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Smile Impressions Grays

Inspection report

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Overall summary

The inspection took place on 26 January 2015 as part of our national programme of comprehensive inspections.

The practice provides primary dental care for NHS and private patients. The practice team includes three dentists supported by two full-time and one trainee dental nurse. There is an operations manager who also works on reception.

Prior to our inspection we left some CQC comment cards for patients to complete about their experience of the practice. We reviewed the 26 that had been completed and found that patients had made positive comments about the practice. The majority of the comments made by patients reflected that they found the services provided to be excellent or very good.

The practice also maintained a compliments book at reception. This contained many positive comments from satisfied patients.

The patient survey carried out in September 2014, completed by 16 patients, reflected that 100% of the patients surveyed were satisfied with the services offered at the practice and the care and treatment provided by the staff working there.

The premises, equipment and infection control procedures followed published guidance. Staff were kind and caring and treated patients with dignity and respect.

We found that staff training met the needs of patients and they treated them with dignity and respect. The practice was had a clear management structure and staff were aware of their responsibilities. The practice sought feedback from both patients and staff to identify areas for improvement.

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?

Staff had received safeguarding training and there were systems in place to manage and learn from accidents and significant events. Staff meetings were minuted and learning discussed. Infection control procedures were robust and the premises were clean and tidy throughout. Instruments were cleaned in line with guidance issued by the Department of Health Technical Memorandum: Decontamination in primary care dental practices (HTM 01:05). X-ray equipment in use at the practice had been serviced and maintained correctly and only operated by qualified staff. Staff had been trained to manage medical emergencies. There were sufficient numbers of staff working at the practice and all were suitably qualified.

Are services effective?

The practice carried out consultations in line with current National Institute for Health and Care Excellence (NICE) guidance. Patients were provided with advice to help them maintain healthy teeth and prevent tooth decay. Where required, treatments were followed up to ensure they had been effective. Patients requiring more complex treatments were referred to healthcare specialists in a timely manner. Staff were aware of the guidance in the Mental Capacity Act 2005 for those patients who may not have had the capacity to make treatment decisions. Staff were trained appropriately and a robust recruitment process was in place.

Are services caring?

Patients were treated with dignity and respect and their privacy was maintained. Explanations about care and treatment were clear and followed up with a written treatment plan. Staff were aware of the need to maintain patient confidentiality. Patients felt involved in decisions about their care and treatment. The latest patient survey reflected that patients were satisfied with the staff and the services provided at the practice.

Are services responsive to people's needs?

NHS and private dental treatment was available at the practice and it met patient's needs. Patients were satisfied with the appointment system and could obtain emergency appointments on the same day. The practice opened each day during the week and on alternate Saturdays until 3.30pm. The practice was not accessible for patients with a disability or limited mobility but arrangements were in place to refer them to a nearby practice. Comments and complaints were dealt with effectively and where ideas for improvement had been identified these were actioned. The practice responded to patient views from the practice survey.

Are services well-led?

The practice provided clear leadership and services provided were monitored to identify areas for improvement. Staff were aware of their roles and responsibilities and how they impacted on the overall vision of the practice. Staff were encouraged to identify improvement areas at team meetings or informally. All staff received annual appraisals. Training and development was available and performance was monitored. Regular clinical and non-clinical audits took place. Patients were encouraged to provide feedback through a patient survey and by completing a comments book available at reception.

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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 and to pilot a new inspection process being introduced by the CQC.

- This inspection was carried out on 26 January 2015 by a lead inspector from the Care Quality Commission.
- Prior to the inspection we reviewed information that we held about the provider and received from other organisations. We also viewed information that we asked the provider to send us in advance of the inspection. This included their statement of purpose, a record of their complaints and how they dealt with them.
- During the inspection we spoke with two dentists, two dental nurses, the registered manager and the operations manager. We also observed staff interaction with patients. We looked around the premises and the dental surgeries. We spoke with several patients to obtain their views about the staff and the services provided. We reviewed a range of policies and procedures and other documents.
- We viewed the comments made by patients on comment cards that we left for them to complete prior to the inspection and read a compliments book that was available for patients in the reception area.

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?

Are services safe?

Our findings

Learning and improvement from incidents

The practice had effective systems in place to learn and improve when significant events, accidents and near misses took place. This included how the incidents were to be recorded, analysed and investigated. Although no incidents had occurred since registration, team meetings took place each month, minutes were recorded and one of the fixed agenda items related to learning and improvement.

The practice made use of emails to cascade important information to staff. They also used a group messaging system using mobile phone technology to ensure that relevant information was communicated to staff when required.

Staff spoken with confirmed to us that there was an effective communication system between them all so that learning and changes in guidelines could be made available to them. Learning opportunities had been cascaded to them either informally or at team meetings.

Reliable safety systems and processes including safeguarding

The practice had appointed a lead for safeguarding who was the principal dentist. They had received appropriate training to manage safeguarding issues at the practice. A safeguarding policy was in place for staff to follow. Staff we spoke with had been trained in safeguarding procedures, knew the signs of abuse and how to report any suspected incident. The staff room displayed a flowchart to inform staff how to obtain support from external organisations and this included telephone numbers of the local authority team responsible for investigating safeguarding incidents involving children and vulnerable adults.

National Patient Safety Alerts and notifications from the Medicine and Healthcare Regulatory Agency were acted on appropriately and cascaded to relevant staff. On receipt of information systems and processes were reviewed to ensure patients received the most up to date and effective treatment and medicines to keep them safe.

Patients attending the practice were asked about their medical history and this was recorded and updated at subsequent visits. This ensured that the dentist was aware of all medical conditions, medicines and allergies prior to providing care and treatment. The practice carried out regular patient record audits to check that medical histories were being recorded effectively and reviewed at each visit.

The practice were aware of the requirement to report certain accidents to the Health and Safety Executive. A system and recording procedure was in place for this purpose.

Staff working at the practice were aware of whistleblowing procedures and who to contact externally if there was an issue. Staff spoken with felt confident to raise any issue with the management of the practice. They felt that their concerns would be dealt with professionally without them being discriminated against.

The practice had a business continuity plan that identified the steps to take if there was an emergency which affected the provision of services.

Infection control

An infection control lead had been appointed at the practice and this was the one of the dental nurses, who had received appropriate training. A written infection control policy was in place for staff to follow, including an infection control risk assessment. All staff at the practice had received infection control training.

The policy covered such areas as the cleaning and sterilisation of dental instruments, needle stick injury procedures, the general cleaning of the practice and the disposal of clinical waste. Staff were required to read the policy and record when this had occurred. All staff at the practice had read the policy and signed and dated them.

The practice had a dedicated decontamination room that was set out according to the

Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05):

Decontamination in primary care dental practices.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 01:05). On the day of our inspection, a dental nurse demonstrated the decontamination process to us and used the correct procedures.

The practice cleaned their instruments using a washer/ disinfector prior to the sterilisation process. Once cleaned

Are services safe?

they were examined visually with a magnifying glass and then sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with an expiry date. If instruments were not sealed and packaged they were used in a clinical area on the same day and if not used that day, they were put through the cleaning and sterilising process again. This was in line with the recommendations from the Department of Health.

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 equipment used for cleaning and sterilising was maintained and serviced as set out by the manufacturers. Daily, weekly and monthly records were kept of decontamination cycles and tests and when we checked those records it was evident that the equipment was in good working order and being effectively maintained.

The other areas we visited in the practice were visibly clean and well maintained. We noted that

sharps bins were properly sited, signed and dated. Hand washing techniques were clearly displayed and liquid soaps and paper towels were readily available.

Staff were well presented and told us they wore clean uniforms daily. They also told us that they wore personal protective equipment when cleaning instruments and treating people who used the service. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation.

Cleaning schedules were in place for the decontamination room, the dental surgeries and the general premises. The Control of Substances Hazardous to Health (COSHH) guidelines were being followed in relation to cleaning procedures and materials. A risk assessment was in place that identified the risks to patients and staff, together with steps to take to reduce those risks. A contracted cleaner was employed for the general areas of the practice. Records held reflected that the quality of the cleaning was being monitored and feedback given accordingly.

An infection control audit had been carried out in October 2014. Areas for improvement had been identified and an action plan was in place. It was evident from records held that these improvement areas had been actioned and dated when they had been completed.

A legionella risk assessment had been undertaken in January 2015. Legionella is a bacteria found in the environment which can contaminate water systems in buildings. The practice used bottled water for their dental unit water lines rather than the mains supply so this did not require testing for legionella. They followed the guidance from the manufacturer by changing the water daily and flushing the system through at the end of the working day. Clinical waste was stored safely in a secure area and collected by a waste management contractor.

Dental surgeries were visibly clean, tidy and uncluttered. Cleaning schedules and checklists were in place for each surgery and records kept. The flooring was made of the recommended material and design so that it could be cleaned easily. Dental chairs were in a satisfactory condition and there were no rips or tears in the fabric. They were also covered partially with a protective plastic cover that allowed for easy cleaning.

Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturers guidelines. Portable appliance testing (PAT) took place on all electrical equipment. Fire extinguishers were checked and serviced regularly and the fire alarm had been recently inspected and tested.

X-ray machines were the subject of regular visible checks and records had been kept. A specialist company attended at regular intervals to calibrate all x-ray equipment to ensure they were operating safely. Where faults or repairs were required these were actioned in a timely fashion.

Medicines in use at the practice were stored and disposed of in line with published guidance. Medicines in use were checked and found to be in date. There were sufficient stocks available for use and these were rotated regularly. The ordering system was effective. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Monitoring health & safety and responding to risks

Are services safe?

A health and safety policy and risk assessment was in place at the practice. This covered the risk to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them. Regular health and safety audits took place at the practice to ensure the environment was safe for both patients and staff. Where issues had been identified remedial action had been taken in a timely manner.

There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a legionella risk assessment, fire evacuation procedures and risks associated with Hepatitis B. Processes were in place to monitor and reduce these risks so that staff and patients were safe.

The practice had an induction process for all new staff members and this included familiarisation with health and safety issues.

Medical emergencies

There were arrangements in place to deal with foreseeable emergencies. The dentists and staff were all qualified in basic life support including the use of a defibrillator (used to re-start a person's heart in an emergency). Training was kept under review and refresher courses were available periodically.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the 'Resuscitation Council UK' guidelines. Emergency medicines were all in date, stored correctly and their expiry dates monitored. Each medicine was packaged individually and contained a 'help sheet' for staff to recognise symptoms of illness and how to administer each medicine. Latest guidance was being followed about the types of emergency medicines that should be available in the event of a medical emergency.

Staff spoken with told us they had received basic life support training and displayed an awareness of how to respond to an emergency. They knew the location of all the emergency equipment in the practice and how to use it.

Staff recruitment

The practice had an up to date recruitment policy that included the requirement to obtain references, check qualifications and experience, be registered with an appropriate professional body and to obtain proof of identity. Checks were also made with the Disclosure and Barring Service to ensure staff were safe to work with children and vulnerable adults. It also included the requirement for new staff to go through an induction process to familiarise themselves with the way the practice ran, before being allowed to work unsupervised.

We viewed three staff files on the day of our inspection and found that all of them contained relevant documentation in line with the practice recruitment policy. The most recently employed member of staff was currently undergoing an induction process and records had been kept. We spoke with this member of staff who told us that they were following an induction process and that they had been supported by colleagues with whom they worked.

Dentists and dental nurses working at the practice were all registered correctly with their professional body and had the necessary qualifications, skills and experience to work there. Training certificates were in place in their personal files to evidence qualifications and experience.

Radiography

X-ray equipment was situated in suitable areas and x-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. These were clearly displayed. All staff had signed a document to indicate that they had read the x-ray procedure and local rules to ensure the safe use of the equipment.

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. Those authorised to carry out x-ray procedures were clearly named in all documentation. This protected people who required x-rays to be taken as part of their treatment.

The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the x-ray equipment at the recommended intervals. Records we viewed demonstrated that the x-ray equipment was regularly tested, serviced and repairs undertaken when necessary.

The practice monitored the quality of the x-rays on a daily basis and records were being maintained. This ensured that they were of the required standard and reduced the risk of patients being subjected to further unnecessary x-rays.

Patients were required to complete medical history forms to assess whether it was safe for them to receive x-rays. This

Are services safe?

included identifying where patients might be pregnant. On the day of the inspection we observed a patient receiving an x-ray and saw that clinical staff followed the procedures correctly.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The practice had a consent policy to support staff in understanding the different types of consent a patient could give and whether it could be taken verbally or in writing. This policy had been signed by staff to demonstrate they had understood it. It explained how to take consent from a patient if their mental capacity was such that they might be unable to fully understand the implications of their treatment. This followed the guidelines of the Mental Capacity Act 2005.

Staff we spoke with had a clear understanding of consent issues. All staff understood that consent could be withdrawn by a patient at any time. We asked about consent in relation to children under the age of 16 who attended for treatment without a parent or guardian. This is known as Gillick competence. Staff were unsure about this area of consent and how to deal with such a patient. We discussed this with the registered manager on the day of our visit and they have agreed to review their procedures and provide information for their staff in relation to the issues. Where written consent for treatment was required, it was recorded on a form designed for that purpose.

The practice had a small number of patients with learning difficulties but clinical staff were aware of the procedures to follow if this situation arose. They explained that if a patient lacked the capacity to consent to dental treatment they would consult with a relative or advocate for their views before making a decision in the best interests of the patient. This would then be recorded on the patient record.

Monitoring and improving outcomes for people using best practice

Patients attending the practice for a consultation received an assessment of their dental health after supplying a medical history covering health conditions, current medicines being taken and whether they had any allergies. There was also consideration made whether the patient required an x-ray and whether this might put them at risk, such as if a patient may be pregnant.

The assessments were carried out in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Following clinical assessment a diagnosis was discussed with the patient and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient and this included smoking cessation advice, alcohol consumption guidance and general dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with NICE recommendations.

Patients were also referred to the dental hygienist when appropriate. In the more complex cases patients were referred to other dental specialists. These referrals took place on the same day whenever possible so that patients could be seen as soon as possible.

Working with other services

Where patients had complex dental issues the practice referred patients to other healthcare professionals using their referral process. This involved supporting the patient to access the 'choose and book' system and select a specialist of their choice.

As the practice did not undertake conscious sedation, patients were referred to a local dental practice that offered this service. This was discussed with the patient and they were supported in the process.

Due to the design of the premises and the surgeries being situated on the first floor, patients using wheelchairs or with limited mobility could not be treated at the practice. However an arrangement with a local practice was in place and patients were signposted to them for treatment.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products that patients could purchase that were suitable for both adults and children.

Are services effective?

(for example, treatment is effective)

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to them in a way they understood and dietary advice was also given to them. On the day of our visit we spoke with a patient and their children. They told us that their experience at the practice was positive and that they had been given advice about maintaining healthy teeth. Patients at high risk of tooth decay were identified and advised to use toothpaste with high fluoride levels to keep their teeth in a healthy condition.

Staffing

The practice employed three full time dentists, supported by dental nurses. The ratio of dentists to dental nurses was one to one. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. Staff files showed details of the number of hours they had undertaken and training certificates to evidence attendance.

A member of staff had been identified as responsible for issues relating to staff. This included ensuring training was relevant and current. Non-clinical staff were appropriately trained to carry out their duties and training was the subject of regular monitoring at the practice. Records seen reflected that staff training was up to date and met the needs of patients.

The practice had been registered for less than 12 months at the time of our inspection so staff annual appraisals had not yet taken place but staff were aware they were due. A policy was in place that identified how the practice managed staff personal and professional development, including appraisals. Staff spoken with felt valued and thought they were effectively trained.

Staff new to the practice went through an induction process to ensure they were familiar with the way the practice ran and before being allowed to work unsupervised. This involved four weeks of gradual integration into the practice where their performance and learning was monitored.

Staff numbers were the subject of monitoring and identified staff shortages were planned for in advance wherever possible. At the time of our inspection there had been no need to use locum staff but a system was in place to check that they were appropriately qualified and experienced should the practice need to use them.

Staff we spoke with felt supported at the practice. They told us that the managers and dentists were always available for advice and guidance. They had access to the practice computer system which contained information that further supported them in the workplace. This included current dental guidance and good practice.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

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

We sat in the waiting room area and noted that conversations at reception could not be overheard as music was being played in the waiting room and in reception. This afforded an additional layer of privacy for patients. Consultation room doors were closed at all times and conversations could not be heard from outside.

A data protection and 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 inter action 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 patient survey reflected that patients were very satisfied with the way staff treated them at the practice.

Patients told us that the staff spoke with their children in a gentle manner taking care to explain things in a way they understood whilst at the same time putting them at ease.

Involvement in decisions about care and treatment

Patients spoken with felt involved with their care and treatment. They told us that the clinical staff provided them with clear explanations about the consultation and the options for treatment. They said that they felt listened to and did not feel rushed. Costs were made clear to them and they were given time to decide about the proposed treatment.

The practice provided NHS and private dental treatment. Each patient was provided with a written treatment plan that had been designed by the practice and which was bespoke to them. NHS patients also received the NHS treatment plan designed for that purpose. Where treatment involved more extensive dental work, patients were given time to consider the treatment suggested.

The results of the patient survey and the comments left for us by patients, reflected that patients felt involved in the decisions about their care and treatment and that it had been explained to them in a way they understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice leaflet and website explained the range of services offered to patients. This included both NHS and private treatments that were available. The costs of NHS and private treatments were clearly displayed in the reception and waiting room areas.

The practice provided continuity of care to their patients by ensuring they saw the same dentist each time they attended. When this was not possible they were able to see one of the other dentists.

Patients new to the practice were required to complete a patient questionnaire so that the practice could conduct an initial assessment and respond to their needs.

The practice undertook a patient survey annually and the results of it were analysed to identify improvement areas. We found that the practice was responsive to the needs of patients and where relevant, changes had been made to the services provided to improve patient care and experience. Patients were also signposted to the NHS Choices website and invited to post suggestions or comments if they wished.

Patients had an opportunity to make comments in a notebook held at reception. The entries made reflected that patients were happy with the services provided.

Tackling inequity and promoting equality

The practice was not accessible for those patients with mobility issues and those using wheelchairs. All of the dental surgeries were on the first floor of the premises and steep stairs had to be negotiated.

The practice was aware of this and had tried to explore how they could make reasonable adjustments so that this situation could be remedied. They had looked at fitting a chair lift but found that the building could not accommodate one. As a result they had contacted other practices in the area and established a local one where patients could be referred.

Toilet facilities were available for patients to use. A hearing loop was in use at the reception desk for those who had hearing difficulties.

Patients who were living in vulnerable circumstances were welcome at the practice and a new patient questionnaire invited them to identify their religious beliefs and cultures.

Access to the service

The practice was open from 9am to 7pm on Monday and between 8.30am and 5pm on Tuesday to Friday. They also opened alternate Saturdays between 9am and 3.30pm. The opening hours of the practice were clear on their website.

Patients we spoke with told us that the availability of appointments met their needs and they were rarely kept waiting.

The arrangements for obtaining emergency dental treatment were clearly displayed in the waiting room area, on the practice leaflet and the website. Patients requiring an urgent appointment were seen on the same day.

Concerns & complaints

The practice had a complaint procedure that was advertised on the practice website, in the reception area and in the practice leaflet. It explained to patients the procedure to follow, the timescales involved for investigation, the person responsible for handling the matter and details of other external organisations that a complainant could contact. It also covered any learning and how this would be cascaded to staff.

The practice had only received one complaint in the previous 12 months. We viewed the record of this complaint and found that it had been recorded, investigated and discussed with the complainant. Steps had been taken to resolve the issue to the patient's satisfaction and this matter was still in progress.

The practice had a compliments book for the use of patients in the reception area that could be used for raising minor issues. We noted that the entries were all positive.

Patients we spoke with on the day of our inspection had not had any cause to complain but felt that staff at the practice would treat any matter seriously and investigate it professionally.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership, openness and transparency

The practice had a statement of purpose that described their vision, values and objectives. Staff spoken with were aware of this vision and how they contributed to it. Clinical leads had been identified and staff were aware of who they were and their own responsibilities

Staff told us that there was an atmosphere of openness and transparency and a 'no blame' culture. They told us they were encouraged to raise issues and concerns in order to make improvements. They felt included in the day to day management of the practice and thought that the leadership was effective.

It was evident that there was a clear leadership structure with regular monitoring and assessment of the services provided.

Governance arrangements

The practice had identified a number of lead roles in relation to governance. These included health and safety, infection prevention and control, safeguarding, human resources and complaint handling. Leadership was provided by the operations manager and overseen and monitored by the registered manager/dental lead at the practice.

There was a full range of policies and procedures in use at the practice. These included health and safety, infection prevention control, patient confidentiality and recruitment. These had been reviewed, signed and dated by all staff who had read them. For each policy a responsible person had been identified.

The practice also used a dental patient computerised record system. This was monitored regularly by the registered manager to ensure performance levels and standards were maintained. All staff had been trained in its use.

An audit timetable was in place to regularly audit the services they provided. The practice had subscribed to a software programme designed to provide effective monitoring and assessment processes. They also had an effective system in place to monitor the latest dental guidance then implement it at the practice, to ensure patients received the most up to date clinical advice and treatment.

The audit timetable identified the type of audit required and the frequency. These were clearly documented and carried out at the identified timescales. Record keeping was clear and where areas for improvement had been identified these had been actioned and completed. Some examples of audits taking place were record keeping (quarterly), infection control (bi-annually), emergency drugs (monthly) and health and safety (annually).

In relation to patient records, each dentist was separately audited so that patterns and trends could be identified. Patient records were examined to ensure that minimum standards had been maintained, including recording a health history, whether prevention advice was given and the quality of the oral health assessment. This was then the subject of feedback to individual dentists in order to improve the quality of the dentistry.

Staff meetings were held monthly and we were told that performance was discussed. Staff spoken with were aware of the standards expected of them and told us that they were effectively supervised.

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

The practice sought feedback from patients through a patient survey, a complaints process, a compliments and comments book and by inviting comments and feedback through their practice website.

We looked at the results of the methods in use for obtaining feedback and found that patients were extremely satisfied with the services provided. They were complimentary about the clinical and non-clinical staff, the politeness of reception staff, the quality of the dentistry and the cleanliness of the practice.

Staff we spoke with told us their views were sought at appraisals, team meetings and informally. They told us their views were listened to and ideas adopted.

Management lead through learning and improvement

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

The management of the practice was focused on achieving high standards of care and treatment with an ethos of continuous learning and improvement. Staff at the practice were all working towards a common goal to deliver high quality care and treatment.

Staff meetings were used to discuss performance issues and a regular cycle of audits took place across clinical and non-clinical areas.

Communication between the staff members was effective and a variety of systems were used to ensure that safe processes were in place and learning cascaded. These included staff meetings, informal discussions, the use of mobile phone technology and the computerised software system in use at the practice.

Complaints were treated professionally and with learning in mind and changes in procedures made if required.

The registered manager/lead dentist attended a local dental committee along with other dentists from the area to share good practice. This was then cascaded to staff at team meetings. They were also a clinical advisor for the General Dental Council so had access to the most up to date dentistry developments available.