

St Raphael's Dental Practice Limited

# St Raphael's Dental Practice Limited

## Inspection Report

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### Ratings

#### Overall rating for this service

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

### Overall summary

We carried out an announced comprehensive inspection on 2 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### Our findings were:

##### Are services safe?

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

##### Are services effective?

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

##### Are services caring?

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

##### Are services responsive?

# Summary of findings

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

St Raphael's dental practice is located in the town of Upholland and has 10,000 patients. The practice provides predominantly (90%) NHS primary dental care and treatment and a small amount (10%) of private treatment to patients living in the surrounding area.

The staff team at the practice consists of two principal dentists, three associate dentists, two dental hygienists, three registered dental nurses, a trainee dental nurse and a practice manager. The practice manager told us their aim is to be 'a caring team for a healthy smile'.

The practice opening times were displayed in the practice and in the patient leaflet. The practice opening hours are Monday to Wednesday from 9am until 5.30pm, Thursday from 9am until 7.30pm and Friday and Saturday from 9am until 1pm. The practice closed for lunch from 1pm until 2pm Monday to Thursday.

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.

We spoke with four patients who used the service on the day of our inspection and reviewed 19 CQC comment cards that had been completed by patients prior to the inspection.

## Our key findings were:

- Providing patients with caring, compassionate and dignified care was considered as a priority by all members of staff. There was a clear focus on improving the quality of care for patients.
- Patients received clear explanations about the treatment options, any costs, benefits and risks to ensure they could make informed choices.

- The practice was well-led and all of the staff were enthusiastic and proud to be part of the team.
- There was a designated lead for safeguarding. Staff had received training in relation to child protection and safeguarding adults. They knew how to recognise the various signs of abuse and how to report their concerns.
- Feedback from patients about the way staff treated them in terms of understanding, dignity and respect was extremely positive.
- There were appropriate infection control procedures in place to minimise the risk and spread of infection.
- Patient's needs were assessed and care was planned and delivered in line with current best practice guidance for example from the National Institute for Health and Care Excellence.
- There was a clear vision for the service and staff told us they were well supported by the management team. Staff felt well supported and were committed to providing a high quality service to their patients.
- There was appropriate equipment and emergency medicines available to enable the staff to respond to medical emergencies. Staff knew where to access this equipment and had been trained to respond to medical emergencies.
- There were effective governance systems in place to ensure the smooth running of the practice.
- A range of clinical and non-clinical audits were carried out to continually monitor the quality of services.
- All clinical staff were supported to maintain their continuing professional development.
- There were robust systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.

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

Ensure the three damaged stools in the treatment rooms are repaired or replaced to minimise the risk of cross contamination.

# 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 was an open and transparent culture with a focus on continual improvement. The practice took their responsibilities for patient safety seriously and had systems in place to identify, investigate and analyse any incidents or accidents and learning from them was cascaded to staff.

There was a safeguarding policy and procedure in place that was reviewed regularly. Staff had attended training at the appropriate level in relation to child protection and safeguarding adults that may be vulnerable.

The practice had a robust recruitment process in place and all new staff underwent an induction to the practice.

Emergency equipment and medicines were available and staff were trained in how to respond to medical emergencies.

### **Are services effective?**

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) in relation to prescribing antibiotics and dental recall intervals.

Detailed dental care records were maintained and included; medical history, allergies, changes in the patient's oral health, consent and any treatments carried out.

Staff that held professional registration with the General Dental Council (GDC) were required to undertake a specific number of hours training. We saw staff were encouraged and supported to maintain their continuing professional development (CPD) in order to meet this requirement.

Patients were provided with information relating to maintaining good oral health that included smoking cessation, alcohol consumption and diet.

### **Are services caring?**

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

The CQC comment cards were very positive about the care and treatment they received from staff at the practice.

We observed patients arriving for their appointment and saw staff were welcoming and treated patients with respect. The patients we spoke with confirmed that staff were reassuring, caring and polite.

Patients told us all of the staff were professional and considerate. Patients told us they were involved in planning their treatment and given enough information to enable them to make informed decisions.

Patients who were in pain and needed urgent dental treatment were able to get an emergency appointment often on the same day.

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

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

The practice was accessible to patients with limited mobility and there were arrangements in place to deal with emergencies, outside of normal surgery hours.

# Summary of findings

There was enough well maintained equipment, to meet the dental needs of their patients.

There was a complaints policy and a detailed leaflet outlining the complaint procedure in the reception area. We saw that the practice responded to complaints in line with the complaints policy.

The practice carried out patient satisfaction surveys and patients were given the opportunity to give feedback via a suggestion box located in the reception area.

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

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

All the staff shared the practice's vision and values which was to deliver a high standard of care and treatment to their patients.

There were regular practice meetings and staff told us that they felt well supported and could raise any concerns with the practice manager. Staff told us the culture within the practice was open and transparent. Staff told us that they enjoyed working at the practice and were proud of their work.

There were good governance arrangements in place that included a system of clinical and non-clinical audits. Dental care records and the quality of X-ray images were audited to ensure the required standards had been maintained.

# St Raphael's Dental Practice Limited

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 2 November 2015. The inspection was carried out by a CQC inspector and a dental specialist advisor.

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

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We spoke with four patients on the day of the inspection and received 19 CQC comment cards completed by patients prior to the inspection. We also spoke with six members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 manager was aware of their responsibilities in relation to the 'Duty of Candour'. They told us one of the practice values was to be open and transparent and the team were committed to learning from any mistakes. If there was an incident or accident that affected a patient, an apology would be given and steps taken to ensure there was no reoccurrence. The patient would be advised of any action taken as a result.

The practice had clear guidance for staff about how to report incidents and accidents. All of the staff had a clear understanding of their responsibilities to report serious accidents and incidents in accordance with the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any incidents in the last 12 months that required a RIDDOR notification.

There was evidence to show that lessons were learned from any incidents. The practice manager told us that these would be discussed as and when they occurred and during practice meetings. An accident record book was completed correctly to protect the individual's privacy.

The practice manager received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). The alerts were received via email; they were shared with staff and discussed at practice meetings.

There was a dedicated file containing product safety information for all cleaning and dental products used in the practice. The staff we spoke with demonstrated an awareness of the control of substances hazardous to health guidance (COSHH).

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

The practice had a policy and procedure in place relation to child protection and safeguarding adults who may be vulnerable. They included the contact details of relevant agencies such as the local authority safeguarding team, the clinical commissioning group (CCG) and social services. Staff had completed safeguarding training and were able to describe the signs of abuse or neglect and the action they would take if they suspected abuse was taking place.

The practice manager was the safeguarding lead and we saw documentary evidence of good multi-disciplinary working with the CCG and local child protection and adult safeguarding teams. There had been a number of child protection and adult safeguarding referrals made which had been investigated by the local safeguarding teams. We saw detailed referrals had been made and the practice had fully cooperated with the investigations by providing information.

There were systems and processes in place to minimise risks and ensure the safety of staff and patients. This included; fire drills, maintenance contracts for equipment, clinical waste management, staff recruitment, infection prevention and control, health and safety and risk assessments.

There was evidence to demonstrate that all of the dentists followed guidance from the British Endodontic Society and routinely used a rubber dam during root canal treatments. (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 used dental safety syringes which had a needle guard in place to minimise the risks of needlestick injury and dispose of needles safely (needlestick is the penetration of the skin from a used needle or other sharp object). There was a policy and procedure that clearly detailed the action staff should take should they sustain such an injury.

All new patients were required to complete medical history forms to identify existing medical conditions, allergies and any medication they were taking. Patients told us and we saw in dental care records that medical histories were updated verbally at each visit and any changes added to the electronic records.

### Medical emergencies

There were emergency medicines available in accordance with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including medical oxygen (dated 2017) and an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. (An AED is a portable

# Are services safe?

electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). All of the practice staff knew where these items were kept.

Records demonstrated that staff checked medicines and equipment to monitor stock levels, expiry dates and to ensure that equipment was in working order. In addition to maintaining a paper record of expiry dates an electronic record was kept and staff received an alert to remind them when medicines were due to be replaced.

## **Staff recruitment**

There was a recruitment policy that described the process for recruiting new staff to the practice. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, requesting two written references and where required a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) carries out checks to 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.

In addition to this and before contracts are confirmed new staff are invited to spend a day in the practice working on reception and in the decontamination room. Following this, existing staff are asked to complete a questionnaire and this is used as part of the recruitment process to assess if the person is suitable to work within the team.

All new staff undergo a period of induction to familiarise themselves with practice procedures and complete mandatory training such as health and safety and infection control.

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

There were risk management systems and health and safety procedures in place to ensure the safety of patients and staff members. These included fire risk assessment, use of sharp instruments such as needles, radiation, first aid, medical emergencies, and Legionella and infection control. These documents were reviewed on a regular basis and updated as required.

We found the practice had a fire risk assessment in place, visitors were asked to sign in and out of the premises, the

fire alarm was tested weekly and fire drills had been completed. Fire extinguishers were maintained and serviced on a regular basis and staff were able to describe the action they would take in the event of a fire.

## **Infection control**

The practice had an infection control policy that had been reviewed in December 2014. The policy detailed the procedure for minimising the risk and spread of infections. This included details of procedures for effective hand washing techniques, clinical waste management and the use of personal protective equipment (PPE). Infection control audits were carried out at six monthly intervals in accordance with the Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05) guidance.

Staff recruitment files contained evidence that staff had been inoculated against Hepatitis B (a virus that can be transmitted through blood or saliva).

There were blood spillage and mercury spillage kits located in the decontamination room and all of the staff were aware of this. There were protocols in place for the safe management, segregation and disposal of clinical and sharp instrument waste. Sharps bins were suitably located, signed and dated. There was a contract in place with a registered waste carrier and clinical waste was safely stored between collections.

There were maintenance contracts and worksheets in place to demonstrate the equipment used in the practice, such as autoclaves were regularly checked and serviced.

There was a dedicated decontamination room that was set out according to the HTM 01-05 guidance. There was an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections.

Decontamination of used dental instruments was carried out in the dedicated decontamination room which was located on the ground floor. The practice had implemented an instrument transportation system to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of cross contamination. We saw instruments were kept moist to prevent contaminants sticking to them until they were transferred to the decontamination room.



# Are services safe?

One of the dental nurses was the infection control lead and demonstrated the decontamination process to us. Staff used a face visor to protect their eyes from splashes, an apron, heavy duty gloves and a mask while instruments were decontaminated. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. There was a dedicated hand washing sink for staff, in addition to two separate sinks for washing and rinsing instruments. Once the instruments had been cleaned, they were inspected under an illuminated magnifying glass to check they were in good condition and free from residual debris. When clean they were placed into one of the autoclaves to be sterilised (an autoclave is a machine used to sterilise instruments by subjecting them to pressurised steam at a very high temperature).

We found that clean instruments were stored within sealed pouches. The date of sterilisation showed these were all in date and ready for use.

We saw service documentary evidence to show equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions.

A legionella risk assessment had been completed by a specialist contractor in September 2014 and the results were negative for bacteria. (Legionella is a bacteria that can grow in contaminated water). The water lines were flushed daily and weekly and Alpron tablets (a product for cleaning water lines in dental units) were used once a week to purify the water. We saw that three monthly water dip tests were carried out by staff to monitor the water systems.

The practice manager told us the dental nurses were responsible for cleaning the treatment rooms between patients and at the end of each clinical session. For the rest of the premises they

employed a cleaner who worked in the evenings. We saw there was a cleaning schedule and checklists, which were completed. The practice used the National Colour Coding system and we saw cleaning equipment was stored appropriately and securely in line with COSHH.

We found that three of the stools in treatment rooms had torn covers and the inability to clean them properly posed an infection control risk.

## Equipment and medicines

Portable appliance testing (PAT) had been completed in April 2015 and was valid until April 2016. A gas safety check had been carried out in September 2015 and the certificate was seen. There was a certificate to show the fixed electrical appliances had been tested in December 2015.

Fire exits were clearly signed and fire extinguishers were available throughout the building with signs to identify the contents. We saw that the fire extinguishers were checked on a regular basis to ensure they were fit for use in the event of a fire.

The practice had a dedicated fridge for medicines requiring cold storage. The temperature of the fridge was checked on a daily basis to ensure medicines were stored according to the manufacturer's guidance and a record was kept.

There were maintenance contracts in place for the equipment such as the autoclaves, X-ray sets and the air compressor.

Dental care records contained the batch numbers and expiry dates for local anaesthetics. Prescription pads used for prescribing medicines such as antibiotics were well managed and stored securely.

## Radiography (X-rays)

There was a radiation protection file that contained the names of the radiation protection supervisor (RPS) and external radiation protection advisor (RPA) to ensure that the equipment was operated safely and by qualified staff only. The local rules were displayed in each treatment room.

X-ray equipment was situated in suitable areas and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. In line with the Ionising Radiation

(Medical Exposure) Regulations (IRMER) 2000 all staff responsible for taking X-rays had received appropriate training. X-rays were digital. The dentists recorded the justification, findings and quality of X-ray images. We saw the most recent audit of X-rays showed that of 28 images audited 27 were grade 1 and one grade 2. The audit found 100% of X-rays taken were justified, correctly stored and the outcomes recorded.

Both treatment rooms had two doors. We discussed with the practice manager what systems were in place to ensure patients could not access the rooms whilst the X-ray



## Are services safe?

equipment was in use. The practice manager advised us that the door to one treatment room could only be accessed from behind the reception desk. They told us they would consider the possibility of fitting a lock on the other door.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

We looked at a sample of four dental care records and saw an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) This was in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines.

The practice kept up to date with current guidelines from professional bodies such as; the Faculty of General Dental Practice (FGDP) and were a member of the British Dental Association good practice scheme. the practice had been revalidated for the Investors in People award in 2015.

Detailed electronic and paper records of the care given to patients were maintained. Electronic records were password protected and backed up to secure storage each evening. Paper records were stored in a locked room. We saw evidence of an audit of dental care record which was undertaken in July 2015. The audit found dental care records sampled were accurate, complete, legible and up to date.

The dentist took X-rays at appropriate intervals, in line with guidance issued by the Faculty of General Dental Practice standards.

### Health promotion & prevention

The practice took account of the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. Dental care records showed that fluoride treatments were prescribed where appropriate. This treatment is a recognised preventative measure and is applied to help protect patients' teeth from decay.

We saw a variety of health promotion leaflets were available for patients in the waiting room. This included information such as alcohol consumption, dietary advice, the importance of effective tooth brushing and maintaining good oral health.

The practice manager told us the staff also visited local schools to provide oral health education to young children.

### Staffing

Clinical staff were registered with the General Dental Council and to maintain their registration they were required to provide evidence of their continuing professional development (CPD). We reviewed a sample of five CPD files and found evidence to demonstrate staff had completed training in infection prevention and control, Mental Capacity Act 2005 (MCA), child protection and adult safeguarding, cardiopulmonary resuscitation (CPR) and dental radiography (X-rays).

Staff were encouraged to pursue development opportunities. For example, one of the dental nurses had expressed an interest in training to become a dental hygienist and this had been supported by the principal dentists and practice manager.

We saw records to show the dental nurses received an annual appraisal. The practice manager maintained a record of staff training that identified which training had been completed and training that staff needed to complete.

In the event of sickness or leave, staff told us that they covered for each other. Staff told us they were proud to be working in this practice.

### Working with other services

We saw evidence to show referrals were made to hospitals and specialist dental services for further investigations and treatment where necessary. For example, they used NICE guidance to decide when to refer patients for the extraction of wisdom teeth. The dentists completed a referral form or wrote a letter to the specialist giving a detailed explanation of the treatment required. We saw referrals were made in a timely manner and based on clinical need.

We saw evidence of collaborative working with local child protection and adult safeguarding teams. This included meetings and providing evidence to the investigating officers.

### Consent to care and treatment

The patients we spoke with told us they were asked to sign a consent form and were always asked if they consented to the proposed treatment.

# Are services effective?

(for example, treatment is effective)

The practice manager understood the use of Gillick competency in young persons. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Staff had received training in relation to the Mental Capacity Act (MCA) 2005. The MCA provides

the legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. Staff we spoke with demonstrated an awareness of the MCA and how this applied when considering if a patient had the capacity to consent to dental treatment.

# Are services caring?

## Our findings

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

We spoke with four patients and reviewed the 19 CQC comment cards which patients had completed prior to the inspection. All of the comments were overwhelmingly positive about the care and treatment they received.

We observed patients booking in at reception on arrival at the practice. We saw staff interacted well with patients, speaking to them in a respectful and polite manner. The patients we spoke with told us the staff were always kind and respectful. Patients commented that staff were professional, put them at ease, listened to them and clearly explained treatments.

The reception desk was situated in the waiting area. Staff told us that if a patient needed to discuss a confidential matter they would speak to them in the surgery or in a private room.

New patients were asked to provide a medical history and at each visit were asked if there had been any changes to medicines of their general health.

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

Patients told us they were given detailed information about their proposed treatment so they could make informed choices. We reviewed a sample of four dental care records and found clear evidence of discussions.

Patients signed a consent form and were given a treatment plan detailing the treatment and the costs. The dentists we spoke with told us they explained the planned procedures to patients using visual aids when necessary.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice opening times were displayed in the practice and in the patient leaflet. The practice opening hours are Monday to Wednesday from 9am until 5.30pm, Thursday from 9am until 7.30pm and Friday and Saturday from 9am until 1pm. The practice closed for lunch from 1pm until 2pm Monday to Thursday.

The patients we spoke with told us that they could get an appointment quickly and to fit in with their routines. We saw there were vacant appointment slots to allow for any dental emergencies. Staff told us patients experiencing dental pain would usually be seen the same day. The patients we spoke with confirmed they could get an emergency appointment on the day or within 24 hours.

The practice carried out patient satisfaction surveys and patients were given the opportunity to give feedback via a suggestion box located in the reception area. We saw an example of where a patient had feedback that they struggled to stand from the chairs in the waiting room. The practice manager had responded by providing new chairs with armrests.

### Tackling inequity and promoting equality

We saw evidence of how the practice met patient's individual needs. For example, the practice manager showed us a system of communicating via email with a patient who is deaf. The practice had access to a telephone translation service for patients with English as a second language and who may require assistance.

The practice was located in a listed building and had been refurbished to provide accessible toilet facilities. The treatment rooms were on the ground floor and large enough to accommodate patients who used a wheelchair and patients with pushchairs.

### Access to the service

New patients were also given a practice leaflet which included the practice contact details and opening hours. We saw these were readily available in reception for patients to take.

There was clear advice in the practice leaflet and on the answerphone message for patients requiring urgent dental care when the practice was closed. Patients were directed to the NHS 111 service who would then direct them to an out of hour's dental service for treatment.

The practice opened later on a Thursday and on Saturday mornings to accommodate people who work and outside of school hours for children and young people.

### Concerns & complaints

There was a complaint policy and procedure in place which provided detailed information to patients about how to raise a complaint. The procedure included timescales for acknowledging and responding to complaints. The contact details of other agencies such as; Healthwatch Lancashire, the Parliamentary Ombudsman and the Dental Complaint Service that patients could contact should they be unhappy with the response from the practice.

If the practice received a complaint, the practice manager would send an acknowledgement letter within two days and aim to investigate the complaint within 10 days. In accordance with the policy and procedures. There had been no complaints in the last 12 months.

There was evidence of learning from complaints with clear records, meeting with the patient and completion of a root cause analysis (a method of problem solving used for identifying the root causes of faults or problems). Learning from complaints was shared with the team during meetings.

# Are services well-led?

## Our findings

### Governance arrangements

The practice had robust governance arrangements in place. There were appropriate policies and

procedures in place, and there was effective system of monitoring quality. We saw that there was structured system in place for periodic reviews of the practice policies. We looked at the policy file and saw it was well maintained with an index making documents easy to find. We found all of the policies were dated and contained the date for the next review.

The staff we spoke with were aware of their roles and responsibilities within the practice. The practice manager and staff with lead roles completed audits and daily checks and were responsible for sharing the outcomes of these with the whole staff team. For example, one of the dental nurses was lead for infection control and the practice manager was the lead for safeguarding. We saw a sample of audits that had been carried out during the last six months including X-rays, record keeping and infection control.

We saw documentary evidence to demonstrate monthly team meetings were taking place. There was a list of planned meeting dates through to 2016 displayed in the staff room. This allowed staff to plan around those dates. The most recent meeting was held 9 October 2015.

### Leadership, openness and transparency

The practice manager and the dentists we spoke with were clear about their responsibilities in relation to the 'Duty of Candour'. They told us if there was an incident or accident that affected a patient, they would give an apology and take steps to ensure there were no reoccurrences. The patient would be informed of any actions taken.

The practice manager told us their philosophy was to be open and honest with patients and work with them to put things right. They told us to do otherwise would be damaging to the reputation of the practice and the staff team.

Without exception staff told us the practice was a relaxed and friendly environment, they took pride in their work and enjoyed being part of the team. Staff told us they felt well supported by the principal dentists, the practice manager and their colleagues. All the staff spoken with were aware of the practice's vision, values and future development and they were enthusiastic and committed to working together to achieve this.

### Learning and improvement

The practice carried out audits and reviewed areas of their practice as part of a system of continuous improvement and learning.

Staff told us they had good access to training to ensure core training was completed. They told us they were supported by the principal dentists and practice manager to maintain their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC).

The practice was proactive in working collaboratively with multi-disciplinary teams to care for patients who may be at risk.

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

The practice used a variety of ways to gather feedback about the service. There was a suggestion box available in the waiting room. The practice used the NHS Friends and Family Test (FFT) this is a method of testing whether patients are satisfied with the service they received and if they would recommend the practice to their friends and family. We looked at the completed forms and found responses were overwhelmingly positive. Patients indicated they would be likely or extremely likely to recommend the practice.

Staff told us they had the opportunity to provide feedback and make suggestions for improvements to the service. Their comments and suggestions were considered and acted upon.