

Smile Orthodontics Yorkshire LLP

Smile Orthodontics Yorkshire

Inspection Report

Northway Clinic
Northway
Scarborough
North Yorkshire
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Date of inspection visit: 7 June 2016
Date of publication: 15/07/2016

Overall summary

We carried out an announced comprehensive inspection on 7 June 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

Smile orthodontics Yorkshire is situated in Scarborough, North Yorkshire and is a partnership. The treatments, both NHS and private include fixed aesthetic braces. The service is provided by three Orthodontist specialists who are supported by, six dental nurses and a practice co-ordinator. The practice is located on the ground floor of a shared building and there are two surgeries, a reception area, a waiting room, a decontamination room, a separate room for the Orthopantomogram (OPT) machine (an OPT machine is a panoramic scanning dental X-ray of the upper and lower jaw) and a patient toilet. The practice is located close to local amenities and bus services.

The practice is open:

Monday – Friday 09:00 – 13:00 & 14:00 – 17:00

One of the partners 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.

On the day of inspection we received feedback from one family and they were very positive about the care and

Summary of findings

treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be very friendly, caring and they were always treated with dignity and respect.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including infection prevention and control, health and safety, safeguarding, recruitment and the management of medical emergencies.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- The Orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS).
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- There was a complaints system in place. Staff recorded complaints and cascaded learning to all staff.
- The governance systems were effective.
- The practice sought feedback from staff and patients about the services.

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

- Review the practice's protocols for recording in the patients' dental care records or record elsewhere the reason for taking the X-ray and quality of the X-ray; giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection prevention and control, clinical waste control, dental radiography and management of medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

We saw all staff had received training in infection prevention and control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments was clearly displayed.

Staff had received training in the safeguarding of patients and knew how to recognise the signs of abuse and who to report them to including external agencies such as the local authority safeguarding team.

Staff were appropriately recruited and suitably trained and skilled to meet patients' needs. There were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by all staff. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process.

We reviewed the legionella risk assessment dated September 2015 and evidence of regular water testing was being carried out in accordance with the assessment by the estates team.

Are services effective?

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

Consultations were carried out in line with best practice guidance from the British Orthodontic Society (BOS). Patients received a comprehensive assessment of their orthodontic and dental needs. Treatment plans were discussed with the patients in a way they understood and risks, benefits, options and costs were explained. The practice liaised with the referring dentist to ensure patients dental health was maintained throughout treatment.

The practice followed best practice guidelines when delivering dental care. These included guidance from the Faculty of General Dental Practice (FGDP) and NICE. The practice focused on prevention and the staff were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Patients dental care records provided contemporaneous information about their current dental needs and past treatment. The dental care records we looked at included discussions about treatment options and consent. The practice monitored any changes to the patients oral health and made referrals for specialist treatment or investigations where indicated in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD). Staff were supported to meet the requirements of their professional registration.

Are services caring?

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

Staff explained that enough time was allocated in order to ensure the treatment and care was fully explained to patients in a way which patients understood. Time was given to patients with complex treatment needs to decide which treatment options they preferred.

Summary of findings

Feedback from patients on the day of the inspection said they were involved in all aspects of their care and found the staff to have a commitment to prevention, be professional, courteous, respectful, and friendly and they were treated with dignity and respect.

We observed patients being treated with respect and dignity during interactions at the reception desk and over the telephone. Privacy and confidentiality were maintained for patients using the service on the day of the inspection. We also observed the staff to be welcoming and caring towards the patients.

Are services responsive to people's needs?

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

The practice had an efficient appointment system in place to respond to patients' needs. The registered provider told us a patient would be seen the same day if there was an emergency. Patients and their relatives commented they could access treatment for urgent and emergency care when required and were always seen within 24 hours. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. This system was used to improve the quality of care. The practice was open and transparent in how they managed complaints, for example patients were given an apology if an error was made.

Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles.

The practice held quarterly staff meetings which were minuted and gave everybody an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions. Minutes were shared with all staff so everyone was involved and could see what had been discussed.

The practice undertook various audits to monitor their performance and help improve the services offered. The audits included infection prevention and control, consent and X-rays. The X-ray audit findings were within the guidelines of the National Radiological Protection Board (NRPB).

They conducted a continuous patient satisfaction survey. Comments were collated by the practice and shared. Patients were asked about all aspects of their patient journey and were also asked to complete post treatment questionnaires if required.

Smile Orthodontics Yorkshire

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 7 June 2016 and was led by a CQC Inspector, a bank inspector and a specialist advisor.

We informed the NHS England (NHSE) area team and Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with one of the principal Orthodontists, an associate specialist Orthodontist, three dental nurses and the practice co-ordinator. We saw policies, procedures and other records relating to the management of the service. We reviewed feedback from one family during the inspection.

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 to investigate, respond to and learn from significant events. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered providers.

Staff had an understanding of the process for accident and incident reporting, including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The staff told us any accident or incidents would be discussed at practice meetings or whenever they arose. We saw the practice had an accident book which had no entries recorded in the last 12 months: there was supporting evidence of an historical event had been processed in accordance with the practice policy. There was no significant events that had occurred over the past 12 months.

The registered provider told us they received information from NHSE area team for MHRA alerts. Staff members were aware of what MHRA was and knew what the recent alerts that had come in to the practice were. The Medicines and Healthcare products Regulatory Agency (MHRA), is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness.

Reliable safety systems and processes (including safeguarding)

We reviewed the practice's safeguarding policy and procedures in place for safeguarding vulnerable adults and children using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. There was a nominated lead for safeguarding and staff told us they would work as a team to resolve any concerns. The lead role includes providing support and advice to staff and overseeing the safeguarding procedures within the practice.

Staff demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns.

The practice had a whistleblowing policy which all staff were aware of. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations with the partners.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support including the use of an Automated External Defibrillator (an AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

The practice kept medicines and equipment for use in a medical emergency. These were in line with the 'Resuscitation Council UK' and British National Formulary guidelines. All staff knew where these items were kept.

We saw that the practice kept logs which indicated that the emergency equipment, emergency medical oxygen cylinder, emergency drugs and AED were checked monthly. This helped ensure the equipment was fit for use and the medication was within the manufacturer's expiry dates.

Staff recruitment

The practice had a recruitment policy in place and a process had been followed when employing the newest member of staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. The newest member of staff had a recruitment file with and induction check list included. All recruitment files were kept by the practice partners.

We were told the newest members of staff were in the process of receiving their Disclosure and Barring Service DBS checks and all other staff had been checked by DBS. 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.

We recorded all relevant staff had personal indemnity insurance (dental professionals are required to have insurance in place to cover their working practice). In addition, there was employer's liability insurance which covered employees working at the practice.

Are services safe?

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that arise in providing Orthodontic dental services generally and those that were particular to the practice. The practice had a Health and Safety policy which included guidance on clinical waste management and manual handling. We saw this policy was reviewed in May 2016.

The practice had a well maintained and up to date Control of Substances Hazardous to Health (COSHH) folder. COSHH 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. If any new materials were implemented into the practice a new risk assessment was put in place. All safety data sheets and material risk assessments were in order to ensure information could be found easily.

We noted there had been a specific fire risk assessment completed for the building in October 2012; we saw the fire extinguishers were serviced in November 2015. There was evidence fire drills had been undertaken as part of the practice Health and Safety checks. Staff had discussions about the process and this was reviewed at practice meetings. These and other measures were taken to reduce the likelihood of risks of harm to staff and patients.

Infection control

The practice had a 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.

There was two sinks for decontamination work in decontamination room. All clinical staff were aware of the work flow in the decontamination areas from the 'dirty' to the 'clean' zones. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed on the wall to guide staff. We observed staff wearing appropriate personal protective equipment when working in the decontamination area this included heavy duty gloves, aprons and protective eye wear.

We found the instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurses were knowledgeable about the

decontamination process and demonstrated they followed the correct procedures. For example, instruments were placed in an ultrasonic bath, rinsed and placed into a washer disinfectant, examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination area in lockable boxes.

We saw records which showed the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

We saw from staff records all staff had received infection prevention and control training at different intervals over the last year covering a range of topics including hand washing techniques.

There were adequate supplies of liquid soap and paper hand towels in the decontamination area and surgeries, had a poster describing proper hand washing techniques was displayed above all the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

We saw all sharps bins were being used correctly and located appropriately in all surgeries. Clinical waste was stored securely. The shared building had a local contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed all clinical staff had received inoculations against Hepatitis B although there was no evidence three staff members had had their bloods tested for the presence of the Hepatitis B antibody. This was brought to the attention of the registered provider to review. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

The practice had a legionella risk assessment completed in September 2015 and hot and cold water temperature checks were in place and completed by the estates team. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Are services safe?

We saw that Portable Appliance Testing (PAT) had been undertaken in February 2016. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use)

The practice displayed fire exit signage. We saw the fire extinguishers had been checked in November 2015 to ensure they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves, the compressor and X-ray equipment which showed they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured the equipment remained fit for purpose.

Radiography (X-rays)

The Orthopantomogram equipment was located in a separate room. X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the Orthopantomogram equipment needed to be operated safely. The local rules were also displayed in the X-ray room. The file also contained the name and contact details of the Radiation Protection Advisor.

We saw all the staff were up to date with their continuing professional development training in respect of dental radiography.

The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly. The registered provider told us they had undertaken an annual quality audit of the X-rays taken and the results were in line with the recommendations of the NRPB guidelines. Action plans and learning outcomes were in place to improve and evidence of this was seen on the day of the inspection for improvements for one type of X-ray the practice provided.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date electronic and paper patient dental care records. They contained information about the patient's current orthodontic needs and past dental history. The Orthodontists carried out an assessment in line with recognised guidance from the British Orthodontic Society (BOS). This included an assessment of the patient's oral hygiene, diet and an Index of Orthodontic Treatment Need score (IOTN). An IOTN score comprises of two sections, an aesthetic component and a dental health component. For patients to qualify for orthodontics on the NHS they must score above a certain level of IOTN. Patients were recalled at suitable intervals for reviews of the treatment. After finishing their orthodontic treatment patients were recalled at specific intervals to ensure that the patient was complying with the post-orthodontic care (wearing retainers).

Once the patient and Orthodontist were satisfied with the end result of the treatment the patient was referred back to their own general dentist for ongoing dental care.

There was evidence the patient dental care records had been audited to ensure they complied with the guidance provided by the British Orthodontic Society (BOS). The registered provider had noted verbal consent at each stage was not always recorded and was looking to review and improve this process within the practice. X-rays were not always justified, graded or reported on, this was brought to the attention of the registered provider and we were assured this would be addressed immediately.

During the course of our inspection we discussed patient dental care records with the Orthodontists and reviewed dental care records to confirm our findings. We found they were in accordance with the guidance provided by the British Orthodontic Society (BOS). For example, evidence of a discussion of treatment phases with the patient was routinely recorded. The practice recorded patient medical histories had been up dated prior to treatment and stored within the records.

At all subsequent appointments patients were always asked to review and update a medical history form. This ensured the Orthodontists were aware of the patients' present medical condition before offering or undertaking any treatment.

The Orthodontists told us they always discussed the diagnosis in depth with their patients and, where appropriate, offered them any options available for treatment and explained the costs. By reviewing the dental care records we found these discussions were recorded and signed treatment plans were stored into the patients' dental care records. Photographs for patients were also taken with extra oral cameras to show the patient the progress of their treatment.

Health promotion & prevention

The patient reception and waiting area contained a range of information that explained the services offered at the practice and the fees for treatment.

The Orthodontists told us they offered patients oral health advice and would refer the patient back to their general dentist for fluoride varnish. Staff told us they were aware of the Department of Health's policy, the 'Delivering Better Oral Health' toolkit, this includes fluoride applications. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay and evidence of this was seen in the patient dental care records.

Patients were given in depth advice regarding maintaining good oral health whilst wearing a fixed brace and leaflets were given to reinforce oral health messages.

The practice had a good selection of dental products on sale in the reception area to assist patients with their oral health and packs for patients to use with their braces including a fluoride mouthwash and interdental brushes to help clean around the orthodontic brackets.

Staffing

New staff to the practice had a period of induction to familiarise themselves with the way the practice ran. The induction process included ensuring the new member of staff was aware of the practice's policies, the location of emergency medicines and arrangements for fire evacuation procedures. We saw evidence of completed induction checklists in the recruitment files.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The practice organised in house training for medical

Are services effective?

(for example, treatment is effective)

emergencies to help staff keep up to date with current guidance on treatment of medical emergencies in the dental environment. The practice also held mandatory CPD sessions to cover topics for staff.

Staff told us they had annual appraisals and training requirements were discussed at these. We saw evidence of completed appraisal documents. Staff also felt they could approach the registered providers at any time to discuss continuing training and development as the need arose.

Working with other services

The practice worked mainly on referrals from general dentists. For example, referrals were received from general dentists who deemed patients in need of specialist orthodontic treatment. The practice kept copies of the referral letter received from the general dentist.

The practice completed detailed proformas to ensure the referring dentist was kept up to date with the progress of the patients' orthodontic treatment and if any general treatment was needed prior to orthodontic treatment commencing e.g. extractions or fillings. The patient was also given a copy of this letter to take to their own dentist.

If the patient had been assessed and were deemed to require extra specialisation then these patients were referred onto secondary care.

The practice also had a process for urgent referrals for suspected malignancies; this included sending a fax to the local hospital where patients could be fast tracked under a two day response.

Consent to care and treatment

Patients and their parents were given appropriate information to support them to make decisions about the treatment they received. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff described to us how valid consent was obtained for all care and treatment and the role family members and carers might have in supporting the patient to understand and make decisions. Staff were clear about the importance of involving children in decision making and ensuring their wishes were respected regarding treatment.

Some staff had completed training and had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff ensured patients gave their consent before treatment began. Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients were provided with a leaflet about the risks and benefits of treatment prior to undertaking a course of orthodontic treatment. Patients were given time to consider and make informed decisions about which option they preferred. Patients and their relatives we spoke with confirmed they were supported to make decisions.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from the patients was positive and they commented they were treated with care, respect and dignity. They said staff supported them and were quick to respond to any distress or discomfort during treatment. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly, respectful and supportive towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. We observed staff were helpful, discreet and respectful to patients. Staff said if a patient wished to speak in private, an empty room would be found to speak with them.

Patients' paper records were stored securely and the electronic care records were password protected and regularly backed up to secure storage. The practice also had removable hard drives that were removed from the site every night.

Involvement in decisions about care and treatment

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

Staff told us how the Orthodontists would provide treatment options including benefits and possible risks of each option.

The practice had extra-oral cameras to take picture to show patients their progress during treatment and also as a record of treatment stages and outcomes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us patients who requested an urgent appointment would be seen the same day.

The registered provider told us they had patient information leaflets on orthodontic care and treatments in the surgery to aid the patients' understanding if required or requested. A variety of leaflets were available in the waiting area too.

The patients commented they had sufficient time during their appointment and they were not rushed. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises including a permanent ramp to access the practice and handrails and alarms in the toilets. Both surgeries could accommodate a wheelchair or pushchair. The staff worked closely with local practices to provide access to patients who required a ground floor surgery.

The practice had an equality and diversity policy to support staff. The practice also had access to translation services for those whose first language was not English.

Access to the service

The practice displayed its opening hours in the premises, in the practice information leaflet and on the NHS choices website.

The practice is open:

Monday – Friday 09:00 – 13:00 & 14:00 – 17:00

The patients told us they were rarely kept waiting for their appointment. Where treatment was urgent patients would be seen the same day and if not within 24 hours. The patients told us when they had required an emergency appointment this had been organised the same day. Most emergencies would be seen by the referring general dentist or out of hours through the NHS 111 service.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The registered providers were responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the registered providers to ensure responses were made in a timely manner.

We looked at the practice's procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. The practice had received two complaints in the last year, we saw evidence all complaints had been dealt with in line with the practice's procedure. This included acknowledging the complaint within three working days and providing a formal response in 10 days.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place including various policies and procedures for monitoring and improving the services provided for patients. There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff had key responsibilities and were aware of their roles and responsibilities within the practice.

The practice had an approach for identifying where quality or safety was being affected and addressing any issues. Health and safety and risk management policies were in place. For example, we saw risk assessments relating to the use of equipment and infection prevention and control.

We saw the results of the X-ray and infection prevention and control audit. All action plans and learning outcomes were in place to continuously improve the procedures and reduce future risks.

Leadership, openness and transparency

Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These were discussed openly at staff meetings where relevant and it was evident that the practice worked well as a team and dealt with any issue in a professional manner.

All staff were aware of whom to raise any issue with and told us the registered providers were approachable, would listen to their concerns and act appropriately. We were told there was a no blame culture at the practice and that the delivery of high quality care was part of the practice's ethos.

Learning and improvement

The practice had quality assurance processes in place to encourage continuous improvement. The practice audited areas of their practice as part of a system of continuous improvement and learning. This included audits such as X-rays, consent and infection prevention and control.

Staff told us they were encouraged to complete CPD training relevant to their roles to ensure essential training was completed; this included medical emergencies, basic life support and infection prevention and control. Extended duties for dental nurses were also discussed and supported fully to give all staff the opportunity to enhance their skills and utilise them within the practice.

Staff working at the practice were supported to maintain their continuous professional development as required by the General Dental Council.

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

The practice provided a continuous patient questionnaire and survey available for patients to complete and the responses were collated and report as required. This was shared at practice meetings to ensure any comments positive or negative were fed back and could be acted upon.

The practice held quarterly staff meetings involving as many staff members as possible. The meetings were minuted and shared with all staff to ensure everyone saw what had been discussed if they could not attend. If there was more urgent information to discuss with staff then an informal staff meeting would be organised to discuss the matter.