Care Quality Commission

Estetica Oral Limited

Estetica Dental Chertsey

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 17 October 2016 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

Estetica Dental Chertsey is located in Chertsey, Surrey. The premises have six treatment rooms of which three are for dental services and the other three are for cosmetic medical laser treatments which were not inspected as part of this inspection as they are outside the scope of what CQC regulate. In addition to these rooms there was a decontamination room, a small stock room, an x-ray room, a reception area, an office, patient toilet, two waiting areas, and a staff kitchen and changing room. The dental treatment rooms, decontamination room and the x-ray room were located on the ground floor of the building.

The practice provides private dental services mainly to adults and some children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges.

The dental team at the practice consists of a principal dentist (who was the owner), two associate dentists, four dental nurses (including two trainee's), two dental hygienists, and a receptionist. The principal dentist provides conscious sedation services for adult patients.

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'.

Summary of findings

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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed 21 Care Quality Commission (CQC) comment cards that had been completed by patients in the two weeks prior to our inspection. All patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Emergency medicines and equipment was available in accordance with current guidelines but there were airways and two medicines missing.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Overall there were effective processes in place to reduce and minimise the risk and spread of infection although the service maintenance of the ultrasonic cleaning bath had not been done.
- Although documentation was in place for the reporting of incidents in the practice there was no detail of the risks assessed or any actions taken at the time of the incident.
- The practice appeared visibly clean and well maintained.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection
- Equipment, such the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been serviced. Although the air compressor was an old model that could no longer be serviced by the supplier.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients indicated that the team were friendly, caring and provided a pain free service.
- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Review the protocols and procedures for use of X-ray equipment giving due regard to its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by patients.

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 safe arrangements for essential areas such as infection control, clinical waste control, and dental radiography (X-rays). Generally the emergency medicines and equipment was in line with guidance issued by the British National Formulary and the Resuscitation Council UK guidelines but there were airways, oxygen masks and two medicines missing.

Although documentation was in place for the reporting of incidents in the practice there was no detail of the risks assessed or any actions taken at the time of the incident.

We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. 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 practice provided evidence-based care in accordance with relevant, published guidance. The practice monitored patients' oral health and gave appropriate dental health advice. We found protocols for sedation services to be in place and robust. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.

No action ✓

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

Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly, caring and provided a pain free service and they would recommend the practice to friends and family. During the inspection we observed staff in the reception area and on the telephone. They were polite and welcoming towards patients.

No action ✓

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients were able to access treatment within a reasonable time frame and had enough time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

No action ✓

Summary of findings

The practice had a complaints policy and procedure although this information was not readily available to patients to see.	
Are services well-led? We found that this practice was providing well-led care in accordance with the relevant regulations. The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff. The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.	**No action** ✓

Care Quality Commission

Estetica Dental Chertsey

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.

We carried out an announced, comprehensive inspection on 17 October 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. During our inspection we reviewed policy documents and spoke with dentists, dental nurses and reception staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. One of the dental nurses demonstrated how they carried out decontamination procedures of dental instruments.

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 a policy and an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff.

The staff we spoke with described how they would record any incidents involving an injury in the accident book and speak to the principal dentist to discuss any course of actions required. We noted that there was a record of an incident involving a needle stick injury that may not have been followed up according to the practice policy. There was no detail of the risk assessed or any actions taken at the time. The principal dentist was not aware of the incident recorded.

We could not locate any records pertaining to the detail of the injury or how learning from such an injury was shared with the rest of the practice staff to avoid recurrences.

The provider sent us a letter after the inspection informing us they had investigated the incident and assessed the risk as very low and therefore no further action was required. They confirmed the member of staff acted immediately with aftercare and all the appropriate actions were followed although the details were not documented. They assured us that this would be discussed with the team and learnt from for future incident reporting.

The practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps.

Although the principal dentist told us that the practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Agency (MHRA) via email, there were no records kept in relation to recent alerts that were pertinent to dentistry that had been issued by MHRA. These included those relating to Automated External Defibrillators, emergency medicines used in dentistry and electrical socket covering devices. We also noted that there did not appear to be an effective system in place for sharing alerts with staff at regular practice meetings.

Reliable safety systems and processes (including safeguarding)

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team and social services.

We saw evidence that all staff had completed safeguarding training to the appropriate levels and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the principle dentist.

The practice followed other national guidelines on patient safety. The dentists told us they routinely used a rubber dam when providing root canal treatment to patients 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 and protect the airway). Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held some of the emergency medicines and equipment in line with guidance issued by the British National Formulary and the Resuscitation Council UK guidelines but there were airways and two medicines missing.

Are services safe?

When we discussed these with the provider they responded immediately and placed an order for the items. The practice sent us evidence shortly after the inspection confirming they had received all the items and had a complete medical emergency kit required in the event of an emergency incident. The provider informed us that they would review their processes for checking the medical emergency kit to avoid a repeated event.

Staff recruitment

The dental team at the practice consists of a principal dentist (who was the owner), two associate dentists, four dental nurses (including two trainee's), two dental hygienists, and a receptionist.

There was a recruitment policy in place and we reviewed the recruitment records for six staff members. We saw that relevant checks to ensure that the person being recruited was safe and competent for the role had been carried out. This included DBS checks for all members of staff, a check of registration with the General Dental Council (GDC), references, ID checks and employment profiles. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All staff were up to date with their Hepatitis B immunisations and records were kept on file.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice maintained a system of policies and risk assessments which included fire safety and general health and safety and those pertaining to all the equipment used in the practice. These policies and protocols were reviewed yearly.

The practice had an electronic data disk that contained a comprehensive risk assessment around the safe use and handling the Control of Substances Hazardous to Health, 2002 Regulations (COSHH). Although this was up to date and on file, this was not readily available for staff to refer to in the event of a hazardous scenario that may occur in the practice. The provider informed us they would review this and ensure data was readily available to staff. We saw that COSHH products were securely stored.

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, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice that were in line with HTM 01 05 (national guidance for infection prevention and control in dental practices) The practice had in place an infection control policy that was reviewed annually. We saw records that auditing the quality of infection control procedures was carried out every three months, the last one was in July 2016. We noted the audits did not show an analysis of the results or any action plans.

The practice had a separate decontamination room for instrument cleaning, sterilisation and the packaging of processed instruments. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

A dental nurse we spoke with described to us the end-to-end process of infection control procedures at the practice. The practice used a combination of manual scrubbing and an ultra-sonic cleaning bath 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.

Although there were systems in place to ensure that the autoclaves and ultrasonic cleaning bath used in the decontamination process were working effectively, the annual service for the ultrasonic bath had not been completed. We pointed this out to the principal dentist who agreed to ensure it was not used until it had been serviced.

The treatment rooms where patients were examined and treated appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination of hands. Patients were given a protective cover and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Are services safe?

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

There was a good supply of environmental cleaning equipment which was stored appropriately.

Equipment and medicines

There were service contracts in place for the maintenance of the autoclave that had been inspected and serviced annually. The practice had portable appliances and had carried out portable appliance tests (PAT) every two years. We saw records which showed that the fire extinguishers were checked annually.

We found the compressor and ultrasonic bath had not been serviced annually as required. When we discussed this with the principal dentist they agreed to install a new compressor and stop using the ultrasonic bath until this had been serviced. The provider sent us evidence with details of the new compressor that was installed on 26 October 2016.

The principal dentist told us the expiry dates of medicines, oxygen and equipment were monitored daily and monthly which enabled the staff to replace out-of-date drugs and equipment promptly. This process was not thorough because on inspection we found two oxygen cylinders had expired, one in 2002 and a second in 2015, although the practice stored one that was in date also. The principal dentist told us they will remove these and review their processes for monitoring and checking.

Radiography (X-rays)

The practice generally followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There was a radiation policy on file although this was not dated. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in October 2016 which was within the recommended timescales of every three years. The principal dentist was the radiation protection supervisor (RPS) and had completed the necessary training in radiation protection. The file did not include a comprehensive list of x-ray equipment.

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 guidance. This included following the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. '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 principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

During the course of our inspection we reviewed dental care records and spoke to dentists during our inspection. The dental assessments included completing a medical history, outlining medical conditions and allergies, an assessment of soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [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]. We noted the dental care records included the proposed treatment although details had not been recorded about the options and costs discussed with the patient.

The principal dentist showed us a sample of dental care records for sedation cases. We found the records to be comprehensive and well recorded. For example the records detailed the assessment of the patients' fitness before treatment, the body mass index, pulse readings, respiration and blood pressure readings.

We found the protocols for sedation services to be in place and robust. The practice had risk assessed treatment room and identified it was spacious and would accommodate a flatbed stretcher if it was required in an emergency case. Patients were invited to bring an escort and if they wanted, the person could be in the treatment room to observe. The principal dentist told us that the patient fully recovered in the dental chair before they were discharged by the dentist.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Dental staff told us they discussed oral health with their patients and explained the reasons why decay and dental problems occur.

The dentists discussed with us how they carried out examinations to check for the early signs of oral cancer. Where any signs were detected patients were referred to the appropriate services through a fast track system.

The dentists told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. We observed that there were health promotion leaflets in the waiting area and treatment rooms. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition through sugar free diets.

Staffing

Opportunities existed for staff to pursue continuing professional development. The principal dentist told us all staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, infection control, radiography and radiation protection. We noted that a dental nurse in the practice had received training in sedation in 2014.

The principal dentist of the practice provided treatment for patients under conscious sedation. We saw evidence of training certificates awarded in 1999 and again in 2014. There was evidence of peer review audits completed. Both were to meet CPD requirements for dentists carrying out sedation services.

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff were required to complete an induction programme which included training on health and safety, infection control, disposal of clinical waste, medical emergencies and confidentiality. The practice had information available to staff which included information on consent, data protection and complaints. Staff we spoke to were aware of where to find this information to refer to.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required for example for orthodontics and specialist root canal treatment. The dentist referred patients to other practices or specialists if the treatment required was not provided by the practice.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral included the patients' medical history, personal details and the details of the issues. Copies of the referrals had been stored electronically in patients' dental care records and where necessary referrals had been followed up. A copy of the referral letter was always available to the patient if they wanted this for their records.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Staff showed us an example of the treatment plans that were kept in the patients dental care records. Patients would be given time to consider the information given before making a decision. When we reviewed dental care records we noted there was not enough detail around the options, risks and benefits of the treatment discussed with patients.

Staff we spoke with were aware of the Mental Capacity Act 2005. (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). The staff were able to explain the general principles of the Act and were able to discuss how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for the care of the patient, to ensure that the best interests of the patient were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice had a confidentiality policy and staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were kept on the computer system which was password protected and only accessed by an authorised person. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The principal dentist told us that consultations were in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated.

CQC comment cards completed by patients reflected that the dental staff had been mindful of the patients' anxieties when providing care and treatment. They indicated the practice team had been very respectful and responsive to their anxiety which meant they were no longer afraid of attending for dental care and treatment.

Involvement in decisions about care and treatment

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. Patient's comments confirmed that the dentists discussed the options, risks, benefits and cost of the treatment with them in a way that they could understand.

The dentists we spoke with told us they used a number of different methods including tooth models, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment and this was always shared with the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment system on the computer and saw that there was enough time scheduled to assess and undertake patients' care and treatment. The staff we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. They told us they did not have a translation service for languages because they did not have many patients that attended the practice where English was not their first language and could not communicate in English. The provider told us if there was a need for this they would use a telephone translation line.

We asked staff how they would support patients that had difficulty with hearing and vision. The receptionist demonstrated how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding their arm.

Staff told us all patients had notes in the dental records highlighting any special assistance required prior to scheduled appointment and they responded with every possible effort to make dental provision accessible.

Access to the service

The practice opening hours are from 8:30am to 6:00pm Monday, Tuesday, Thursday and Friday, 11:00am to 8:00pm Wednesday and 9:00am to 2:00pm on Saturday.

We asked the staff about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details about how to access out-of-hours emergency treatment and offered a dedicated phone number to get advice.

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen as soon as possible, usually within the same day that they alerted the practice to their concerns.

We noted the practice had not advertised this information in the practice leaflet or the practice website for patients to view.

Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. The information was not readily available to patients to see. This was not available on the practice website, practice leaflet or in the reception area where patients had easy access to it. When we pointed this out to the principal dentist they agreed to review this.

The principal dentist told us the practice received no complaint in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff we spoke with fully understood all of the governance systems and had signed the log sheet for practice policies to indicate they had read and understood them.

The practice had staff meetings to discuss key governance issues and staff training sessions. Staff told us there were informal discussions on a daily basis which allowed issues or concerns to be resolved in a timely way. The principal dentist had responsibility for the day to day running of the practice and was supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Leadership, openness and transparency

Staff we spoke with were happy to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping and x-ray quality. We found there were no results analyses of the audits or any actions noted for improving performance. When we reviewed a sample of dental care records we found they were lacking in detail of the discussions around the options offered to patients. The provider would benefit from a revised audit of clinical record keeping.

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

The practice gathered feedback from patients on an ongoing basis through their practice website. They reviewed responses and comments as they came in. Patients commented positively about the care and treatment they received and they would recommend the practice to friends and family. Some of the comments were in line with what we received in the CQC comment cards; dental team were efficient, friendly, professional and dentists put patients at ease when they arrive anxious and nervous.

Staff commented that the provider was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.