

Ishak Practices Ltd

# Boston Smiles Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 19 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

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

#### **Background**

The practice is situated in the centre of the market town of Boston in Lincolnshire. It is registered to provide primary dental services to NHS patients and also provides private dental treatment for a small number of patients. The property was previously a dental practice and the new owners have modernised it since taking the premises over in July 2015. The practice has three treatment rooms (only two are currently in use), a central decontamination suite and a patient waiting area. There are two pay and display car parks at the front of the practice. The patient areas are on the ground floor of the building and there is easy access to the treatment rooms for patients using wheelchairs and those with limited mobility.

The practice employs two dentists, one dental nurse, two trainee dental nurses and four reception staff. The current owner Ishak Practices Ltd took over the practice in July 2015 and the provider has 11 practices in total. The practice is open Monday to Friday from 8am to 6.30pm and until 8pm Tuesday and Friday. The practice opens Saturday 8.30am to 3pm and alternating Sundays from 9am to 12pm.

The practice manager is also the registered manager of this practice. There is another practice manager at another location that offers support to this practice if necessary. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed seven CQC comment cards that had been left for patients to complete, prior to our visit. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and well equipped, they found the staff very friendly and helpful and were happy with the care they received. They said explanations were clear and made the dental experience as comfortable as possible

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations.

## **Our key findings were:**

- The practice recorded and analysed significant events and complaints and cascaded learning to staff.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Appropriate medicines and life-saving equipment were readily available and accessible.
- Infection control procedures were in place and staff had access to personal protective equipment.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines and current legislation.
- Patients were treated with dignity and respect and confidentiality was maintained.

- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system.
- The practice was well-led and staff felt involved and worked as a team.
- Governance systems were effective and clinical and non-clinical audits were used to monitor the quality of services.
- Staff training in Basic life support had been booked for March 2016. The staff we spoke with knew the processes to follow.
- Not all staff had received safeguarding training however the staff we spoke with knew the processes to follow to raise any concerns.
- A rubber dam was not used routinely for root canal treatment.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- Review the referral process to ensure patients received care and treatment needed in a timely manner.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review staff training in relation to safeguarding.

# 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 care which was safe in accordance with the relevant regulations.

The practice had effective systems and processes in place to ensure all care and treatment was carried out safely. The practice would record significant events and accidents and there were processes in place to investigate and analyse these then improvement measures would be implemented where appropriate. These would then be shared at the practice meeting.

Not all staff had received training in safeguarding vulnerable adults and children; however, those that had could describe the signs of abuse. All staff were aware of the external reporting process. Staff were appropriately recruited and suitably trained and skilled to meet patient's needs and there were sufficient numbers of staff available at all times.

Infection control procedures were in place and staff had received training. Radiation equipment was suitably sited and used by trained staff only. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were in use at the practice and serviced and maintained at regular intervals.

### **Are services effective?**

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

Patients received consultations that were carried out in line with guidance from the National Institute for Health and Care Excellence (NICE). Explanations were carried out in a way patients understood and risks, benefits and options available to them. Staff were supported through training, appraisals and opportunities for development. Patients were referred to other services in a timely manner. The referrals were not regularly reviewed or tracked to ensure patients received care and treatment needed in a timely manner.

Staff had not received training in the Mental Capacity Act 2005 and were not fully conversant with the principles contained within it. Not all staff were aware of Gillick competency in relation to children under the age of 16.

### **Are services caring?**

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

Patients were treated with dignity and respect and their privacy maintained. Patient information and data was handled confidentially. We saw that treatment was clearly explained and patients were provided with treatment plans. Treatment was clearly explained and they were provided with treatment plans and costs. Patients with urgent dental needs or pain were responded to in a timely manner, often on the same day.

### **Are services responsive to people's needs?**

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

Appointment times met the needs of patients and waiting times were kept to a minimum. The practice was open every Saturday and alternate Sunday mornings with late night appointments twice a week. Information about emergency treatment was made available to patients. The practice was accessible to accommodate patients with a disability. Patients who had difficulty understanding care and treatment options were supported. The practice had a complaints policy that outlined the process for dealing with complaints in an open and transparent way and apologise when things went wrong.

# Summary of findings

## **Are services well-led?**

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

The practice followed a clear leadership structure and staff were confident in fulfilling their roles and responsibilities. Regular staff meetings took place and these were minuted. Staff told us they felt supported by the practice manager and they received support to maintain their professional development and skills however some staff felt that they would benefit at times from extra training. Governance procedures were in place and policies and procedures were regularly updated every April. There was candour, openness, honesty and transparency amongst all staff we spoke with. The practice sought the views of patients through the friends and family test and the results were displayed in the waiting room.

Care and treatment records had been audited to ensure standards had been maintained. Clinical audits were taking place and the practice had effectively used audits clinical or non clinical to monitor and improve the quality of care provided.

# Boston Smiles Centre

## 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.

The inspection took place on 19 November 2015 and was conducted by a CQC inspector and a specialist dental advisor.

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.

Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies.

We also reviewed the information we held about the practice and found there were no areas of concern and spoke with NHS England who also had no concerns in relation to this practice.

During the inspection we spoke with a number of staff working on the day. We reviewed policies, procedures and other documents. We reviewed seven comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice. We also reviewed feedback that had been left on NHS Choices by patients.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures and said they would report any incidents to the practice manager. These would then be reviewed and discussed in practice meetings. Staff were encouraged to bring safety issues to the attention of the dentists and management. Accidents would also be reported to the practice manager and also recorded in the accident book. The practice had a no blame culture and policies were in place to support this.

From information reviewed during the inspection we saw that the practice had not received any complaints or incidents since they took over in July 2015 however there were two complaints during the last 12 months which were in relation to the previous provider and were been dealt with accordingly, for example one was in regard to treatment and a refund was provided which the patient was happy with and another was in relation to fine received by a patient. These complaints were with the previous provider but the practice still learned from these and had training in relation to how documents should be completed by the patient to prevent reoccurrence.

We spoke with staff who told us they followed steps to ensure there were no errors with wrong site surgery. For example they ensured they checked with the patient, referred to X-rays and dental care records.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for recognising and responding to concerns about the safety and welfare of patients. Staff we spoke with were aware of these policies and who to contact and how to refer concerns to agencies outside of the practice should they need to raise concerns. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. From records viewed we saw that the clinical staff at the practice had completed safeguarding training in safeguarding adults and children however the non clinical records we checked did not show any safeguarding training. The staff did all understand and were able to explain the signs of abuse and also what action they would take in relation to this. The practice had a flow

chart in reception and in the staff room to inform staff of the process to take and the contact numbers in relation to safeguarding children and adults. The practice manager had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. No safeguarding concerns had been raised by the practice.

The practice had whistleblowing policies. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns without fear of recriminations.

### Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency. Not all staff had received basic life support training including the use of the defibrillator (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.). This training had been booked for March 2016 for all staff. Staff we spoke with were able to describe how they would deal with a number of medical emergencies including anaphylaxis (allergic reaction) and cardiac arrest although not all staff had been trained in basic life support or how to use the defibrillator they were able to give details of what they would do and that they would call one of the dentists for support who had been trained.

Emergency medicines, a defibrillator and oxygen were readily available if required. This was in line with the Resuscitation Council UK and British National Formulary Guidelines. We checked the emergency medicines and found that they were of the recommended type and were all in date. Staff told us that they checked medicines and equipment to monitor stock levels, expiry dates and ensure that equipment was in working order. These checks were recorded.

### Staff recruitment

The practice had a recruitment policy which described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service

# Are services safe?

(DBS) check was necessary. The provider did not keep all the records in relation to staff at the premises. References we were told were kept at the head office. Staff that were required to have a DBS had one in place.

The practice had a formal induction system for new staff, this included practice policies been read and we saw that all staff had signed to say that they understood them. Staff that we spoke with told us that they were given training and support in relation to their role. Staff would not be shown other parts of the role until they were confident in what they were doing.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff told us a system was in place to ensure that where absences occurred, they would cover for their colleagues.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies. The practice had been assessed for risk of fire in July 2015 and all of the recommended actions were completed. This identified risks to staff and patients who attended the practice. The risks had been identified and control measures put in place to reduce them. We saw that fire detection and firefighting equipment such as fire alarms and emergency lighting were regularly tested, and records we saw in respect of these checks were completed consistently.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. There was a business continuity plan in place which gave contact details in case of emergencies, such as loss of power and flooding.

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 and fire evacuation procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and control measures put in place to reduce the risks.

## **Infection control**

The practice was visibly clean, tidy and uncluttered. An infection control policy was in place, which clearly described how cleaning was to be undertaken at the premises including the treatment rooms and the general areas of the practice. We were told that the dental nurses had their own responsibilities in each area within the practice. The practice employed an external cleaning company and they came twice a week. We saw records that documented what the cleaners had completed at each visit.

We found that there were adequate supplies of liquid soaps and paper hand towels in dispensers throughout the premises. Posters describing proper hand washing techniques were displayed in the treatment rooms, the decontamination room and the toilet facilities. Sharps bins were safely located, signed, dated and not overfilled. A clinical waste contract was in place and waste matter was stored upstairs in a locked area with no access to the public prior to collection by an approved contractor.

We looked at the procedures in place for the decontamination of used dental instruments. 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 good access to the well configured, clean and tidy, decontamination room and it ensured a hygienic environment was maintained. 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 and protective eye wear.

We examined the facilities for cleaning and decontaminating dental instruments. 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. A trainee dental nurse showed us how reusable instruments were decontaminated. There were separate zones for clean and dirty instruments to prevent cross contamination of instruments. Once sterilised, instruments were placed in pouches and dated to indicate when they should be reprocessed if left unused.



# Are services safe?

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore appropriate uniforms that were clean and told us that they changed them daily. Staff files reflected that staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. 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 blood borne infections.

The practice had a Legionella risk assessment in place. Regular tests were conducted on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

The practice had a robust sharps management policy which was clearly displayed in each treatment room and understood by all staff. Safer syringe systems were being used in the practice and single use items were used, where practical, to reduce the risks associated with cleaning and sterilising sharp items for re-use. Dentists were responsible for safely disposing of the sharps that they generated which also reduced the risk of injury to staff.

## Equipment and medicines

Records we viewed reflected that equipment in use at the practice was regularly maintained and serviced in line with manufacturer's guidelines. Portable appliance testing (PAT) took place on all electrical equipment annually. Fire extinguishers were checked and serviced regularly by an

external company in July 2015. Not all staff had been trained in the use of equipment however all staff we spoke with understood and were aware of the evacuation procedures.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly to ensure equipment remained in date for use. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities. Records of checks carried out were recorded for evidential and audit purposes.

## Radiography (X-rays)

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 documents were displayed in areas where X-rays were carried out.

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 dentists monitored the quality of the X-ray images on a regular 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice had policies and procedures in place for assessing and treating patients. Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies. Radiographs were taken at appropriate intervals and in accordance with the patient's risk of disease. A rubber dam was not used routinely for root canal treatment. The dentist we spoke with acknowledged the need for further training. A rubber dam is a thin rectangular sheet, usually made of latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.

The dentists we spoke with told us that each person's diagnosis was discussed with them and treatment options were explained. Fluoride varnish and higher concentration fluoride toothpaste were prescribed for high risk patients. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included smoking cessation advice and signposting and detailed dental hygiene procedures. The patient notes were updated with the proposed treatment after discussing and recording the options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Feedback we received from patients reflected that patients were satisfied with the assessments, explanations, the quality of the dentistry and outcomes.

The practice had a business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

### Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

The waiting room and reception area at the practice contained a range of literature that explained the services

offered at the practice. Staff told us that they advised patients on how to maintain good oral hygiene both for children and adults and the impact of diet, tobacco and alcohol consumption on oral health. Patients were advised of the importance of having regular dental check-ups as part of maintaining good oral health.

### Staffing

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. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development. Staff files we looked at showed details of the number of hours individuals had undertaken and training certificates were also in place.

Staff training was being monitored and training updates and refresher courses were provided. The practice had recently enrolled all staff onto an E-learning system which enabled all staff to complete a wide range of training in relation to their role. The provider would also be able to view each individual's training record to ensure that they were completing all training and up to date with refresher courses. As this system had only recently been implemented not all staff had completed all necessary training at the time of our inspection. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration however some staff also acknowledged that they may require refresher training in some areas of their work.

The practice had procedures in place for appraising staff performance and records we reviewed showed that appraisals had taken place. Staff spoken with said they felt supported and involved in discussions about their personal development. They told us that all the dentists were supportive and approachable and always available for advice and guidance.

### Working with other services

The practice had a system in place for referring, recording and monitoring patients for dental treatment and specialist procedures for example root canal, impacted wisdom teeth and orthodontics. The referrals were not regularly reviewed or tracked to ensure patients received care and treatment needed in a timely manner.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

We discussed the practice's policy on consent to care and treatment with staff. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. The staff we spoke with were not aware of the use of Gillick competency in young persons. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Since the inspection the provider has forwarded this information to all staff.

We saw in documents that the practice was aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions. However staff had not yet received Mental Capacity Act 2005 (MCA) training, however staff we spoke with were conversant with the principles contained within it and could demonstrate an understanding and described how it would be applied to patients. MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for them.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

The practice had procedures in place for respecting patient's privacy, dignity and providing compassionate care and treatment. We observed that staff at the practice treated patients with dignity and respect and maintained their privacy. The reception area was open plan and near to the reception desk but we were told by staff members that they considered conversations held at the reception area when other patients were present. Music was played in the waiting area to assist with confidentiality. Staff members we spoke with told us that they never asked patients questions related to personal information at reception. They also had a room available so that if a patient needed to discuss confidential matters and the staff confirmed that they would have no hesitation in suggesting it if they felt there was a need.

A data protection and confidentiality policy was in place. This policy covered disclosure of, and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. We saw that patient records, both paper and electronic were held securely.

Patients fed back that they were treated with dignity and respect and felt the practice staff were friendly and caring and helpful. Many of the cards recorded that staff were always very helpful and friendly.

### **Involvement in decisions about treatment**

Feedback from patients included comments about how professional the staff were and treatments were always explained in a language they could understand. Patients also commented that staff listened to them and answered all their questions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice information leaflet and information displayed in the waiting area described the range of services offered to patients, the complaints procedure and information about patient confidentiality. The practice undertook mainly NHS and some private treatments. Costs were displayed in the waiting room and were also explained to patients during their consultation. The practice did not have a website at the time of our inspection.

Appointment times and availability met the needs of patients. Patients with emergencies were seen within 24 hours of contacting the practice, sooner if possible. The practice kept appointment slots on the day for emergencies and if these were full the patient would be advised to attend and sit and wait. The practice's answering machine informed patients of contact details for the dental emergency service and directed patients to telephone the NHS 111 service.

### Tackling inequity and promoting equality

The practice had a range of policies around anti-discrimination and promoting equality and diversity. Staff we spoke with were aware of these policies. They had also considered the needs of patients who may have difficulty accessing services due to mobility or physical issues. The practice had completed a disability audit. The practice was adjacent to the town centre car parks and there was a ramp up to the pavement. All patient treatment areas were on the ground floor. There were adapted toilet facilities available which also had an emergency cord to alert staff if someone needed support.

The practice had a translator service this was promoted and advertised in the waiting area and was in different languages for patients to be able to point to.

### Access to the service

Patients could access care and treatment in a timely way. The appointment system met the needs of patients and opened on two late nights, every Saturday and alternate Sunday mornings. Where treatment was urgent patients would be seen within 24 hours or sooner if possible.

Staff we spoke with told us that patients could access appointments when they wanted them. Patients' feedback confirmed that they were very happy with the availability of routine and emergency appointments.

### Concerns & complaints

The practice had a complaint procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling their concern. It also included the details of other external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly such as NHS England. Details of how to raise complaints were accessible in the reception area. Staff we spoke with were aware of the procedure to follow if they received a complaint.

The practice had not received any complaints since they had taken over in July 2015 although they had responded to two complaints in relation to the previous provider. The practice had been unable to fully investigate these as they related to the previous provider however they were dealt with appropriately and to the complainants' satisfaction. The practice had reviewed their processes to prevent reoccurrence.

CQC comment cards reflected that patients were satisfied with the services provided and NHS choices since the new provider had taken over also aligned with these views.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had arrangements in place for monitoring and improving the services provided for patients. There were governance arrangements in place. Staff we spoke with were aware of their roles and responsibilities within the practice.

Clinical audits had taken place such as infection control to monitor and improve the quality of care provided and these were cascaded to other staff and discussed at clinical or practice meetings a radiography audit was taking place the week after the inspection. The practice had a rolling programme of audits and had completed audits such as record card audit, hand hygiene audit and failed to attend audit. The most recent record card audit had taken place in 2015. Relevant risk assessments were in place to help ensure that patients received safe and appropriate treatments.

There was a full range of policies and procedures in use at the practice. Staff were aware of the policies and they were readily available for them to access. The practice had also sent by email to all staff policies that they may need more access to such as the safeguarding policy.

### **Leadership, openness and transparency**

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with any of the dentists if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. The practice manager was not always on site however was always accessible via the telephone and staff had no concerns in relation to contacting them.

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

### **Management lead through learning and improvement**

The management of the practice was focused on achieving high standards of clinical excellence and improving outcomes for patients and their overall experience. Staff were aware of the practice values and ethos and demonstrated that they worked towards these. There were a number of policies and procedures in place to support staff to improve the services provided.

We saw that the dentists reviewed their practice and introduced changes to practice through their learning and peer review however the peer review was mostly between the two dentists at this practice informally.

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

Staff told us that patients could give feedback at any time they visited.

The practice had systems in place to review the feedback from patients who had cause to complain. All complaints were investigated and discussed at the next monthly practice meeting to review and analyse the complaints and then learn from them if relevant, acting on feedback when appropriate.

The practice held regular staff meetings fortnightly; informal staff discussions and staff appraisals had been undertaken. Staff we spoke with told us that information was shared and that their views and comments were sought informally and generally listened to and their ideas adopted. Staff told us that they felt part of a team.