

# The Old Court House Dental Practice

# Old Court House Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 14 March 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**

Old Court House Dental Practice is located in Dorking, Surrey. The premises are situated at the beginning of the High Street and has a private staff car park at the back. There are three levels to the premises including a basement level leading to the car park. The basement level has a treatment room, a decontamination room, an office and two patient toilets for male and female. The next level is the ground level and consists of a second treatment room, reception and waiting area and the main entrance to the practice. The upper level has a third treatment room, an X-ray room and a staff room.

The practice provides private services to adults and children. There is as a limited NHS service for children that are already registered with the practice. The practice offers a range of dental services including routine examinations and treatment, veneers and crowns and bridges. Visiting dentists provide specialist periodontal treatment, implant services and root canal treatment.

The practice staffing consisted of two principal dentists (who were also the owners), three visiting dentists

# Summary of findings

providing specialist dental services, two hygienists, three dental nurses, one receptionist and one practice manager. The dental team worked various part-time hours depending on the need.

The practice opening hours are Monday and Tuesday from 8.00am to 5.30pm, Wednesday from 8:00am to 7:00pm, Thursday from 9:00am to 5:00pm, Friday 8:00am to 4:00pm and Saturday from 9.00am to 1.00pm by arrangement only.

One of the principal dentists is registered with the Care Quality Commission (CQC) as an individual. 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.

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

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Sixteen people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

## Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
  - The practice had an ongoing programme of risk assessments and audits which were used to drive improvement.
  - Patients were involved in their care and treatment planning so they could make informed decisions.
  - There were effective processes in place to reduce and minimise the risk and spread of infection.
  - The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection
  - Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
  - Patients were treated with dignity and respect and confidentiality was maintained.
  - The practice had implemented clear procedures for managing comments, concerns or complaints.
  - Patients indicated that they found the team to be efficient, professional, caring and reassuring.
  - All clinical staff were up to date with their continuing professional development.
  - There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.
- There were areas where the provider could make improvements and should:
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
  - Review the protocol for completing accurate, complete and detailed records relating to employment of staff.

# 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 systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There were policies and procedures in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained and in line with current guidelines. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

### **Are services effective?**

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DOH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

### **Are services caring?**

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

Patients commented that the team were friendly and kind and they would recommend the practice to friends and family. During the inspection we observed staff in the reception area and on the telephone. They were polite, welcoming and personable towards patients.

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

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

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

The practice had a complaints procedure that explained to patients the process to follow. The practice followed the correct processes to resolve any complaints.

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

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the provider. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

# Summary of findings

The practice had suitable clinical governance and risk management structures in place. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

# Old Court House Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 14 March 2016. The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

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

Before the inspection we sent Care Quality Commission (CQC) comments cards to the practice for patients to complete to tell us about their experience of the practice. Sixteen people provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 an incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents within the last 12 months.

There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There were no RIDDOR incidents within the last 12 months.

The principal dentists were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

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

The practice had clear policies and procedures in place for child protection and safeguarding vulnerable adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. There were leaflets issued by Surrey Safeguarding Adults Board in the waiting area for patients and staff to read and take away. The principal dentist was the lead for safeguarding and the staff we spoke with were aware of this.

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

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

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with guidance from the British Endodontic Society. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth).

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, the practice used a 'safer sharps' system to minimise needle stick injuries. Following administration of a local anaesthetic to a patient, needles were not re-sheathed using the hands but instead a device was used to prevent injury which was in line with recommended national guidance. The staff we spoke with demonstrated a clear understanding of the practice policy and protocol with respect to handling sharps and needle stick injuries.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use.

Staff received annual training in using the emergency equipment. The most recent staff training sessions had taken place in September 2015. Staff were able to explain what each item was used for during an emergency.

### Staff recruitment

The practice staffing consisted of two principal dentists (who were also the owners), three visiting dentists

# Are services safe?

providing specialist dental services, two hygienists, three dental nurses, one receptionist and one practice manager. The dental team worked various part-time hours depending on the need.

There was a recruitment policy in place and we reviewed the recruitment records for all staff members. We found records to be inconsistent. Some staff files had no evidence of a DBS checks being completed and in some cases where these had been done they were over three years ago. (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 found two staff files had no record of Hepatitis B immunisation and one staff record had incomplete information although this was confirmed to have been done.

We also noted ID checks and employment profiles were missing in some files including references. All clinical staff had professional registrations with the General Dental Council (GDC) and there were certificates on file. The practice displayed pictures and profiles of the members of staff on the website and included GDC registration numbers on the website and in the practice leaflet.

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

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, autoclave, eye injury, sharp injuries, manual handling, slip, trips and falls. These policies and protocols were reviewed in March 2016.

The practice had carried out a comprehensive risk assessment around the safe use and handling and Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated in September 2015. We saw that COSHH products were securely stored.

The practice manager was responsible for responding promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by email. These were disseminated at staff meetings, where appropriate. We noted there were no formal written actions from MHRA where these were relevant to the practice.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason, such as a flood or fire. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments, hand hygiene and environmental cleaning. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff. The practice carried out an infection control audit every six months. We saw last audits for September 2015 and February 2016.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room on the basement level. A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment including heavy duty gloves while instruments were decontaminated.

We saw instruments were placed in pouches following sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence that the parameters for temperature and pressure were regularly checked to ensure equipment was working efficiently in between service checks.

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



# Are services safe?

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

Records showed that a Legionella risk assessment had been carried out by an external company in July 2015. This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice demonstrated that they were testing and recording hot and cold water temperatures on a regular basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

## Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. There were service contracts in place for the maintenance of equipment. For

example, we saw documents showing that the air compressor and autoclaves had all been inspected and serviced annually, the next services were booked for March 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) annually; the next test was due in September 2016. We saw records which showed that the fire extinguishers were checked in August 2015.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly. We saw prescription pads were stored securely in locked cupboards however we noted the sheets were already stamped and there was no system in place to monitor the prescriptions being used.

## Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER) guidelines. They kept a radiation protection file in relation to the use and maintenance of X-ray equipment.

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in October 2013 which was within the recommended timescales of every three years. The practice had a radiation protection adviser and had appointed a radiation protection supervisor (RPS). All dental staff including the RPS had completed the necessary radiation training.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE), Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The principal dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

During the course of our inspection we checked dental care records to confirm our findings. The assessment included completing a medical history, outlining medical conditions and allergies, an assessment of soft tissues lining the mouth and checking for signs of mouth cancer. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. We saw the dental care records included the proposed treatment after discussing options with the patient and this included the details of the costs involved.

### Health promotion & prevention

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

We observed there was a monitor mounted on the wall in the waiting area that displayed a range of health promotion materials for adults and children. For example we saw information about plaque, gum inflammation and different types of tooth brushes. The principal dentist told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice.

### Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were

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

Opportunities existed for staff to pursue continuing professional development (CPD). All staff had undertaken training to ensure they were up to date with the core training and registration requirements issued by the General Dental Council. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We saw evidence of training in medical emergencies, infection control, radiography and radiation protection

### Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists when required including orthodontics, oral surgery and periodontology. The dentist referred patients to other practices or specialists if the treatment required was not provided by the practice. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

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

### Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan

# Are services effective?

(for example, treatment is effective)

and estimate of costs. Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patients dental care records. We checked dental care records which showed treatment plans signed by the patient. The dental care records showed that options, risks and benefits of the treatment were discussed with patients.

We saw evidence that staff had completed training in the Mental Capacity Act 2005. (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care

professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff we spoke to understood the general principles of the Act and were able to explain how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family or carer responsible for the care of the patient, to ensure that the best interests of the patient were met.

# Are services caring?

## Our findings

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

We saw records which showed that the practice sought patient's views through the NHS Friend and Family test on an ongoing basis. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were friendly and kind and they would recommend the practice to friends and family. During the inspection we observed staff in the reception area. They were polite, welcoming and personable towards patients.

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

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

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

### **Involvement in decisions about care and treatment**

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

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

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

### Tackling inequity and promoting equality

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

We asked staff how they would support patients that had difficulty with hearing and vision. The receptionist demonstrated how they would face the patient and speak slowly and clearly especially for someone who had hearing difficulties to allow the patient to lip read. We saw how the receptionist helped a patient in this way during our inspection. They told us patients had the ability to type and they used a service that translated typed text on the telephone when discussing their dental care. Staff told us they would assist a blind patient or any patient who had difficulty with mobility by physically guiding and holding them.

We saw the practice had access on the basement level for patients in a wheelchair. However we noted the toilets were not suitable for wheelchair access and the practice had not carried out a risk assessment.

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

### Access to the service

The practice opening hours are Monday and Tuesday from 8.00am to 5.30pm, Wednesday from 8:00am to 7:00pm, Thursday from 9:00am to 5:00pm, Friday 8:00am to 4:00pm and Saturday from 9.00am to 1.00pm by arrangement only.

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

The reception staff told us that patients, who needed to be seen urgently, for example, because they were experiencing dental pain, were seen on the same day that they alerted the practice to their concerns. The feedback we received via comments cards confirmed that patients had good access to the dentist in the event of needing emergency treatment.

### Concerns & complaints

The practice had a complaints policy that described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. We noted this did not include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. The practice had received one complaint in the last 12 months and this was handled in line with the practice complaints policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff we spoke with fully understood all of the governance systems because there was a clear line of communication running through the practice.

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

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

Staff we spoke with were very proud to work in the service and spoke respectfully about the leadership and support they received from the provider as well as other colleagues. They were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership. The staff we spoke with described an open and transparent culture which encouraged honesty. We found staff to be hard working, caring and a cohesive team and there was a system of staff appraisals to support staff in carrying out their roles.

### **Learning and improvement**

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

The practice had a programme of clinical audit that was used as part of the process for learning and improvement. These included audits for infection control, clinical record keeping, X-ray quality and the use of antibiotics. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made.

The principal dentist told us the dental team discussed the results of audits at meetings in order to share achievements or action plans for improving performance.

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

The practice gathered feedback from patients on an ongoing basis through the use of the NHS Friend and Family test. They reviewed the number of responses and comments monthly. We saw nineteen responses were noted from November 2015 to January 2016. All the people commented they would recommend the practice to friends and family. Some of the comments were in line with what we received in the CQC comment cards; dental team were efficient, friendly, professional and relaxed.

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