

Portman Healthcare Limited

Jones Dental Care

Inspection Report

7a Moultrie Road
Rugby
Warwickshire
CV21 3BD
Tel:01788565089
Website:

Date of inspection visit: 28 February 2017
Date of publication: 19/04/2017

Overall summary

We carried out an announced comprehensive inspection on 28 February 2017 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

Jones Dental Care is a dental practice near to the centre of Rugby in Warwickshire. It provides dentistry to adults and children funded privately.

The practice offers general dental treatment and dental implants and also recently started to offer treatment under conscious sedation (these are techniques in which the use of a medicine or medicines produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation).

The practice has four dental treatment rooms and a dedicated decontamination facility. Two treatment rooms are located on the ground floor and are accessible to wheelchair users; however the toilet facilities are not accessible to wheelchair users.

The practice is open from 8 am to 8 pm Monday to Thursday, 8 am to 4 pm on a Friday and Saturday morning appointments are available every six weeks.

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.

Summary of findings

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience. We received feedback from 49 patients. These provided a very positive view of the services the practice provides. Patients commented on the quality of care, the polite and friendly nature of staff and the cleanliness of the practice.

Our key findings were:

- The practice was generally clean and clutter free.
 - The practice was taking on patients at the time of the inspection and patients could expect to be offered an appointment within a few days.
 - Comments from patients indicated that staff were friendly and helpful and clinicians took the time to explain treatment options.
 - Staff used nationally recognised guidance in the care and treatment of patients.
 - The practice met the national guidance in infection control measures.
 - Emergency medicines were in place to treat medical emergencies in line with national guidance.
 - The practice had policies in place to assist in the smooth running of the service.
- Appropriate pre-employment checks were being carried out to ensure the service employed fit and proper persons.
 - The practice did not always follow recommendations of risk assessments, for example; the training of staff in Legionella awareness.

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

- Review the current legionella risk assessment and implement the required actions including the training of staff, 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 protocols for conscious sedation, giving due regard to 2015 guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.
- Review the practice's audit protocols of various aspects of the service, such as radiography 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had appropriate medicines and equipment to manage medical emergencies in line with national guidance. All staff undertaken training.

Staff were appropriately recruited, and pre-employment checks carried out to ensure they employed fit and proper persons.

Equipment was maintained in line with manufacturers' guidance.

The process of decontamination of used dental instruments was demonstrated effectively.

The practice was generally good at responding to recommendations raised through risk assessments. Staff had not been trained in Legionella awareness, and recommended in the Legionella risk assessment.

No action



Are services effective?

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

Clinicians carried out a comprehensive screening of patients at check-up appointments including assessing risks associated with gum health, cancer and decay.

The dentists used national guidance in the care and treatment of patients.

Staff demonstrated a good understanding of the Mental Capacity Act and Gillick competence and their relevance in establishing consent.

We were not shown comprehensive evidence of staff training in conscious sedation, although the sedationist had completed recent continuous professional development on this topic.

No action



Are services caring?

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

Patients reported that staff were friendly and helpful. They felt their treatment was good, and staff took the time to explain their options.

Patients were involved in the decisions around their treatment and care.

The practice demonstrated how patients' private information was kept confidential.

No action



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 wheelchair accessible to the ground floor treatment rooms. Examples were given of how the practice made adjustments to accommodate patient's individual needs.

No action



Summary of findings

The practice endeavored to see all emergency patients on the day they contacted the practice.

The practice offered evening appointments and occasional Saturday morning appointments to allow flexibility for patients who may have commitments during normal working hours.

Are services well-led?

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

Policies were available to assist in the smooth running of the service; however these were not all dated.

The practice used clinical audit as a tool to highlight areas where improvements could be made. A radiology audit was overdue at the time of our inspection.

Staff had appraisals twice a year where their training needs were addressed and a personal development plan drawn up to reflect it.

The practice kept oversight of the training needs of the staff and ensured that core topics of continuous professional development were completed on time.

Patient satisfaction surveys were completed and the results made available for patients to read.

No action



Jones Dental Care

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 28 February 2017. The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Before the inspection we asked the provider for information to be sent this included the complaints the

practice had received in the last 12 months; their latest statement of purpose; the details of the staff members, their qualifications and proof of registration with their professional bodies.

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 a system in place for reporting and learning from significant incidents. A template was available for staff to use, this prompted staff to document details of the incidents as well as the outcome, what steps were taken to avoid reoccurrence and the date at which the incident was discussed at a staff meeting.

Examples we were shown were mostly recorded in enough detail and the staff's duty of candour was evident in the records. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Following the inspection the practice implemented a new process by which all incidents irrespective of their nature were logged in an events register so that the practice could maintain oversight of all events.

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice manager, who took any necessary action and shared relevant alerts with the staff by asking them to read and sign a copy.

The practice were aware of their responsibilities in relation to the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR is managed by the Health and Safety Executive (HSE).

Reliable safety systems and processes (including safeguarding)

The practice had policies in place regarding safeguarding vulnerable adults and child protection. These were dated August 2016. The process for reporting concerns was documented with a flow chart and contact numbers to raise a concern were available.

Staff had received training appropriate to their role, and staff we spoke with were able to describe the process and how to raise a concern.

The practice had an up to date Employers' liability insurance certificate which was due for renewal in December 2017. Employers' liability insurance is a requirement under the Employers Liability (Compulsory Insurance) Act 1969.

We discussed the use of rubber dam with the dentists in the practice. A rubber dam is a thin, rectangular sheet, usually of latex rubber. It is used in dentistry to isolate a tooth from the rest of the mouth during root canal treatment and prevents the patient from inhaling or swallowing debris or small instruments. The British Endodontic Society recommends the use of rubber dam for root canal treatment. We found that a rubber dam was being used routinely by the dentists.

A protocol was in place detailing the actions required in the event of a sharps injury. This directed staff to seek advice from urgent care or accident and emergency in the event of an injury with a contaminated sharp.

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 require that practices switch to 'safer sharps' where it is reasonably practicable to do so. These are medical sharps that have an in built safety features to reduce the risk of accidental injury. The practice were using such sharps, and had disposable matrix bands available to reduce the risk of accidental sharps injury, although conventional matrix bands were also available.

Medical emergencies

The dental practice had medicines and equipment in place to manage medical emergencies. These were stored together and all staff we spoke with were aware how to access them. Emergency medicines were in date, stored appropriately, and in line with those recommended by the British National Formulary (BNF) with the exception of a drug to treat epilepsy, which was not available in the form recommended in the BNF. These were checked and logged weekly.

Equipment for use in medical emergency was available in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED). An AED is a portable electronic device that automatically diagnoses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm.

Are services safe?

Staff had all undertaken medical emergencies training and staff we spoke with were able to detail which emergency medicine would be required for a specific emergency.

Staff recruitment

The practice had a staff recruitment policy in place; this indicated that employment would be subject to appropriate references being obtained.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed the staff recruitment files for five members of staff and found that DBS checks had been sought for all staff, and appropriate pre-employment checks had been carried out.

The practice had an induction procedure for new staff to the practice which included covering the practice's emergency procedures in the event of a fire or medical emergency.

Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice. A health and safety policy was available for staff to reference. This included topics such as accidents, fire, personal protective equipment and young persons.

A health and safety risk assessment and a fire risk assessment had been carried out in January 2016 by an external contractor. These had generated an action plans, all of which points had been addressed and completed within a timely manner. The practice manager was aware that these were due for review at the time of the inspection.

Weekly fire checks were carried out on the emergency lighting, the fire extinguishers and the escape routes. Fire drills were completed six monthly and generated a report

to identify any concerns with the completion of the drill. Fire marshals had been appointed and appropriately trained. The fire evacuation procedure was detailed in the patient information folder in the waiting room. Staff we spoke with were able to detail the fire procedures, including the external assembly point.

The practice had business continuity plans in place to ensure appropriate actions were in place should the building become unusable due to an unforeseen event, this included an arrangement for emergency patients to be seen at a nearby dental practice.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information pertaining to the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors. The practice had individual risk assessment in a folder that was reviewed annually. All staff were aware how to access and use this information.

Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.' 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 cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which was reviewed in May 2016. This included separate policy documents on hand hygiene, decontamination and personal protective equipment.

The practice had a dedicated decontamination facility, we observed the process of cleaning, rinsing, inspecting, sterilising and pouching the instruments ready for use again and found that this process was in line with the requirements of HTM 01-05 and tests carried out on the process were in line with the recommendations of HTM 01-05.

The practice was clean and clutter free. We noted a rip in a dental chair and a crack in wall plaster that would make effective cleaning difficult, however these had been identified in the practice's infection control audit with a deadline for completion.

Are services safe?

Environmental cleaning was carried out daily by the practice staff. The equipment used conformed to the national system of colour coding cleaning equipment and was stored appropriately. We noted that a skylight in the decontamination room was dirty, and presented a challenge in how it could be kept clean.

The practice had contracts in place for the disposal of contaminated waste and waste consignment notes were seen to confirm this. Clinical waste was stored in a locked and secured bin prior to its removal.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had a risk assessment regarding Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. The assessment had been carried out by an external company in April 2015. The practice was monitoring water temperatures monthly and testing the water for microbial growth quarterly. The records shown indicated occasional unexpected results, but it was not clear how these were resolved.

The risk assessment had advised training for staff involved in the Legionella monitoring, and although one of the dentists had completed such training, none of the staff directly involved in the monitoring had undertaken any training. We were assured that relevant staff would receive training following the inspection.

Equipment and medicines

The practice had a full range of equipment to carry out the services they offered and in adequate number to meet the needs of the practice.

Portable appliance testing had been carried out in June 2016, and the following equipment had been serviced and validated within the year preceding our inspection: the compressor, both autoclaves, fire extinguishers and dental chairs. A gas safe check had been conducted in August 2016.

A glucagon injection kit is used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat. It should be stored at a temperature of 2–8°C (in a

refrigerator). If stored in the refrigerator the shelf life from the manufacturer is 36 months. It can be stored outside the refrigerator at a temperature not exceeding 25°C for 18 months provided that the expiry date is not exceeded.

Although the practice kept this medicine in the refrigerator the logged temperature for the fridge was above the recommended range. Following the inspection a new kit was ordered and the fridge settings adjusted to ensure the kit is kept within the correct temperature range.

Prescriptions were kept securely, logged and counted in line with guidance. Antibiotics for dispensing were also kept securely and logs kept.

Conscious sedation was carried out on the premises (these are techniques in which the use of a drug or drugs produces a state of depression of the central nervous system enabling treatment to be carried out, but during which verbal contact with the patient is maintained throughout the period of sedation). The practice had only just started this service at the time of the inspection. The practice kept full logs of the medicines used in sedation, and all equipment was in place. We saw detailed records pertaining to the assessment, completion and recovery of the patient.

The practice was meeting the standards set out in the guidelines published by the Standing Dental Advisory Committee: conscious sedation in the provision of dental care. Report of an expert group on sedation for dentistry, Department of Health 2003.

Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

The practice had four intra-oral X-ray machines that were able to take an X-ray of one or a few teeth at time, and one dental panoramic tomograph (DPT) machine that takes a panoramic image of all the teeth and jaws.

Rectangular collimation limits the beam size to that of the size of the X-ray film. In doing so it reduces the actual and effective dose of radiation to patients. We saw that rectangular collimators were in use by clinicians.

Local rules were available for each X-ray unit. These are a safety requirement to have a record of those persons responsible for the X-ray machines. In addition they are

Are services safe?

required to list those persons that are trained to operate the equipment, details of the controlled zone for each machine, and contingency plans in the event of the machine malfunctioning.

The machines had been tested and serviced in accordance with regulation. Operators had all undertaken the appropriate training as set out in IRMER 2000 and by the General Dental Council.

We noted that a recommendation pertaining to the DPT machine made by the radiation protection advisor had not been carried out at the time of the inspection (that of siting a mirror in the room so that the patient can be visualised by the operator standing outside the controlled area.

We also noted that a concern was raised regarding the controlled zone for the panoramic machine in that it was sited close to a window and might put at risk anyone walking past the building outside this window whilst an X-ray was being taken. We raised this with the practice manager who advised us that the route past the window was only used by staff or during an evacuation. They immediately implemented a system by which the pathway was checked prior to an X-ray being taken.

Justification for taking an X-ray was documented in the patients dental care record, as well as a report of the findings of the radiograph and a grade of the quality of the X-ray.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients annually, and updated verbally at each attendance. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment.

Screening of the soft tissues inside the mouth, as well as the lips, face and neck was carried out to look for any signs that could indicate serious pathology. Patients were assessed regarding their risk of gum disease, decay and cancer.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

Health promotion & prevention

Dental care records we saw indicated that an assessment was made of patient's oral health and risk factors. Medical history forms that patients were asked to fill in included information on nicotine use; this was used by dentists to introduce a discussion on oral health and prevention of disease.

We found a good application of guidance issued in the Department of Health publication 'Delivering better oral

health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Staffing

The practice was staffed by seven dentists, two dental hygienists, a practice manager (who was also a trained dental nurse) eight further qualified dental nurses (one of whom was designated head nurse), and two receptionists.

During our inspection we checked that all appropriate clinical staff were registered with the General Dental Council and did not have any conditions on their registration.

Staff told us they had good access to on-going training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, dental technicians, and orthodontic therapists.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control and safeguarding training.

An associate dentist acted as the sedationist in the practice, two dental nurses had started sedation nurse training to assist. We were shown evidence of up to date CPD in sedation for the sedationist, although there was no record of their initial training. Although two dental nurses had undertaken a course in conscious sedation we were not shown a certificate to that effect.

Working with other services

The practice made referrals to other dental professionals when it was unable to provide the treatment themselves.

Dental implants and some orthodontics could be referred in house; templates were available to refer outside the practice. We were shown examples of referrals sent and found they contained the appropriate information.

Consent to care and treatment

The clinicians described the process of gaining full, educated and valid consent to treat. This involved detailed

Are services effective?

(for example, treatment is effective)

discussions with the patients of the options available and the positives and negatives of each option. We saw that details of these discussions were documented in the patient care records.

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 demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The practice had a key principles policy document on the MCA and staff we spoke with had a good understanding of how to apply the principles in practice.

Similarly staff had a good understanding of the situations where a child under the age of 16 would be able to consent for themselves. This is termed Gillick competence and relies on an assessment of the competency of the child to understand the treatment options.

Consent for conscious sedation was a process that started at the assessment appointment. A consent form was given to patients to consider and sign before the day of the procedure.

Patients who were assessed for provision of dental implants were sent a letter detailing the treatment plan and costs to consider.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Comments we received from patients indicated that they were very happy with the level of care they received from the practice. With some commenting that they would recommend the service to others.

Patients considered the staff to be very friendly and professional and took the time to explain the options available to them.

We discussed and witnessed how patients' information was kept private. The computer was password protected and the screen positioned so that it could not be overlooked by patients stood at the counter. Care was taken when

patients were on the phone, and sensitive discussions would be taken to the office where they could not be overheard. These measures were underpinned by practice policies pertaining to confidentiality and data protections which had been reviewed in April 2016.

Involvement in decisions about care and treatment

Following examination and discussion with the clinician patients were all given a copy of a treatment plan to consider. This included the costs of treatment.

Patients commented that they felt listened to, that dentists offered good advice, and everything was explained to them in detail.

The price lists were available in the patient information folder in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered.

At the time of the inspection the practice were taking on new patients, and patients could expect to be offered a new appointment within a couple of days of contacting the service.

We examined appointments scheduling and found that there was enough time allocated for assessment and discussion of the patients' needs.

Magazines, children's books and a television were available for the comfort of patients in the waiting area.

Tackling inequity and promoting equality

Staff we spoke with expressed that they welcomed patients from all backgrounds and cultures, and all patients were treated according to their individual needs. This was underpinned by an equality and diversity policy.

The practice was wheelchair accessible to ground floor treatment rooms, but did not have wheelchair accessible toilet facilities. Staff at the reception desk were able to see patients approaching and were therefore able to offer assistance if required. Patients with limited mobility would be accommodated in the downstairs treatment rooms, and staff would move rooms to assist in this manner.

The practice did not have a hearing loop to assist patients who used hearing aids, however we received evidence that one had been purchased following the inspection.

The practice had access to translation services to assist those who did not speak English as a first language. The information and charges relating to this were available in the practice information folder.

Access to the service

The practice was open from 8 am to 8 pm Monday to Thursday, 8 am to 4 pm on a Friday and Saturday morning appointments were available approximately every six weeks. By offering appointments in the evenings and on a Saturday the practice made every effort to accommodate patients who may have other commitments during normal working hours.

Emergency slots were set aside each day for patients with an urgent need. The practice would always try to make these appointments with the patient's own dentist, however if they were not available an appointment would be offered with another dentist.

Outside normal working hours patients were directed by a message on the answerphone to call a mobile telephone number. During the weekdays the dentists at the practice were available to answer this telephone on a rota system. At the weekends the practice joined with other practices in the area to provide on call cover on a rota.

Concerns & complaints

The practice had a complaints policy in place which was displayed in the waiting area. As well as directing patients on how to raise a complaint within the service it also gave contact details for external agencies that a complaint could be escalated to.

We saw records of recent complaints made to the service. These were investigated and fed back to the complainant, with apologies where necessary.

Complaints were discussed in staff meetings to attempt to reduce the chance of reoccurrence, the practice.

Are services well-led?

Our findings

Governance arrangements

The practice manager took responsibility for the day to day running of the practice. In addition other staff members had been assigned lead roles in areas of the practice. We noted clear lines of responsibility and accountability across the practice team.

Monthly staff meetings were held with an agenda and minutes were written up after the meeting. Any staff member who was unable to attend the meeting would be shown the minutes to ensure they remained up to date with any changes.

Standard items on the agenda for staff meetings included discussion of significant events or complaints to reduce the chance of reoccurrence.

The practice had policies and procedures in place to support the management of the service, and these were available for staff to reference in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding children and vulnerable adults, data protection and whistleblowing. Although we were told that all policies were updated yearly, not all the policies we were shown were dated to confirm that they were up to date and relevant. Following the inspection the practice reviewed and dated the policies.

Leadership, openness and transparency

Staff we spoke with reported an open and honest culture across the practice and they felt fully supported to raise concerns with the practice manager.

A whistleblowing policy was available which guided staff in how to raise concerns about a colleague's actions or behaviours. The policy did not include details of any external agencies to whom concerns could be raised. Following the inspection the policy was revised to include this information.

Staff we spoke with felt supported and comfortable to raise a concern if they felt the need.

Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits had been carried out, most recently in January 2017. This had generated an action plan, and dates for completion of any improvements.

A radiology audit had been completed, but this was undated. The practice manager told us that it was completed in December 2015, and as such was overdue to be undertaken again. Audit of the panoramic X-rays had not been fully completed, in that data had been collated, but not analysed. We received assurances that these would be completed immediately following the inspection.

The practice put a focus onto training for all staff; staff appraisals were carried out twice a year and were used as a tool to identify training needs. Personal development plans were drawn up to reflect these.

The practice manager kept a spreadsheet of all staff and their mandatory training requirements, in this way they were able to keep oversight that staff were up to date with training as described by the General Dental Council.

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

The practice obtained feedback from patients from several pathways. Patient satisfaction surveys were carried out; results of a satisfaction survey from March 2016 were displayed in the patient information folder and indicated high levels of satisfaction. Patients received an email following treatment asking for feedback.

Staff commented that ideas were always welcomed by the practice manager, whom they were happy to approach in formally or formal with any ideas or concerns.