The Smile Studios Limited

The Smile Studios: Heston

Inspection Report

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Date of inspection visit: 10 June 2015
Date of publication: 23/07/2015

Overall summary

We carried out an announced comprehensive inspection on 10 June 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

The Smile Studio Heston is located in the London borough of Hounslow in West London. It offers NHS and private dental care services to patients of all ages. The practice has been under new management since 2012.

The practice serves a mixed population with patients from varied backgrounds. The services provided included preventative advice and treatment and routine and restorative dental care as well as, invisible braces, six month smiles, smile makeovers and teeth whitening.

Facilities within the practice include three consultation rooms, waiting room, two administration offices and toilet facilities. All treatments were offered on the ground floor.

The practice has four dentists, one principal dentist who is the director, three dental nurses, one hygienists and a practice manager/receptionist and one administrative staff. The practice is open Monday to Friday from 08:30am to 18:00pm and on Saturdays 08:30- 16:00pm.

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

Summary of findings

We spoke with four patients who used the service on the day of our inspection and reviewed 28 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They commented they had no difficulties in arranging a convenient appointment and staff were caring, helpful and respectful. They also reported that the practice had undergone a lot of changes that they thought were good as far as they were concerned.

Our key findings were:

• The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.

• The practice carried out oral health assessments and planned treatment in line with current best practice guidance for example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles and told us they felt well supported to carry out their work.

• Patients told us they were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.

• Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.

• There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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 in place to ensure people were safeguarded from abuse. The provider had up to date policies and staff were aware of their responsibilities. Systems were in place to learn from incidents and lessons learnt were discussed with staff.

Staff told us they were encouraged to report incidents and were encouraged to do so. We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately. All incidents had been shared with staff and learning points had been identified.

The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies. There were clear guidelines regarding the maintenance of equipment and the storage of medicines to ensure care was delivered safely.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations. The practice had systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with current guidance, such as from the National Institute for Health and Care Excellence (NICE) and the British Dental Association (BDA). Patients were given relevant information to assist them in making informed decisions about their treatment.

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required. The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals.

Patients were given advice regarding maintaining good oral health. Where needed they were referred to the dental hygienist for more support regarding general dental hygiene procedures and also where appropriate referred to stop smoking services.

Staff were supported by the practice in continuing their professional development (CPD) and we found that staff were meeting the requirements of their professional registration.

Are services caring?

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

We received 28 CQC comment cards patients had completed prior to the inspection and spoke with four patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. Patients commented they felt involved in their treatment, it was fully explained to them and the dentist offered them enough time to discuss their care and treatment options.

Are services responsive to people's needs?

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

There was a procedure in place for dealing with complaints and this was followed at all times.

Summary of findings

The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility, including installing gentle ramps into and within the practice and having a low level reception desk. There were disabled toilet facilities in the practice.

The practice had an appropriate appointment system in place to respond to patients' needs. Emergency appointments were available on a daily basis if needed .Clear guidance was available for patients regarding what to do when the practice was closed.

Are services well-led?

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

There were good clinical governance and risk management systems in place. There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from staff or patients had been carefully considered and appropriately responded to.

The principal dentists had a clear vision for the type of practice they wanted to provide. This included providing care in an open and friendly environment. These values were shared and understood by other members of staff. Staff felt well supported and confident about raising any issues or concerns with the principal dentists.

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Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 10 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with four members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed 28 Care Quality Commission (CQC) comment cards completed by patients and spoke with four patients in the waiting area. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff. And they were happy with the changes the new management team had made to the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff on how to report incidents and accidents. We saw evidence that all incidents were documented, investigated and reflected upon by the dental practice. We reviewed the information within the practice's critical incidents files that were stored electronically and found the practice had responded appropriately on all incidents.

The practice responded to national patient safety and medicines alert that affected the dental profession. The principal dentist told us they reviewed all alerts and took all the necessary actions including alerting staff. The principal dentist and the practice manager understood the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. The practice had one recorded RIDDOR incident in the last 12 months and we saw that the incident had been dealt with appropriately.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. However the practice did not have local contact details for both child protection and adult safeguarding teams. We spoke with the principal dentist and they advised that due to many location changes in their local area these had not been updated. However by the end of our inspection they had updated these details.

The principal dentist was the safeguarding lead professional at the practice and all dentists had undertaken safeguarding training in the last 12 months. Dental nurses attended safeguarding training as part of their five year cycle of continuing professional development (CPD). Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to sharps injuries (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Rubber dams were used in root canal treatment in line with guidance from the British Endodontic Society. [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].

Patient medical histories were taken when they first joined the practice. This included details of current medication, known allergies and existing conditions. Staff told us that medical histories were updated every time a patient attended. We were shown copies of patients' medical histories and saw they were updated appropriately.

Medical emergencies

The practice had a medical emergencies policy which provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored securely on the ground floor and first floor with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. This was specifically for use in both adults and children emergencies. (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).

Records showed monthly checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months.

Staff recruitment

The principal dentist told us they used the British Dental Association's recruitment guidelines for the safe recruitment of staff. They were knowledgeable about the requirement to seek references, check qualifications, identification and professional registration as part of the

recruitment process. The principal dentist told us the practice carried out Disclosure and Barring Service (DBS) checks for all employed staff. These checks identified whether a person had a criminal record or was 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 stored recruitment and staff information in a number of paper and computer systems that were secure. We looked at all 11 practice staff folder which contained evidence of DBS checks, occupational health checks, professional registration, employment contracts and the immunisation status for staff. The principal dentist showed us staff contracts of employment held manually. Staff we spoke with confirmed they had contracts of employment and we saw evidence of staff qualifications in their CPD files.

The principal dentist checked the professional registration for all clinical staff regularly to ensure that professional registrations were up to date. Indemnity insurance was in place for all members of staff.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The dentist carried out health and safety and checks which involved inspecting the premises and equipment and ensuring maintenance and service documentation was up to date. They also had external companies that carried out these.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and use of equipment. The assessments included the risks identified and actions taken.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. COSHH substances were stored securely in lockable cupboards and staff had received training on how to handle these.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. Key contact numbers were included and copies of the plan were kept in the practice and by the principal dentist at their other locations.

Infection control

The practice had an up to date infection control policy that was updated yearly. One of the dental nurses was the infection control lead professional and they worked with the principal dentist to ensure there were suitable infection control processes in place. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained. Posters promoting good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures. Staff received annual training regarding infection prevention and control and regular updates were provided at staff meetings.

The practice were working towards best practice and were following the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

The premises including the consultation rooms and the decontamination room were clean. They had sealed floors and work surfaces that were free from clutter and could be cleaned and disinfected between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. One of the dental nurses demonstrated the procedures involved in cleaning, rinsing, inspecting and

decontaminating dirty instruments; packaging and storing clean instruments. We noticed they followed all the steps correctly.We also noticed that though the practice had a washer-disinfector machine to clean the used instruments we were told staff did not routinely use it. Records kept at the practice showed that the washer disinfector had been used routinely until the practice had been advised by a dental infection control advisor that this was not necessary. Though not mandatory, as per HTM 01-05 guidance using a washer-disinfector is the preferred method for cleaning dental instruments because it offers the best option for the control and reproducibility of cleaning; in addition, the cleaning process can be validated. The principal dentist immediately informed staff that they had to use the washer disinfector machine at all times and this was connected for use.

We observed that the nurse had not fully followed guidance detailed in HTM 01-05 document that recommended that the amalgam carriers should be dismantled to ensure each part is cleaned adequately. The principal dentist said he was not aware they needed to dismantle the amalgam carriers and they would add this onto their decontamination guidance.

The decontamination room had clearly defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye wear.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these were taking place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted. The practice had an audit carried out in March 2015 by an external company relating to the Department of Health's guidance on decontamination in dental services (HTM01-05). The audit showed the practice was meeting the required standards.

Records showed a risk assessment process for Legionella had been carried out in the last 12 months. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month.

Equipment and medicines

The practice maintained a comprehensive list of all equipment including dates when maintenance contracts required renewal. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. We saw documents confirming that appropriate servicing was taking place. Portable appliance testing (PAT) was carried out annually and was last completed in May 2015.

The practice had systems in place regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. These medicines were stored safely for the protection of patients. No medicines or dental products used at the practice required to be kept in a medicines fridge.

Prescription pads were stored in the surgeries when in use and in a locked cabinet in the office upstairs. Prescriptions were stamped only at the point of issue to maintain their safe use. Dentists we spoke with told us they recorded information about any prescription issued within the patient's dental care record.

Radiography (X-rays)

The practice had a radiation protection file and a record of all X-ray equipment including service and maintenance history. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary. A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were displayed.

X-rays were digital and images were stored within the patient's dental care record. Those authorised to carry out X-ray procedures were clearly named in all documentation and records showed they attended training.

Are services safe?

X-ray audits were carried out every six months by the principal dentist. The results of the audits confirmed they were meeting the required standards which reduced the risk of patients being subjected to further unnecessary X-rays

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and British Dental Association guidelines.

We reviewed medical records and saw evidence of comprehensive assessments that were individualised for patients. This included having an up to date medical history (which was reviewed at each visit), details of the reason for visit (i.e. new patient or presenting complaint), a full clinical assessment with an extra and intra oral examination. If the medical history highlighted any issue such as an allergy or existing medical condition, an alert was placed on the patient's records so that each time the record was accessed the clinician would be aware of it. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.). Information about the costs of treatment and treatment options available were also given to patients. The dentist told us that if treatment was required they also provided in writing to the patient outlining this information to ensure they understood and had agreed.

Health promotion & prevention

The medical history form patients completed included questions about smoking. The dentists we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation and dietary advice and detecting dental decay early. Health promotion leaflets were available in the practice to support patients look after their general health.

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). For example; the practice recalled patients, as appropriate, to receive fluoride applications to their teeth and encouraged parents to ensure children visited dentists from an early age and information on teaching young children how to care for their teeth was given out and demonstrated were necessary. Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures.

Staffing

The practice operated an induction programme for all new staff with competencies being accessed. Staff we spoke with confirmed they had been fully supported during their induction programme. Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC were up to date for all staff and we saw evidence of on-going continuous professional development. Mandatory training included basic life support and infection prevention and control. Records showed staff had completed this in the last 12 months. The principal dentist monitored staffing levels and planned for staff absences to ensure the service was uninterrupted. The practice had access to locum staff when needed to cover absences and sickness.

Staff had access to the practice intranet system and policies which contained information that enabled them to do their work. This included current dental guidance and good practice. Staff told us they all had received appraisals and reviews of their professional development. The practice had a process for staff appraisals and we saw that these were consistently carried out.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. The practice completed detailed referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice**.** In some instances were saw that the practice followed up on hospital or specialist referrals were a patient had not been contacted.

Consent to care and treatment

All clinical staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it

Are services effective?

(for example, treatment is effective)

was relevant to ensuring patients had the capacity to consent to dental treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about involving children in decision making and ensuring their wishes were respected regarding treatment. Staff ensured patients gave their consent before treatment began and this was recorded in patient records. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they preferred. Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We found that all staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan and we were told that when a confidential issue arose patients could be taken to a private room to discuss any issue.

A confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and their conditions and the secure handling of patient information. We observed the interactions between staff and patients and found that staff were careful not to discuss patient details within the hearing of other patients at the practice. Records were held securely. Patients we spoke with felt that practice staff were kind and caring. They told us they treated them with dignity and respect and were helpful. Patients who were nervous about seeing the dentist were reassured to make their experience less stressful. The practice had obtained a licence to play commercially available relaxing music which they felt calmed some patients. Patients who had completed CQC comment cards commented that all staff were polite and friendly and treated them with in a polite and caring way

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Patients commented they felt involved in their treatment and it was fully explained to them. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Patients were also informed of the range of treatments available and their cost in information leaflets and on notices in the reception area and waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice leaflet and website explained the range of services offered to patients. This included regular check-ups (including x-rays and teeth cleaning), fillings, extractions, root canal, dentures, bridges and crowns. The practice undertook NHS and private treatments and costs were clearly explained. The practice provided continuity of care to their patients by ensuring, as far as was possible; they saw the same dentist each time they attended.

All new patients to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs. This included a medical history form.

The practice undertook a patient survey annually and the results of it were analysed for improvement areas. We found that the practice was responsive to the needs of patients and where relevant changes made to the services provided to improve patient care and experience. The last survey that took place in May 2015 identified that patients were happy with access including the Saturday openings.

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. Staff spoke different languages meaning that the need for interpreting services was greatly reduced. They provided written information for people who were hard of hearing.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. Opening hours were Monday to Friday from 08.30am to 18.00pm and Saturdays 08:30 to 16:00. The practice had clear instructions in the practice and via the practice's answer machine for patients requiring urgent dental care when the practice was closed. Staff told us patients were seen as soon as possible for emergency care and this was usually within 24 hours. CQC comment cards reflected patients felt they had good access to routine and urgent dental care.

The practice had treatment rooms on the ground. The practice had made reasonable adjustments to accommodate patients with a disability or lack of mobility, including installing gentle ramps into and within the practice and having a low level reception desk. There were disabled toilet facilities in the practice.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint and it included contacts of other external organisations patients could complain to. Staff told us they raised any formal or informal comments or concerns with the principal dentist to ensure responses were made in a timely manner.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and on the practice website. The practice had received five complaints in the last 12 months which had been responded to appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits There were relevant policies and procedures in place. These were all reviewed on an annual basis and updated. Staff were aware of these policies and procedures and acted in line with them. All policies were accessible to staff via the practice intranet. The practice held monthly practice meetings, which included all staff members, where governance issues were discussed to ensure an environment where improvement and continuous learning were supported.

Leadership, openness and transparency

There was a culture of openness and transparency in the practice. Staff we spoke with described an open and transparent culture which encouraged openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentists and that they were listened to and responded to when they did so. Staff told us they enjoyed their work and were well supported by the management team. There was a low staff turnover with a number of staff being employed for over 15 years.

Management lead through learning and improvement

There was a programme of audits to ensure that the practice was effectively monitoring the quality of the care and treatment they provided. For example, the practice carried out regular audits every three months on patient records to ensure the quality of clinical records was consistent and fit for purpose. Another audit had been carried out to ensure antibiotic use for patients was within guidance.

The dentists' continuing professional development five year cycle ran from 2013 and was due for completion in 2018.We found that they were all working towards completing the required number of CPD hours to maintain their registrations in line with the General Dental Council (GDC)

There were regular staff meetings, but staff also told us that there were many opportunities throughout the day for unscheduled discussions between staff. Staff told us these were useful opportunities to discuss their clinical practice and the smooth running of the service. They felt there concerns were listened to and acted upon. For example, staff had raised some concern about their uniforms and these had been reviewed and replaced.