Kiln Lane Dental Limited

Kiln Lane Dental Limited

Inspection Report

16 Kiln Lane
Dentons Green
St Helens
Merseyside
WA10 6AD
Tel:01744 25776
Website:www.kilnlanedental.co.uk

Date of inspection visit: 24 August 2015
Date of publication: 01/10/2015

Overall summary

We carried out an announced comprehensive inspection on 24 August 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

Kiln Lane Dental Practice offers private dental care services to patients of all ages and currently has 3000 patients on its practice list. Approximately 27% pay for treatment as and when they attend the practice and the remaining 73% have a dental payment plan in place. The services provided include preventative advice and treatment and routine and restorative dental care. The practice has three treatment rooms, two waiting rooms and a decontamination room. Treatment and waiting rooms are on the ground and first floor of the premises.

The practice has four dentists, a hygienist and five dental nurses; in addition to a reception manager, an administration manager and a practice manager. The practice manager 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.

The practice is open Monday from 8.30am until 6.45pm, Tuesday and Wednesday from 8.00am until 5.15pm, Thursday from 8.00am until 5.45pm and Friday from 8.00am until 3.45pm.

We viewed 50 CQC comment cards that had been left for patients to complete, prior to our visit, about the services

Summary of findings

provided. In addition we spoke with six patients on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months. Feedback from patients was positive about the care they received from the practice. They commented staff were caring, helpful and respectful and that they had confidence in the dental services provided. Patients told us they had no difficulties in arranging a convenient appointment and that staff put them at ease and listened to their concerns.

Our key findings were:

- There were systems in place to assess and manage risks to patients, including health and safety and the management of medical emergencies.
- Dental care records showed on-going monitoring of patients' oral health.
- Patients were involved in making decisions about their treatment and were given clear explanations about their proposed treatment including costs, benefits and risks.
- The dental practice had effective clinical governance and risk management structures in place. There were systems to monitor the quality of the service.
- The practice had an accessible and visible leadership team. Staff were supported to maintain their continuing professional development (CPD) and had undertaken training appropriate to their roles.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.

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

- Complete and act upon risk assessments regarding carrying out Disclosure and Barring service (DBS) checks for administration roles, including roles with extended patient duties
- Review their current practice of keeping treatment doors open at all times; to ensure patient privacy and confidentiality are maintained.

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.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

The practice manager confirmed they would complete and act upon risk assessments regarding carrying out DBS checks for administration roles, including roles with extended patient duties.

The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies. There were clear guidelines regarding the maintenance of equipment and the storage of medicines in order to deliver care safely.

Are services effective?

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

Dental care records provided comprehensive information about patients' oral health assessments, treatment and advice given. The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. The practice monitored any changes in the patient's oral health and made referrals to specialist services for further investigations or treatment if required.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council.

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health. Health promotion leaflets and posters provided patients with information, for example about self-assessment for mouth cancer and smoking cessation.

Are services caring?

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

We reviewed 50 completed CQC comments cards and spoke with six patients on the day of the inspection. Patients commented that they were treated with respect and dignity, and put at their ease. The practice provided patients with information to enable them to make informed choices about treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt any concerns were listened to.

During the inspection we observed that treatment room doors remained open at all times. We raised this with the practice manager as it increased the risk of a loss of privacy and confidentiality for patients. The practice manager confirmed this would be addressed as soon as possible.

Are services responsive to people's needs?

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

Summary of findings

The practice had an efficient appointment system in place to respond to patients' needs. For example, the practice operated extended opening hours and supported patients to attend forthcoming appointment by having a text and email reminder system in place. Patients commented they could access treatment for urgent and emergency care when required.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints and concerns made by patients. Staff were knowledgeable about the process.

Are services well-led?

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

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records, prescribing and infection control procedures.

There were clear lines of accountability and leadership within the practice and staff told us they felt supported in their roles and that there was an open and transparent culture at the practice which encouraged candour and honesty.

Kiln Lane Dental Limited

Detailed findings

Background to this inspection

This inspection took place on the 24 August 2015. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider. We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives, a record of any complaints received in the last 12 months and details of their staff members, their qualifications and proof of registration with their professional bodies.

During the inspection we toured the premises and spoke with practice staff including, one of the dentists, the hygienist, the senior dental nurse, the reception manager and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

There were policies and procedures in place to investigate, respond to and learn from complaints, accidents and incidents. These included information and guidance about the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice maintained a significant events log which included a detailed description of the incident, the learning that had taken place and the actions taken by the practice as a result. We reviewed incidents that had taken place in the last 12 months and found the practice had responded appropriately

We found the practice responded to concerns and complaints in an open and transparent manner. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff and provided contact details for both child protection and adult safeguarding teams. The practice manager, who was a dental nurse, was the safeguarding lead professional for the practice. Records confirmed staff attended safeguarding training every two years, with the next update due in November 2015.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice used dental safety syringes which had a needle guard in place to support staff use and to dispose of needles safely in accordance with the European Union Directive; Health and Safety (Sharps Instruments in Healthcare) Regulations 2013.

Rubber dams were used in root canal treatment 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.

Medical emergencies

The practice provided staff with clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The emergency resuscitation kits, oxygen and emergency medicines were stored on the ground floor with easy access for staff working in any of the treatment rooms. The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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).

Records showed checks were carried out to ensure the equipment and emergency medicines were safe to use. Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support as a team within the last 12 months. The practice manager told us they planned to carry out simulated scenarios every two months to support staff to respond quickly to medical emergencies.

Staff recruitment

There were effective recruitment and selection procedures in place that described the process for employing new staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed clinical staff. These 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. Records confirmed these checks were in place for all clinical staff.

The practice did not carry out DBS checks for staff with administration roles. The practice manager confirmed they would complete a risk assessment regarding DBS checks for administration roles to support this decision. Following discussion, the practice manager confirmed a DBS check would be carried out for any administration roles with extended patient duties, for example in supporting anxious patients.

The practice had a system in place for monitoring staff had medical indemnity insurance and professional registration

with the General Dental Council (GDC) The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date. We looked at the files of five members of staff and found they contained appropriate documentation .

There was an induction programme in place for all new staff to familiarise them with how the practice worked. This included ensuring staff were familiar with fire procedures, use of personal protective equipment and accident and incident reporting.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. There were comprehensive health and safety policies and procedures in place to support staff, including for evacuating the premises, managing spillages and managing work experience placements. Records showed that fire detection and fire-fighting equipment such as fire alarms, smoke detectors and fire extinguishers were regularly tested and staff were trained as fire marshals and first aiders. A health and safety audit was carried out by an external company in October 2014 which raised no concerns.

The practice had a risk management process, including a detailed log of all risks identified, to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, exposure to hazardous substances and manual handling. The risk assessments were reviewed annually and included the controls and actions to manage risks. The practice had a comprehensive file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva.

Infection control

The senior nurse was the infection control lead professional and they worked with the practice manager to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

The practice followed the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. Posters about good hand hygiene, safe handling of sharps and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the three treatment rooms and the decontamination room appeared clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. We observed in one of the treatment rooms a number of chairs with fabric covers which were not easily cleanable. The treatment room was large and the chairs were positioned some distance from the treatment area. The practice manager confirmed these would be replaced as part of on-going refurbishment work. Patients we spoke with and who completed CQC comments cards were positive about how clean the practice was.

Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There were hand washing facilities in each treatment room and staff had access to good supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented. This helped to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. The senior dental nurse described the decontamination process to us. There was a clear flow from dirty to clean areas within the decontamination room. Sinks were clearly identified as clean and dirty.

Used instruments were scrubbed in the dirty sink if required, before rinsing in the clean sink. Once cleaned the instruments were examined under an illuminated magnifying glass to check they were free from debris and placed into an autoclave (a high temperature high pressure

Are services safe?

vessel used for sterilisation). The practice had three autoclaves, one specifically for larger hand pieces which also require lubricating. Sterilised instruments were then placed in sealed pouches with a use by date. Any instruments not used within this date went through the decontamination process again. Staff wore eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned.

The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

Records showed a risk assessment for Legionella had been carried out in 2013. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. The practice checked water lines every three months using a dip slide to test for Legionella.

Staff had received an update regarding infection control and hand hygiene annually; records showed this last took place in March 2015. The practice carried out the self-assessment audit relating to the Department of Health's guidance about decontamination in dental services (HTM01-05) every six months. This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. Audit results indicated the practice was meeting the required standards.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor.

Equipment and medicines

There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclaves, X-ray equipment and fire extinguishers. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner.

The practice had systems in place regarding the prescribing, recording, use and stock control of the medicines used in clinical practice. The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored safely for the protection of patients. Prescriptions were private and generated by the dentist as required. Details were recorded in patients' dental care records of all prescriptions issued. The practice carried out annual prescribing audits; we saw the results of the most recent audit in December 2014 which identified no concerns.

Radiography (X-rays)

The practice's radiation protection file was detailed and up to date with an inventory of all X-ray equipment and maintenance records**.** X-rays were digital and images were stored within the patient's dental care record. We found there were suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were maintained, a radiation risk assessment was in place and X-ray audits were carried out annually. The results of the most recent audit in January 2015 confirmed they were meeting the required standards.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in five patient records. Dental care records provided comprehensive information about patients' oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

The dentists were informed by guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. Justification for the taking of an X-ray was recorded in the patient's care record and these were reviewed in the practice's programme of audits. This reduced the risk of patients being subjected to unnecessary X-rays. Medical history checks were updated at every visit. This included an update on patients' health conditions, current medicines being taken and whether they had any allergies. Patients were given a copy of their treatment plan, including any fees involved. Treatment plans were signed before treatment began.

Health promotion & prevention

The practice was proactive about providing patients with advice on preventative care and supported patients to ensure better oral health in line with the 'Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting). The practice had a full time hygienist and one of the dental nurses had received training in oral health education to support this area of work. The medical history form patients completed included questions about smoking and alcohol intake and patients were given advice about maintaining good oral hygiene, alcohol consumption and dietary information, as appropriate. The practice recalled patients, as appropriate, to receive fluoride applications to their teeth.

We observed the practice had a selection of dental products on sale to assist patients maintain and improve their oral health. Health promotion leaflets and posters were available in the waiting room. These provided patients with information, for example about self-assessment for mouth cancer and smoking cessation.

Staffing

The practice team consisted of four dentists, a hygienist and five dental nurses; in addition to a reception manager, an administration manager and a practice manager who was a registered dental nurse. The dentists and practice manager planned ahead to ensure there were sufficient staff to run the service safely and meet patient needs.

The practice manager kept a record of all training carried out by staff to ensure they had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. Dental nurses received training to carry out additional duties, for example in oral health education and radiography; and to take a lead role, for example in infection prevention and control.

Dental nurses received day to day supervision and support from dentists and the practice manager. Staff had access to policies which contained information that further supported them in the workplace. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff.

Staff told us the practice manager and the dentists were readily available to speak to at all times. There was an appraisal system in place which was used to identify training and development needs. The practice manager confirmed that all staff were scheduled to have their annual appraisal in September 2015.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental

Are services effective?

(for example, treatment is effective)

services for further investigations or specialist treatment. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. Dental care records contained details of the referrals made and the outcome of the specialist advice.

Consent to care and treatment

Patients were given verbal and written information to support them to make decisions about the treatment they received. The practice's consent policy provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and the mental capacity to give informed consent. Staff received information about the Mental Capacity Act (MCA) 2005 and its relevance to dental practice as part of their safeguarding training.

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. The practice's consent policy included information about involving children in decision making and ensuring their wishes were respected regarding treatment. This policy was available to patients in the patient information folder in the waiting room.

Staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Patients gave their consent before treatment began.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 50 completed CQC comments cards and spoke with six patients on the day of the inspection. Comments were overwhelmingly positive about staff at the practice. Patients commented that they were treated with respect and dignity, put at their ease and any concerns were always listened to. We observed positive interactions between staff and patients arriving for their appointment and that staff were helpful, discreet and respectful to patients on the telephone.

To maintain confidentiality electronic dental care records were password protected and paper records were securely stored in a locked cupboard. The design of the reception desk ensured any paperwork and the computer screen could not be viewed by patients booking in for their appointment. Policies and procedures in relation to data protection and confidentiality were in place and staff were aware of these.

The waiting area was adjacent to the reception; however staff were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. We observed that treatment room doors remained open at all times. Two treatment rooms on the ground floor were adjacent and both and patients attending the first floor treatment room had to pass both open doors. We raised this with the practice manager as it increased the risk of a loss of privacy and confidentiality for patients. The practice manager confirmed this would be addressed as soon as possible. During the inspection we spent time in the waiting area and toured the building; at no time were we able to overhear any conversations taking place in the treatment rooms.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about treatment. Patients commented they felt fully involved in making decisions about their treatment, were at ease speaking with the dentist and felt listened to. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the treatment options. Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered in the waiting room and on the practice website. Staff told us patients were seen as soon as possible for emergency care and this was normally within 24 hours. Patients confirmed they had good access to routine and urgent appointments.

The practice supported patients to attend their forthcoming appointment by having a text and email reminder system in place. They offered extended opening hours to support patients to arrange appointments in line with other commitments.

Tackling inequity and promoting equality

The practice had an equality and diversity policy in place to support staff in understanding and meeting the needs of patients. The practice had made adjustments, for example to accommodate patients with limited mobility. Staff told us they ensured patients who were unable to use the stairs were treated in the downstairs treatment rooms. There were disabled toilet facilities on the ground floor, a wheelchair access ramp into the reception area and a large downstairs treatment room suitable for wheelchairs and pushchairs.

Dental care records included alerts about assistance patients required, for example the use of the typetalk system for patients with communication difficulties. (Typetalk connects people who cannot speak or hear on the phone, with other people using a telephone, by providing a text-to-voice and voice-to-text relay service).

Access to the service

The practice's opening hours were Monday from 8.30am until 6.45pm, Tuesday and Wednesday from 8.00am until 5.15pm, Thursday from 8.00am until 5.45pm and Friday from 8.00am until 3.45pm. CQC comment cards reflected patients felt they were able to contact the service easily and had choice about when to come for their treatment. The practice website provided patients with an emergency helpline out of hours.

The practice provided patients with a comprehensive information folder in the waiting room. It included information about the services provided, fees and insurance plans, and emergency appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The practice had received four complaints in the last 12 months. We found the practice responded promptly and ensured any learning was shared within the team.

Are services well-led?

Our findings

Governance arrangements

The practice manager was registered with CQC as the registered manager. They were responsible for the day to day running of the practice and led on the individual aspects of governance such as responding to complaints and managing risks**.** Staff we spoke with were clear about their roles and responsibilities within the practice and of lines of accountability.

The practice had a proactive approach for identifying where quality or safety was being affected and addressing any issues**.** Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to fire, exposure to hazardous substances and medical emergencies.

Lead roles, for example in health and safety, infection control and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

There was a full range of policies and procedures in use at the practice and accessible to staff. These included guidance about confidentiality, incident reporting and data protection.

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. The practice manager told us patients were informed when they were affected by something that goes wrong, given an apology and told about any actions taken as a result.

There were clearly defined leadership roles within the practice. Staff told us the practice was a relaxed and friendly environment and they felt well supported by the practice manager and provider.

Informal meetings were held with the team as required and formal time was allocated to complete team training, for example for emergency resuscitation and basic life support. More frequent formal meetings were being arranged over the next few months as most staff were now available on one day each week.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC) Records showed professional registrations were up to date for all staff and there was evidence of continuing professional development taking place.

The practice audited areas of their practice each year as part of a system of continuous improvement and learning. These included audits of X-rays, patient records, prescribing and infection control procedures. The audits included the outcome and actions arising from them to ensure improvements were made.

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

The practice had systems in place to seek and act upon feedback from patients using the service. These included carrying out formal patient surveys. The most recent patient survey report in February 2014 showed a high level of satisfaction with the quality of the service provided. The practice had acted upon patient feedback and introduced extended opening hours. Patients were encouraged to complete questionnaires available in the website at all times and to leave feedback on the practice website.