

Mr Jag Chawla & Dr Satnam Chawla & Dr Mohan Chawla

Brightsmile Dental Care (Isleworth)

Inspection Report

41-43 South Street
Isleworth
Middlesex TW7 7AA
Tel: 020 8569 8081
Website: www.brightsmile.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 9 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Brightsmile Dental Care Isleworth is one of three dental practices owned by the the practice partners with all registered separately with the Care Quality Commission (CQC). The premises consist of three treatment rooms and one dedicated decontamination room. There are public and staff toilet facilities, a waiting room and separate reception area, an administrative office and staff kitchen. At the time of our visit a building extension to the premises was under construction and due for completion by December 2015. The expansion was to include a purpose built decontamination room and ground floor accessible public disabled toilet facilities. Due to the building work on the ground floor one of the treatment rooms at this level was not in use at the time of the inspection.

The practice provides NHS and private dental care for its patient population with an approximate 80% : 20% ratio respectively and treats both adults and children. The practice offers a full range of routine dental services including veneers, crowns and bridges, dentures, gum and hygiene treatments and fissure sealants.

Summary of findings

The service is provided by four part time dentists; one male and three female, four part time dental nurses and two receptionists. The practice opening hours are from 9.15am to 5.30pm Monday to Friday and on Saturday by appointment only.

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

We carried out an announced, comprehensive inspection on 9 October 2015. The inspection took place over one day and was carried out by a CQC inspector, a trainee CQC inspector and a dentist specialist advisor.

We received 31 CQC comment cards completed by patients who all commented positively about the staff and the care they received from the practice.

Our key findings were:

- The practice had systems to assess and manage risks to patients and staff, including for infection prevention and control, health and safety and the management of medical emergencies.
- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).
- Patients said they felt the practice offered a good service and that the whole dental team were professional, caring, respectful and friendly.
- The practice sought and acted on feedback from patients about the services they provided.
- There was evidence that the practice audited many areas of their practice as part of a system of improvement and learning.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review its systems to monitor the fridge temperatures used to store medicines for use in a medical emergency.

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.

There was an effective system in place for reporting and learning from incidents. There were policies and procedures in place for child protection and safeguarding adults and staff had received safeguarding training.

There were processes in place which staff followed for the management of infection control in line with national guidance. There were arrangements for managing medical emergencies including access to emergency medicines and emergency medical equipment.

Equipment in use at the practice was serviced and checked for effectiveness at regular intervals. The practice kept a well maintained radiation protection file and X-ray equipment was regularly serviced.

Are services effective?

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

The practice followed best practice guidelines when delivering dental care. These included

National Institute for Health and Care Excellence (NICE), General Dental Council (GDC), Faculty of General Dental Practice (FGDP) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

The practice focused on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit

Patients received an assessment of their dental needs including medical history update at each visit. Explanations were given to patients in a way they understood and treatment risks, benefits, options and costs were explained.

Are services caring?

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

We collected feedback from 31 patients all of which described a very positive view of the service the practice provided. They reported that staff treated them with dignity and respect and involved them in decisions about their care and treatment.

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their dental treatment and were satisfied with the information given by staff.

Are services responsive to people's needs?

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

Patients could access care and treatment in a timely way and the appointment system met the needs of patients.

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures provided staff with guidance on how to support patients who wanted to make a complaint.

Summary of findings

Are services well-led?

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

The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately. There was a full range of policies and procedures in use at the practice which were regularly reviewed and kept up to date as protocols or guidance changed.

The practice regularly audited areas of their practice as part of a continuous system of learning and improvement. These included radiography audits, infection control, record keeping and appointment waiting times.

Brightsmile Dental Care (Isleworth)

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 9 October 2015. The inspection took place over one day. The inspection was led by a CQC inspector and a trainee CQC inspector. They were accompanied by a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider. 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 checked dental care records to confirm our findings. We spoke with two dentists, two dental nurses, the operational manager, the practice manager and one

administration staff member. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed decontamination procedures of dental instruments.

We reviewed 31 Care Quality Commission (CQC) comment cards completed by patients prior to our inspection.

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

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 policies and procedures in place for the reporting, documentation and learning from safety incidents and accidents that occurred. All safety incidents were discussed at staff meetings and learning from them shared. Staff we spoke with understood their responsibilities for the reporting of safety incidents if they occurred. Two incidents had been reported in the last year which had occurred at the other dental practice branches. We saw that the learning from both of these incidents were shared with all three practices and new procedures had been put in place across each one as a result. We saw for example that a new procedure for the authorisation of home teeth whitening kits had been implemented following an incident in which out of date teeth whitening gels had inadvertently been issued to a patient.

Staff explained patients would be told when they were affected by something that goes wrong, provided with an apology and informed of any actions taken as a result.

The practice responded to national patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the NHS Central Alert System (CAS). (MHRA and CAS alerts identify any problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry). Safety alerts were received through a central email account managed by the operational management team. Relevant alerts were disseminated by email to all staff and were discussed at staff meetings.

Reliable safety systems and processes (including safeguarding)

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe.

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. Contact details for the local authority safeguarding teams, social services and other agencies, were readily available to staff. We saw that these had been recently updated by the practice to reflect contact detail changes. All staff had received safeguarding training to an

appropriate level. Staff we spoke with demonstrated their awareness of the signs they would look out for which may indicate abuse or neglect. We saw evidence that staff were informed of any safeguarding updates circulated by external organisations.

The practice followed national guidelines on patient safety. For example, rubber dams were used when completing root canal treatments in line with guidelines 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).

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason.

Medical emergencies

There were arrangements in place to deal with medical emergencies. Staff received annual training in basic life support and this was last updated in October 2015. The practice carried out monthly simulated medical emergency training to keep staff familiarised with medical emergency procedures.

The practice held emergency medicines in line with guidance issued by the British National Formulary (BNF) for dealing with common medical emergencies in a dental practice. These medicines were in date and fit for use. A log of medicines' expiry date was kept and checked weekly. The practice had an automated external defibrillator (AED) which was checked weekly and logged. (An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). However it was observed that there were no dual purpose or separate paediatric defibrillation pads. There was an in date portable oxygen cylinder that was checked daily and a supply of adult breathing aid masks, but there were no paediatric oxygen masks. The practice did not have a non-rebreathing oxygen therapy mask.

Staff recruitment

The practice had a recruitment policy which included the processes to be followed when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed the recruitment files for three members of staff and found checks of professional registration with the General Dental

Are services safe?

Council (GDC) where required had been carried out. (The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians and dental technicians). Criminal records checks through the Disclosure and Barring Service (DBS) had been undertaken for all staff and references were sought before staff commenced employment. For relevant staff the practice had copies of their personal indemnity insurance certificates which healthcare professionals are required to have in place to cover their working practice.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, cross infection, sharps, medication and equipment. There was a comprehensive health and safety policy in place which was due for review in December 2015. A health and safety risk assessment was undertaken annually and the last one was completed in January 2015.

There were arrangements in place to deal with foreseeable emergencies. We saw that the practice had been assessed for risk of fire in January 2015 and that monthly fire drills were undertaken. Fire extinguishers and smoke detectors had been serviced annually. There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. (COSHH 2002 was implemented to protect workers against ill health and injury caused by exposure to hazardous substances from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way). The practice maintained a comprehensive COSHH file in which risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins were stored appropriately in the treatment rooms and secured securely whilst awaiting disposal.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. This was demonstrated through direct observation of the daily

cleaning processes undertaken and a review of the protocols the practice followed which were in line with Department of Health (DoH) Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05). Records demonstrated that annual Infection Prevention Society (IPS) audits had been conducted in 2014 and 2015 although this should be undertaken twice yearly. The practice completed 'I Comply' audits for infection control twice yearly which had resulted in improvements being made to their procedures.

We observed that the two dental treatment rooms in use, waiting area, reception and toilets were clean and tidy. Clear zoning marked clean from dirty areas in all of the treatment rooms. Hand washing facilities were available including liquid soap and paper towels were available in the clinical areas and public toilets. Hand washing protocols were displayed appropriately in various areas of the practice.

Two of the dental nurses described and demonstrated the end-to-end process of infection control procedures at the practice. They demonstrated a good system for decontaminating the working surfaces, dental unit and dental chair following the treatment of a patient. We saw that each treatment room had the appropriate personal protective equipment for staff and patient use.

The practice had a separate though small decontamination room for dental instrument processing. The dental nurses demonstrated the process followed from taking dirty instruments through to clean and ready for use again. There was a good system for the transporting of dirty instruments, manual cleaning and inspection under an illuminated magnifier. This was followed by autoclave sterilisation. When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The practice had systems in place for daily quality testing of the autoclave and we saw records which confirmed that these had taken place.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described by one of the dental nurses was in line with current HTM 01-05 guidelines. Records showed a risk

Are services safe?

assessment for Legionella had been carried out in August 2015 by an external environmental company. A further risk assessment was due to be carried out following completion of the building extension to determine if there were any other risks associated with the plumbing at the premises.

Dental waste was segregated, stored and disposed of in accordance with the Department of Health (DoH) Health Technical Memorandum 07-01; Safe management of healthcare waste (HTM 07-01). Sharps containers were appropriately positioned and waste was separated and removed from the practice by a contracted carrier. Waste consignment notes were available for inspection.

Environmental cleaning was carried out in house and there was a schedule of daily cleaning tasks in place. We observed that cleaning equipment took into account national guidance on colour coding to prevent the risk and spread of infection. We observed that storage of some cleaning items could be improved which were addressed by the practice immediately.

Staff had been immunised against Hepatitis B to prevent the spread of infection between staff and patients. There were clear guidelines for staff about responding to a sharps injury (needles and sharp instruments).

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and X-ray equipment. We were shown the annual servicing certificates. Portable appliance testing (PAT) was completed in accordance with good practice guidance. (PAT is the name of a process during which electrical appliances are routinely checked for safety). The last PAT certificate was in date and due for re-assessment in December 2015.

The practice had systems in place for the prescribing, recording, use and stock control of medicines used in clinical practice. There was a dedicated fridge for clinical materials and for the storage of glucagon medicine used to treat low blood sugar level in a medical emergency. However, the practice was not monitoring and recording the fridge temperature used to store this medicine to ensure that it did not fall outside the recommended temperature range. All prescriptions pads were securely stored.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser (RPA) and two Radiation Protection Supervisors (RPS) in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The practice kept a well maintained radiation protection file in line with these regulations. This file included an inventory of all X-ray equipment, dates of critical examination and acceptance certificates, initial risk assessments, local rules and appropriate notification to the Health and Safety Executive (HSE). Records demonstrated that X-ray equipment had been regularly serviced with the last one completed in June 2013. The dentists were up to date with the General Dental Council (GDC) IRMER training requirements. The practice followed IRMER regulations as all dental X-rays taken were justified, graded and reported on.

Radiograph audits were undertaken by the principal dentist annually which demonstrated that improvements in quality assurance grades had been made.

Patients were required to complete medical history forms and the dentist considered each patient's individual circumstance to ensure it was safe for them to receive X-rays. This included identifying where patients might be pregnant.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with two dentists and checked a sample of dental care records to confirm findings.

The practice carried out consultations, assessments and treatment in line with recognised guidelines and standards from the National Institute for Health and Care Excellence (NICE), General Dental Council (GDC), Faculty of General Dental Practice (FGDP) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). Dentists we spoke with were fully aware of NICE guidance relating to, antibiotic prescribing, wisdom teeth referrals criteria and recall interval of patients based on risk.

The dental records we checked documented in detail the clinical assessments undertaken and course of dental treatment provided. The records showed that clinical assessments included examination of the condition of patient's teeth and gum health and oral soft tissue assessment. We saw that Basic Periodontal Examinations (BPE) were recorded and that appropriate action was taken in more advanced cases. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to patient's gums).

Medical history checks were updated for each patient every time they attended for treatment. Justification for the taking of an X-ray was recorded and these were reviewed in the practice's programme of audits as per Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

Local anaesthetic details including type and batch number were recorded. The records confirmed that a dental diagnosis was discussed with the patient and treatment options explained. Patients were provided with a copy of their treatment plan, including costs.

Care Quality Commission Comment (CQC) comment cards completed by patients reflected that patients were very satisfied with the care and treatment received and with their treatment outcomes.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Staff were familiar with the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention'

when providing preventive oral health care and advice to patients. (Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

The dentists carried out a range of preventative work including oral hygiene advice, fluoride varnish applications for children and fissure sealants. Records demonstrated patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. The waiting room and reception area displayed a range of literature promoting good oral health. This included information about effective dental hygiene and tips on how to reduce the risks of poor dental health. There was a selection of dental products on sale in the reception area to assist patients with their oral health.

Staffing

There were arrangements in place to support staff in their professional development and training. This included annual appraisals and training in mandatory topics such as basic life support, infection control, safeguarding children and radiography. An induction programme was in place for all new staff tailored to individual job roles. Dentists were up to date with their continuing professional development (CPD). (All people registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their registration.) Records showed professional registration was up to date and dentists were covered by personal indemnity insurance.

There were processes in place to cover for staff absence with resources used from the other practice branches when necessary.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice, for example complex oral surgery, orthodontic treatment, complex periodontal treatment and treatment under sedation. There was a comprehensive protocol for the referral of urgent cases where oral cancer may be suspected. This included follow up contact to the organisation where urgent referrals were sent. Referral letters we reviewed contained detailed information regarding the patient's medical and dental history and X-rays were attached as necessary. All referrals were reviewed weekly by the principal dentist with the exception of two week urgent referrals which were processed immediately.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice ensured patients were given appropriate information about their proposed dental treatment to enable them to give valid and informed consent. Staff discussed treatment options, including advantages and disadvantages, treatment alternatives, as well as costs with each patient. Dental care records we checked included consent documents which were appropriate to different types of dental treatments carried out.

All staff had received on line training in the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity

Act (MCA) 2005 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 we spoke did not demonstrate a full understanding of Gillick competence but told us that they had referred to national guidance when required. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical or dental treatment without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected feedback from 31 patients about the service provided by the practice. All of the feedback was very complimentary about the care, treatment and service provided by the practice. Patients described the dental team as professional, caring, friendly and helpful. They said that they were treated with dignity and respect and that they felt listened to and supported by staff. Several references were made to the attentive and reassuring way dental staff put patients at their ease.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. The practice held current registration with the Information Commissioner's Office (ICO) which was due for renewal in March 2016. The Data Protection Act requires every data controller (for example organisation or sole trader) who is processing personal information to register

with the ICO unless they are exempt. The reception desk was separated from the patient waiting area which allowed for confidential discussions. We observed staff members were helpful, respectful and discreet to patients.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. A number of information resources were used to assist patients in decisions about their care and treatment. The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment, that they felt listened to and were satisfied with the information they had received. They told us that treatment options were explained clearly and in detail. We checked six dental care records to confirm our findings and observed discussions with patients about treatment options were documented. For children, the dentists used child appropriate language and the tell-show-do technique. The tell-show-do technique is a method for helping children to feel more comfortable during dental examinations and procedures.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients could access care and treatment in a timely way and the appointment system met the needs of patients. Patients were emailed, called or a text message was sent to remind them of their appointments. Patient feedback comments confirmed that sufficient time was allocated for dental appointments and that appointments were available outside of normal working hours. Staff told us that patients would be informed by telephone if there were any delays to their appointment time and would be offered a later appointment or an alternative appointment day if their dentist was unable to catch up within a short period of time.

Information about the range of services offered to patients and private fee paying costs were prominently displayed in the reception area.

Tackling inequality 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. Translation services were not available for patients where language maybe a barrier. However, we were told that a range of languages were spoken amongst practice staff that could be used to assist patients where necessary.

The practice had considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice was housed in an older building that was not fully accessible to patients who had restricted mobility. At the time of inspection there were no designated disabled toilet facilities on the ground floor, instead patients had access to staff toilets that were located at the same level. However, expansion of the premises, which included a purpose built disabled toilet facility was being undertaken and was due to be completed

in December 2015. Two of the three treatment rooms, and the waiting room were located on the ground floor and these could accommodate patients with wheelchairs and prams.

There was a portable hearing induction loop situated in the waiting room. A hearing induction loop enables a person wearing a hearing aid to hear more clearly by simple adjustment of their hearing aid. The Equality Act (2010) required where 'reasonably possible' hearing loops to be installed in public spaces.

Access to the service

The practice was open from 9.15am to 5.30pm Monday to Friday and on Saturday by appointment only. Where treatment was urgent patients would be seen the same day where possible. When the practice was closed patients were directed by telephone recorded message to North West London dental triage line from 6.00pm to 10.00pm and thereafter to NHS 111.

Concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy and procedures provided staff with guidance on how to support patients who wanted to make a complaint. This included details of organisations which patients could pursue matters further if they were not satisfied with the practice's handling of their complaint. Staff we spoke with were aware of the procedure to follow if they received a complaint. We reviewed the complaints log maintained by the practice and observed that there had been five complaints recorded in the last year. The records showed that patients concerns were listened to, investigated and actions taken where appropriate, which included how learning was implemented as a result.

We saw that information was available to help patients understand the complaints system in the waiting area and in the practice leaflet.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure to ensure risks were identified, understood and managed appropriately. We saw risk assessments and the control measures in place to manage clinical and environmental risks, for example fire safety, infection control and medical emergencies.

There was a full range of policies and procedures in place to govern activity which were accessible to all staff. These included guidance about record keeping, incident reporting and consent to treatment. Processes were in place to ensure that all policies and procedures were regularly reviewed and kept up to date as protocols or guidance changed.

Monthly practice meetings were held during which governance arrangements were discussed and these were attended by all staff.

Leadership, openness and transparency

There were clearly defined leadership roles within the practice. The operational manager who was a trained dental nurse was the dedicated lead for infection control and the principal dentist the clinical and safeguarding lead. The practice manager was responsible for the day to day running of the service. Staff we spoke with were clear about their roles and responsibilities within the practice.

The culture of the practice encouraged candour, openness and honesty to promote the delivery of high quality care. Staff told us that there was an open culture within the practice and that the management team were approachable to discuss any issues or concerns. They said that they felt comfortable about raising concerns and when they had they were listened to and changes implemented as a result. The practice had a whistleblowing policy and staff knew what to do if they were concerned about any matters.

The philosophy of the practice was to promote good oral health and provide quality dental dentistry at affordable

prices. The practice aimed to retain staff and acquire broader skill sets to provide wider treatment choices. There was a system of periodic staff reviews to support staff in carrying out their roles to a high standard. This included annual appraisals and audit reviews of their own work by staff colleagues.

Learning and improvement

Staff told us the practice supported them to ensure that essential training was completed each year, this included basic life support and infection control. There was a comprehensive and effective approach for identifying where quality and or safety may be comprised and steps taken in response to any issues identified. The practice regularly audited areas of their practice as part of a continuous system of learning and improvement. These included radiography audits, infection control, record keeping and appointment waiting times. Information from the findings of these audits were used as learning tools to ensure improvements were made where needed.

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

The practice gathered feedback from patients through the use of on-going survey of patients' views about the practice and complaints that were received. Completed survey questionnaires were regularly reviewed to identify positive and negative feedback. An annual analysis was also conducted by the management team. Findings were discussed at staff meetings and where improvements were identified the practice acted upon this. For example, due to feedback received about the temperature in one of the treatment rooms an air conditioning system had been installed at the practice.

The practice held regular staff meetings and annual staff appraisals had been undertaken. Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. They described that they felt valued and supported and were proud to work at the practice.