Mr Jeffrey Johnston

J.T. Johnston Dental Practice

Inspection Report

49 London Road
Tunbridge Wells
Kent
TN11DT
Tel:01892 522605

Date of inspection visit: 22 March 2016
Date of publication: 12/05/2016

Overall summary

We carried out an announced comprehensive inspection on 22 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

J.T. Johnston Dental Practice is a mixed dental practice providing both NHS and private treatment. The practice caters for children and adults and is situated in Tunbridge Wells, Kent. The practice provides services from one room within a building where other services are provided. The reception area is integrated into the one room practice. There is a waiting area which is shared with other services provided in the building. The practice has one dentist and one dental nurse who has a dual role as receptionist. Dental services are provided Monday to Friday from 9am to 12(noon) and from 1pm to 5pm. Out of hours emergency services are provided by Dentaline.

CQC inspected the practice on 2 July 2013 and although the provider met the five outcomes inspected CQC did ask the provider to make improvements regarding the decontamination and sterilization procedure to ensure a separate hand wash sink and the provision of both dirty and clean areas. We checked these areas as part of this comprehensive inspection and found this had been resolved.

The principal dentist 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.

We received feedback from patients about the service via four Care Quality Commission (CQC) comment cards however there were no patients available to speak with during the inspection. All the comments were positive

Summary of findings

about the staff and the services provided. Patients indicated that they were happy with the dental care and treatment that they had received, that their needs were met and that they were treated with dignity and respect.

Our key findings were:

- The practice was visibly clean, comfortable and well maintained.
- Patients' needs were assessed and care and treatment was planned and delivered in line with current guidance.
- The practice had clear safeguarding processes and staff were trained and understood their responsibilities for safeguarding children and vulnerable adults.
- Staff understood their responsibilities to raise concerns and to record safety incidents and to report these internally and externally where appropriate.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had received appropriate training for their role and were proactive in ensuring they achieved their continuing professional development (CPD).
- There was an effective complaints system
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to manage medical emergencies.
- The practice had suitable emergency equipment. However the practice did not have access to an automated external defibrillator, but was carrying out research prior to purchase.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients could access routine treatment and urgent care when required.

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

- Review the current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, giving due regard to the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. The practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the practices process to ensure there is an effective system for gaining and recording written consent in a consistent manner.

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 provider had effective processes for the management of medical emergencies and dental radiography (X-rays). The equipment in the practice was well maintained and serviced in line with the manufacturer's instructions. Staff were aware of the importance of ensuring patient safety and were proactive in doing so.

However there were areas where improvements should be made relating to the safe provision of treatment:

One member of clinical staff had not had a DBS check carried out. The provider sent records within 48 hours of the inspection to show that this had been applied for.

The practice did not have an AED or risk assessment detailing what to do in an emergency without one. The provider sent records within 48 hours of the inspection to show that discussions were in place regarding the purchase of an AED.

The practice was clean and records demonstrated that thorough checks were in place regarding the spread of infection; however, an audit to identify areas for improvement had not been carried out since 2013. The provider sent records within 48 hours of the inspection to show that this had been carried out.

The legionella risk assessment was carried out and reviewed by the practice and there were no records to show that a formal risk assessment had been carried out or that water temperatures were being recorded.

Staff at the practice were suitably qualified and skilled. They had received training in safeguarding children and vulnerable adults and knew how to recognise the signs of abuse and how to report them. They had also received training in emergency life support and infection control.

There was a decontamination area which was clean and organised.

Are services effective?

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

People's care and treatment was planned and delivered in line with evidence based guidelines, standards, best practice and current legislation.

There was evidence of comprehensive assessments to establish individual needs and preferences., including an up-to-date medical history and a clinical assessment and information about the costs of treatment including any options or choices

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and able to maintain their registration by completing the required number of hours of continuing professional development (CPD) activities.

<Findings here>

Are services caring?

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

Summary of findings

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Patients could speak confidentiality with the dentist if required.

Comments on the four completed CQC comment cards we received reflected patients satisfaction with how they were treated at the practice. Patients indicated that staff treated them with kindness and compassion. They said that staff were helpful and caring.

Comment cards showed that staff take time to interact with patients and those close to them in a respectful, appropriate and considerate manner.

Are services responsive to people's needs?

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

The facilities and premises are appropriate for the services that are planned and delivered.

All reasonable efforts/adjustments are made to enable patients to receive their care or treatment.

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

There is a complaints system in place, which is publicised, accessible, understood by staff and people who use the service.

Are services well-led?

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

The practice had systems and processes for identifying where quality and/or safety was being compromised and steps were taken in response to issues, however some audits such as infection control had not been reviewed since 2013 and the current Legionnaires' disease risk assessment required review. Records regarding infection prevention and autoclave checks were carried out daily and the treatment room was observed to be clean and well maintained.

Quality assurance processes were used to improve outcomes for patients.

J.T. Johnston Dental Practice

Detailed findings

Background to this inspection

This was an announced inspection and was carried out on 22 March 2016. The inspection was led by a CQC inspector and a dental specialist advisor.

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

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

During the inspection we spoke with both the dentist and the dental nurse/receptionist. We looked around the premises reviewed policies, dental care records, staff files and other records relating to the management of the service. We reviewed 4 completed CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to investigate, respond to and learn from significant events and complaints. All members of staff were aware of these reporting procedures.

We reviewed the practice significant event records and the accident book, which included clear information regarding RIDDOR.

We saw that there had been no significant events and no complaints. Where an incident occurred, such as a medical emergency, staff told us that this was recorded on the dental care record.

The practice had a system to manage national patient safety and medicine alerts that affected the dental profession.

Records viewed reflected that the practice was following national guidance in relation to the control of substances hazardous to health (COSHH). All substances used at the practice had been risk assessed and measures put in place to keep staff and patients safe.

Staff spoken with were aware of the Duty of Candour.

Reliable safety systems and processes (including safeguarding)

We discussed the use of rubber dams (to protect a patient's airway during root canal treatment) with the dentist. We found that a rubber dam was used in root canal treatments and this was this documented in the dental care records we reviewed where root canal treatment had been undertaken.

All staff had received training in safeguarding children and vulnerable adults. Staff spoken with were aware of the procedure to follow if abuse or neglect was suspected. They were clear on who to contact in order to raise an alert and had the appropriate local authority safeguarding team contact numbers.

Patients attending the practice had their medical history reviewed on each visit. We saw signs up in the waiting area reminding patients to inform the dentist of any changes to their medication. New patients were required to complete a medical questionnaire. Details were recorded on the patient's paper dental care record. The practice did not have an electronic system for dental care records.

Medical emergencies

Staff did not have access to an automated external defibrillator (AED) in line with current guidance from the Resuscitation Council UK and had not undertaken and documented a risk assessment as regards its absence. (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). However, this was discussed with the dentist who subsequently sent evidence to demonstrate that research was being carried out regarding the most appropriate AED to purchase for the practice.

The practice did have emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that all required medicines were present including midazolam. The dental nurse was responsible for checking emergency medicines. We saw records to show that these were checked monthly and highlighted to be re-ordered a month prior to expiry. All medicines were within their expiry date.

There was emergency oxygen at the practice which was in date; however the oropharyngeal airway (a medical device used to maintain or open a patient's airway by preventing the tongue from covering the epiglottis, which could prevent the person from breathing) were out of date. We raised this with the dentist who subsequently sent evidence to show that these had been ordered and delivered to the practice, along with a new oxygen mask.

Staff recruitment

The practice had one member of staff other than the dentist and they had been recruited to the practice in 2007. The member of staff told us that references had been taken up. We saw records of their registration, training and CPD. A DBS check had not been carried out; however we discussed this with the dentist who subsequently sent evidence to show that this had been initiated the day after the inspection.

Staff that we spoke with were clear about their roles and responsibilities. They told us that informal exchanges

occurred between the two members of staff on an on-going basis. There were no records of staff appraisal which is used to review knowledge and skills and to identify the training needs of the staff member.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and had carried out a number of risk assessments to ensure the safety of patients and others on the premises. The building was overseen by a management organisation that were responsible for ensuring a full fire risk assessment was carried out. Records of weekly fire alarm tests were seen.

The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. The practice had a system to update the folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The dentist was the lead with responsibility for infection prevention and control (IPC). We saw that the dental treatment room and the general environment were clean, tidy and clutter free.

Feedback confirmed that the practice maintained high standards regarding this at all times. The building management company employed a cleaner for general cleaning including the waiting area and toilets and the dentist and staff at the practice were responsible for cleaning the surgery. We saw that colour coded equipment was in use for different areas of the surgery.

During the inspection the dental nurse told us that they cleaned the surfaces, dental chair and equipment in the treatment area of the room between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel. The treatment room had a designated hand wash basin separate from the one used for cleaning instruments.

A dental nurse told us how the practice cleaned and sterilised dental instruments between each use. The practice had a well-defined system which separated dirty instruments from clean ones. The dental nurse cleaned, checked and sterilised instruments in the surgery.

The nurse at the practice had completed training in decontamination and disinfection and was clear on the process and their role in making sure it was correctly implemented.

The dental nurse showed us the full process of decontamination including how they rinsed the

instruments, checked them for debris and used the autoclaves (equipment used to sterilise dental

instruments) to sterilise them. They showed us how the practice checked that the decontamination system was working effectively and the records they used to record and monitor these checks. These were fully completed, and up to date. Records seen demonstrated that this was a thorough system, with each cycle recorded, along with instruments sterilised and the temperature reached. We saw that sterilised instruments were pouched and dated with the date of sterilisation. Current guidance states that the expiry date should be written on the pouch. We discussed this with the dentist and dental nurse and they decided to implement the process straight away.

The practice used single use dental instruments whenever possible which were never re-used.

There was an infection control protocol and staff had received up to date training. Records viewed confirmed this.

The practice had completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control in June 2013. Records confirmed that no more recent infection control audits were undertaken. However, we observed that thorough checks were being carried out and recorded on a

daily basis and in discussion the dentist said that he would implement this as a matter of urgency. Records were received within 48 hours of the inspection to show this had been carried out.

The treatment chair was observed to be in good condition. The operator chair for the dentist was observed to be repaired with washable adhesive tape.

A Legionella risk assessment had been carried out by the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. The practice used a recognised flushing method to prevent a build-up of legionella biofilm in the dental waterlines and the risk assessment stated that regular flushing of the water lines would be carried out in accordance with the manufacturer's instructions and current guidelines. Staff told us that the water lines were flushed for 30 seconds each morning, not the recommended two minutes but said in discussion that the two minutes system would be implemented. Regular checks of water temperatures in the surgery were not being carried out as a precaution against the development of Legionella. No records were available to show that a specialist contractor had carried out a formal Legionella risk assessment.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood.

Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument

Equipment and medicines

Portable Appliance Testing (PAT) was undertaken annually for all electrical equipment. (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) We saw that the last PAT test had taken place in August 2015. The practice displayed fire exit signage and had appropriate firefighting equipment in place.

Records were kept in respect of maintenance carried out for equipment such as the autoclave and X-ray equipment and these showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Emergency medicines and anti-biotics were stored appropriately and accessible to relevant staff. There were procedures in place for checking medicines to ensure that they were within their expiry dates. The practice recorded medicines prescribed and administered on dental care records. We saw from a sample of these that the dentist had recorded the type of medicine, the dose and the batch number and expiry dates.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly

maintenance logs.

We saw evidence that the dentists recorded the reasons why they had taken X-rays and that X-rays were always checked to ensure the quality and accuracy of the images. We saw that radiographs taken were recorded on the patient dental care notes with the reason for the X-ray but not the grade or outcome unless it was a positive finding.

The dentists and dental nurses involved in taking X-rays had completed the required training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We were told that new patients to the practice were asked to complete a medical history form which included information in relation to their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the dentist. We saw that the practice recorded the medical history information on the patient's dental care records for future reference. In addition, the dentists told us that they discussed patients' life styles including diet, alcohol and tobacco consumption and where appropriate offered them health promotion advice. This was recorded in the patient's dental care records.

A member of staff spoken with said that the patients' medical history was reviewed at all further appointments and the patient dental care records that we viewed confirmed this. This ensured the dentist was aware of the patients' present medical condition before offering or undertaking any treatment. The dentist also confirmed that they undertook routine dental examinations which included checks for gum disease and oral cancer.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as orthodontics were referred to other dental specialists.

The dentist and dental nurse confirmed the length and frequency of patients appointments were based on their assessed treatment needs so that each patient was given time without rushing. Comments received from patients reflected this. In particular appointment space was left each day to ensure emergency availability.

We looked at a range of clinical and practice wide audits that had been carried out to help staff monitor the effectiveness of the service they provide. The last of these was carried out in August 2013 and was a records audit which showed changes were made and more preventative care given as a result.

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see.

Health promotion & prevention

The patient reception and waiting areas contained a range of information that explained the services offered at the practice and fees for treatment information was available in the surgery. We saw that Basic Periodontal Exams (BPE) were carried out by the dentist and that where there was a score of three or four the patient was referred to a specialist periodontist. (A periodontist specialises in the diagnosis and treatment of all disorders and diseases of the supporting structures of the teeth).

The dentists advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit.

The dentist said that they advised patients on issues such as good dental hygiene, diet, smoking and alcohol consumption. Patient dental care records which we viewed confirmed this

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were proactive and self-directed in maintaining their continuing professional development (CPD) to update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional. They sought and attended an annual conference which covered a lot of their core training. Records we viewed showed that staff had completed training including emergency life support and AED skills, infection control, safeguarding children and vulnerable adults, medical emergency, radiography, oral cancer and legal and ethical training.

Working with other services

The practice had a structured system with regard to working with and making referrals to other services such as practices specialising in specific aspects of dentistry. We saw evidence that the practice liaised with other dental professionals and made appropriate referrals when this was needed. Where a referral was necessary, the type of care and treatment was explained to the patient. Where an

Are services effective?

(for example, treatment is effective)

urgent referral was made there was no tracking system in place, however the details were recorded on the patient dental care records and the dentist would follow up with a telephone call.

The practice had arrangements for emergency dental treatment out of surgery hours.

Consent to care and treatment

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent was sought on behalf of children. Patient records that we sampled showed that consent forms were completed appropriately and kept on the patients file in hard copy however these were limited and formal consent forms were rarely completed.

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 were aware of the MCA and had some knowledge of its remit. There were information sheets regarding MCA 2005 at the practice.

The practice patient information leaflet detailed the rights of patients to refuse treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients who had completed Care Quality commission (CQC) comment cards were complimentary about the care and treatment they received at the practice. Patients told us that the practice was friendly and professional and referred to all of the staff as caring and respectful. Staff told us that children were treated in an age-appropriate way and were recognised as individuals.

During the inspection we observed members of the team dealing with patients on the telephone at the reception desk. We heard the staff were polite and helpful.

Staff told us that all consultations and treatments were carried out in the privacy of a consulting room. The practice was contained within one room. The dental nurse/ receptionist said that she did not answer the phone when she was nursing and that it went to answer phone.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, a data protection policy statement.

Dental care records were only in paper format and there was no computer system installed at the practice. Staff told us that they used a 'day book' to record all information, which was also recorded in the patient's dental care records. Paper records that contained confidential information were held in a secure way so that only authorised staff could access them.

Involvement in decisions about care and treatment

We looked at dental care records and we saw recorded information about discussions and explanations provided to patients about the care and treatment they needed. We saw that the medical form was signed and dated by the patient at 6 monthly intervals and that patients were assessed which included a soft tissue exam and BPE scoring. Patients were involved in the referral process if they required specialist treatment outside of the practice.

Comments made by patients who completed the CQC comment cards confirmed that people felt that they could approach the dentist directly, that the dentist was helpful and that their needs were met by the practice.

The dentist understood the principles of the Gillick competency test and applied it. The 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 about their care and treatment. They also understood their roles and responsibilities to determine parental responsibilities when treating children and had a flow chart to visually determine this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided both NHS and private treatment which patients could choose from depending on their circumstances. The practice provided information about all the types of treatment available and their costs, which were on display in the practice and in the practice leaflet.

Care and treatment was planned and delivered by trained, registered and qualified staff; this ensured people's safety and welfare. A detailed medical history was taken for each person; records demonstrated that this was updated at each consultation. We saw that where patients had a specific medical condition, this was routinely monitored before any treatment or examinations were conducted. For example, diabetes. Records viewed and staff spoken with confirmed this.

Tackling inequity and promoting equality

The dental practice was located in a front room on the ground floor of a large grade 2 listed building. Patients could access the surgery via steps up to the front door. Due to the listed nature of the building there were no disabled access toilet facilities and insufficient space to accommodate patients who used wheelchairs. This information was detailed in the patient information leaflet for the practice.

Staff told us that patients with disabilities or mobility difficulties were supported to access the practice.

Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services.

Access to the service

The practice was open from 9am to 12 (noon) and 1pm to 5pm Monday to Friday.

Patients could book appointments for routine general dental services by telephoning the practice.

Staff told us that the practice could always provide same day emergency access during opening hours. Outside of normal hours a message was left on the telephone directing patients to alternative care provision including an out of hours service. Staff told us that double or triple booked appointments were rare and that when a double booked appointment had occurred they had explained it to the patients with an apology and the patient was happy to wait.

Patients who completed comment cards said they were happy with the level of care provided by J. T. Johnston Dental Practice.

Concerns & complaints

The practice had a complaints process which was available in the practice leaflet as well as being posted on the patient waiting area. This contained information about who patients could contact about their concerns if they were not satisfied.

We looked at information available about comments and compliments and complaints. The information showed that no complaints had been received in the last 12 months. Staff told us they did not receive many complaints and that they responded quickly to any verbal complaints or comments made. We were told that these were recorded in the patient's dental care records.

Are services well-led?

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

There was a clear staffing structure and staff were aware of their specific roles and responsibilities.

The practice had systems and processes for identifying where quality and/or safety was being compromised and steps were taken in response to issues, however some audits such as infection control had not been reviewed since 2013 and the current Legionnaires' disease risk assessment required review. Records regarding infection prevention and autoclave checks were carried out daily and the treatment room was observed to be clean. Records were received within 48 hours of the inspection to show that the infection, prevention and control audit had taken place .

There was a variety of policies, policy statements and other documents that the practice used to govern activity. For example, the sharps injury policy, the adult and child protection policy statement as well as the radiation protection file. Staff had access to all of the policies and procedures.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. Staff were experienced and suitably qualified. We observed an effective working relationship in a relaxed atmosphere. We saw that the practice was small and had just two members of staff and that formal staff meetings were not held as the day to day running of the practice was discussed on a daily basis. Staff told us that they felt able to raise concerns with each other and that there was informal sharing of information on an on-going basis

Learning and improvement

Staff training records were seen and these showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including e-learning, dedicated training days and external trainers attending the practice. Staff we spoke with stated they were proactive in seeking training and ensuring that they kept up to date.

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

The practice carried out a patient feedback survey in 2014. We looked at the survey results and saw that patients were satisfied with the dental care they had received. The practice took account of the views expressed by patients in the survey. The patient comments were mainly in regard to an increase in the number of magazines provided in the waiting area. Staff told us that these were increased as a result.

The practice did not implement a formal appraisal system. Staff told us that information was exchanged during the course of the working day.