practice maintained a comprehensive system of policies and risk assessments which included radiation, fire safety, general health and safety and those pertaining to all the equipment used in the practice.

The practice had in place a well-maintained Control of Substances Hazardous to Health (COSHH) file. This file

contained details of the way substances and materials used within the practice should be handled and the precautions to be taken to prevent harm to staff and patients.

The practice manager was responsible for the fire safety of the building. We saw a detailed fire risk assessment, dated January 2016, that didn't note any items of concern. The practice had appropriate signage and floor plans on display and the fire extinguishers were maintained on a regular basis. An external agency provided fire protection equipment servicing. We saw that staff had undertaken fire drills on a six-monthly basis and also saw evidence of regular checks being carried out on emergency lighting and fire alarms.

## Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice.

The practice had in place an effective infection control policy that was regularly reviewed. 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 audits of infection control processes carried out in July 2016 and January 2017 confirmed compliance with HTM 01-05 guidelines.

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

A dental nurse described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the treatment rooms following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a



# Are services safe?

term for particular bacteria which can contaminate water systems in buildings). A Legionella risk assessment had been carried out at the practice by a competent person in April 2015. The recommended procedures contained in the report were carried out and logged appropriately. This included regular flushing of the dental water lines, the use of a biocide and regular water quality testing and testing of the hot and cold water temperatures. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room where sterilisation and packaging of processed instruments took place. The dental nurse we spoke with demonstrated the 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 for the initial cleaning process, following inspection with an illuminated magnifier the instruments were placed in an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclaves used in the decontamination process were working effectively. It was observed that the log sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were complete and up to date.

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. Waste consignment notices were available for inspection. Environmental cleaning was carried out by a cleaner according to cleaning plans developed by the practice. These cleaning plans were available for inspection which were completed by the company each day.

## Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclaves had been serviced and calibrated in May and September 2016. The practice X-ray machines had been serviced and calibrated as specified under current national regulations in August 2016. The practice compressor had been serviced in October 2015 in accordance with the Pressure Vessel Regulations 1999.

Portable appliance testing (PAT) had been carried out in December 2016.

The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These, and other medicines including antibiotics and analgesics, were stored securely to prevent unauthorised access by the public.

We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

## Radiography (X-rays)

We were shown a well-maintained radiation protection file which was 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 Health and Safety Executive notification. 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.

Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported upon and quality assured. These findings showed the practice was acting in accordance with national radiological guidelines and that patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed all staff where appropriate had received training for core radiological knowledge under IRMER 2000 Regulations.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

A dentist described how they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were 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.

Where relevant, preventative dental information was given to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth 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 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.

Dental care records we saw 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 tool 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 & prevention

The practice demonstrated that they were focused on the prevention of dental disease and the maintenance of good oral health. To facilitate this aim the practice appointed two dental hygienists to work alongside of the dentists in delivering preventative dental care. The dentist we spoke with explained that children at high risk of tooth decay were identified and were offered fluoride varnish

applications to keep their teeth in a healthy condition. They also used fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth) for children who were particularly vulnerable to dental decay.

The dental hygienist explained how they contributed to the prevention agenda. This included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. 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. The practice also sold a range of dental hygiene products to maintain healthy teeth and gums; these were available in the reception area. Underpinning this was a range of leaflets explaining how patients could maintain good oral health.

### Staffing

The practice employed four dentists, two hygienists, four dental nurses and a practice manager. We observed a friendly atmosphere at the practice. All clinical staff had current registration with their professional body, the General Dental Council.

We noted that the external name plate which detailed names of the dentists working at the practice did not include their General Dental Council (GDC) registration number in accordance with GDC guidance from March 2012.

Staff told us there were enough staff working at the practice. Staff we spoke with told us they felt supported by the principal dentist and the practice manager. They told us they felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

There was a structured induction programme in place for new members of staff.

The dental hygienists did not always work with chairside support. The practice manager explained that if the hygienist required support, then this was always provided to allow compliance with the General Dental Council Standard 6.2.2.

### Working with other services

The practice manager explained how the practice worked with other services. Dentists could refer patients to a range of specialists in primary and secondary services if the

# Are services effective?

(for example, treatment is effective)

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 orthodontics or oral surgery. Referrals were managed through a dental referral centre which had been set up by local NHS commissioners.

## **Consent to care and treatment**

A dentist explained how they implemented the principles of informed consent; they had a very clear understanding of consent issues. The dentist 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 dentist went on to explain how they would obtain consent from a patient who suffered with any mental

health impairment that may mean they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They added they would involve relatives and carers if appropriate 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 and staff were able to illustrate, by example, their understanding of the Act.

The dentist was also familiar with the concept of Gillick competence in respect of the care and treatment of children under the age of 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 areas and we saw that doors were closed always when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patients' privacy.

Patients' clinical records were stored in both electronic and paper formats.

Computers which contained patient confidential information were password protected and regularly backed up to secure storage; with paper records stored in an area of the practice not accessible to unauthorised members of the public.

Practice computer screens were not overlooked which meant that confidential information could not be viewed at reception. Staff were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 46 completed CQC patient comment cards. All comments provided a positive view of the service and patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. During the inspection, we observed staff in the reception area. We observed they were polite and helpful towards patients and that the general atmosphere was calm, welcoming and friendly.

### **Involvement in decisions about care and treatment**

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs.

The dentist we spoke with paid attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentists recorded the information they had provided to patients about their treatment and the options open to them.

# 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 patients. We saw that the practice waiting area displayed a variety of information. This information included opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice website also contained information such as how to provide feedback to the practice and details of the types of treatment offered by the practice.

We observed the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into urgent slots for each dentist.

We were told how long a patient's appointment needed to be and considered any special circumstances such as whether a patient was very nervous, had an impairment and the level of complexity of treatment.

### Tackling inequity and promoting equality

The practice had made some reasonable adjustments to help prevent inequity for patients that experienced limited mobility or other barriers that may hamper them from accessing services.

To improve access for patients who found steps a barrier, the practice had level access and a treatment room and toilet on the ground floor.

The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment.

### Access to the service

The practice opening hours were between 8am and 6pm on Monday, 8am and 5pm Tuesday to Friday; and 8am and 1pm on Saturday's by arrangement.

The practice used the NHS 111 service to give advice in case of a dental emergency when the practice was closed. This information was publicised in the practice information booklet kept in the waiting area and on the telephone answering machine when the practice was closed.

### Concerns & complaints

There was a complaint policy which provided staff with information about handling formal complaints from patients.

Information for patients about how to make a complaint was available in the practice waiting room and in the practice leaflet. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We noted that the practice information leaflet did not contain details of the NHS Ombudsman. We pointed this out to the practice manager who assured us this would be addressed as soon as practically possible.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. For example, a complaint would be acknowledged within three working days and a full response would be given in 10 days. We saw a complaints log which listed four complaints received over the previous year which confirmed that all had been concluded satisfactorily and answered within the identified timeframes.

# Are services well-led?

## Our findings

### **Governance arrangements**

The governance arrangements of the practice were developed through a process of continual learning and improvement. The principal dentist and a practice manager were responsible for the day to day running of the practice.

The practice maintained a system of policies and procedures. All the staff we spoke with were aware of the policies and how to access them. We noted that a number of policies had not been reviewed for some time which was because the practice manager was relatively new in post. We also observed other systems needed updating, this included the NHS Choices web site and the Information Governance Tool Kit. This tool kit is a contractual requirement for providers of NHS services. The practice manager assured us that these issues would be addressed as soon as practically possible.

### **Leadership, openness and transparency**

The practice ethos focused on providing patient centred quality dental care in a relaxed and friendly environment and this approach was reflected in the CQC comment cards seen. The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the practice manager or the principal dentist. They felt they were listened to, and responded to, when they raised a concern. Staff appeared to be hard working, caring and committed to the work they did. All the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities. We found that 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 which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the dental nurses and receptionists received an annual appraisal; these appraisals were carried out by the practice manager. We found there were several clinical audits taking place at the practice. These included infection control, clinical record keeping and X-ray quality.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. The practice used a variety of ways to ensure staff development included internal training and staff meetings as well as attendance at external courses and conferences. The practice provided a rolling programme of professional development. This included training in basic life support and cardio pulmonary resuscitation, infection control, child protection and adult safeguarding and dental radiography (X-rays).

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

The practice gathered feedback from patients through surveys, compliments and complaints. We saw that there was a robust complaints procedure in place, with details available for patients in the waiting area and in the practice leaflet.

The practice was listed on NHS Choices website and, whilst most information was up to date, there were a few areas that were not, including some recent staff departures. We were told that this was because the practice manager was relatively new in post and had not yet been able to edit the NHS Choices website. Access was being arranged and this should be rectified very shortly.

Patient reviews were limited with only one (positive) review within the last 12 months.

Results of the most recent practice survey carried out indicated that 99% of patients who responded were happy with the level of service provided by the practice and were likely to recommend the practice to a family member or friend.

As a result of patient feedback the practice recently arranged to stagger the lunchbreaks of staff so as to ensure that patients were able to access the service over the lunchtime period.

Staff told us the dentists were very approachable and they felt they could give their views about how things were done at the practice. Staff told us they had frequent staff meetings and described the meetings as good with the opportunity to discuss successes, changes and improvements.