IDH Limited

IDH Old Market

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30th August 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

Mydentist Old Market is located in the Old Market area of Bristol and provides NHS and private treatment to patients of all ages. The practice consists of four treatment rooms, toilet facilities for patients and staff, a reception, a waiting area, an office and a staff room.

The practice treats both adults and children. The practice offers routine examinations and treatment. There are two dentists, two locum dentists and a hygienist.

The practice's opening hours are

8.30 to 18.30 on Monday

8.30 to 18.30 on Tuesday

8.30 to 18.30 on Wednesday

8.00 to 18.30 on Thursday

8.30 to 18.30 on Friday

Out of hours the practice provided contact information for other IDH dental practices with different opening hours, for the dental hospital and for NHS 111.

We carried out an announced, comprehensive inspection 30th August 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

Before the inspection we looked at the NHS Choices website. In the previous year there had been 17

Summary of findings

comments about the practice. The practice received an average of 1.5 stars. The organisation responded to all the comments and offered to follow up any issues with patients who responded.

For this inspection 11 people provided feedback to us about the service. Patients were positive about the care they received from the practice. They were complimentary about the service offered which most patients said was good and two said was excellent. They told us that staff were professional, kind, caring and friendly. Patients told us that the practice was clean and hygienic. We received no negative comments.

Our key findings were:

• Safe systems and processes were in place, including a lead professional for safeguarding and infection control.

• Staff recruitment policies were appropriate and most of the relevant checks were completed. Staff received relevant training.

• The practice had ensured that risk assessments were in place and that they were regularly reviewed.

• The clinical equipment in the practice was appropriately maintained. The practice appeared visibly clean throughout.

•The process for decontamination of instruments followed relevant guidance.

• The practice maintained all appropriate dental care records and patients' clinical details were updated suitably.

• Patients were provided with health promotion advice to promote good oral care.

• Written consent was obtained for dental treatment.

• One of the dentists was aware of what process to follow when a person lacked capacity to give consent to treatment.

• All feedback that we received from patients was positive; they reported that it was a caring and effective service.

• There were sufficient governance systems in place at the practice such as systems for auditing patient records and radiographs.

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

- Review the recruitment process to ensure that two written references are obtained when recruiting new staff.
- Review the deployment of staff to ensure the hygienist is supported by a dental nurse.

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?

No action

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

There were appropriate systems for reporting incidents and for learning from incidents. Staff had received training about safeguarding adults and children. There were policies about safeguarding and whistleblowing and staff knew how to report any concerns.

There were also arrangements for dealing with foreseeable emergencies, for fire safety and for managing risks to patients and to staff. There was a business continuity plan. Hazardous substances were managed safely.

Most of the appropriate checks were being made to make sure staff were suitable to work with vulnerable people. However, references were not always obtained. The necessary medicines were in place. Equipment was regularly serviced. X-rays were dealt with safely.

The surgeries were fresh and clean. We found that guidance about decontamination of instruments was being followed to reduce the risk of the spread of infection.

Are services effective?

No action

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

The dentists took X-rays at appropriate intervals. The practice was checking the condition of the gums for every patient and they were checking for oral cancers. Patients completed medical history questionnaires and these were updated at each visit. The practice kept up to date with current guidelines and research. They promoted the maintenance of good oral health through information about effective tooth brushing. The dentist discussed health promotion with individual patients according to their needs.

The practice had sufficient staff to support the dentist. Staff received appropriate professional development and the expected training.

The practice had suitable arrangements for working with other health professionals and making appropriate referrals to ensure quality of care for their patients. Patients were asked for written consent to treatment. The dentist present during the inspection showed understanding about the Mental Capacity Act 2005 (MCA) and what they would do if an adult lacked the capacity to make particular decisions for themselves.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations. Staff in the practice were polite and respectful when speaking to patients. Patients' privacy was respected and treatment room doors were closed during consultations. The practice used an electronic record system and the computer screens in reception were shielded so that they could not be seen by patients.

Summary of findings

Patients were positive about the care they received from the practice. They reported that staff were kind, professional, caring, respectful and friendly. People were given treatment plans by the dentist, which they had signed to show their consent and agreement to them.

Are services responsive to people's needs?

No action

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

The practice had a system to schedule enough time to assess and meet patients' needs. People also said that they could get an appointment easily. Emergencies were usually fitted in on the day the patient contacted the practice. The practice actively sought feedback from patients on the care being delivered. There was a procedure about how to make a complaint and the process for investigation. We saw evidence that the practice responded to feedback made direct to the practice and made changes when necessary.

There was an equality and diversity policy and staff had received training about equality and diversity. There was information about translation services for people whose first language was not English. There was no level access for wheelchair users to one of the surgeries. There was a hearing loop system for patients who had a hearing impairment.

Are services well-led?

No action

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

The practice had systems for clinical governance such as audits of record keeping, infection control and radiographs. The records were being kept up to date. There were checks of equipment. The autoclave and compressor were serviced and there were daily checks of the autoclave, ultrasonic bath and washer disinfector.

The practice had a range of policies which were made available to staff.

The practice manager was the lead for the practice supported by more senior managers in the organisation. There was a whistleblowing policy and information for staff about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents.

The practice manager held team meetings where staff discussed developments in the practice such as changes to the system for booking appointments. Staff were responsible for their own continuing professional development and kept this up to date.

The practice sought feedback from patients through patient text surveys and these were analysed by the organisation. The practice manager had made changes in the practice in response to this feedback.

IDH Old Market

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 30th August 2016. The inspection took place over one day.

The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch and NHS England and we received some information from NHS England about their contract with the practice.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with three members of staff and one dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

Eleven people provided feedback about the service. Patients, who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly, professional and caring attitude of the dental staff.

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

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

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

Are services safe?

Our findings

There was an effective system for reporting and learning from incidents. We saw an incident reporting procedure with information about never events. Never events are serious incidents that should never happen, for example taking out the wrong tooth. The procedure described how incidents should be recorded and reported. We saw an accident book to record any accidents. Staff reported any accidents or incidents to the health and safety team in the organisation who decided whether the incident needed to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any accidents or incidents in the practice in the past 12 months.

The health and safety team for the organisation received information about all accidents and incidents and analysed and tracked them. The organisation sent quarterly newsletters to all practices with information and learning from incidents in other practices. The practice manager told us that they gave these to staff to read and discussed them in team meetings. We saw information from one of the quarterly health and safety meetings with updates to each practice. There was information on the staff room notice board about the duty of candour and what staff needed to do if a patient suffered harm as a result of their treatment. Information about the duty of candour would also be covered in any reporting of a significant event.

Reliable safety systems and processes (including safeguarding)

There was a procedure on the wall in each surgery about what to do if a member of staff had a sharps injury. There had been no such incidents in the practice. The clinical staff we spoke with were aware of the policy. A safe system for syringes was used to minimise the risk of incidents. We saw evidence that staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

The practice had policies and procedures for child protection and safeguarding adults. Contact details for the local authority social services were posted on the notice boards in the staff room and manager's office. The practice manager was the safeguarding lead for the protection of vulnerable children and adults. We saw records to show that staff completed training about safeguarding adults and children. Staff would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

There was a whistleblowing policy which staff could follow if they had concerns about another member of staff's performance. Staff would report concerns to the practice manager or a manager in another practice.

There was a process for responding to patient safety alerts. The manager received safety alerts by email from the central operations team that received alerts from the Medicines and Healthcare Regulatory Agency (MHRA) and NHS England. The manager told us that they printed off the alerts and shared them with the team by posting them on the staff room notice board and discussing in staff meetings. We noted that there was a regular health and safety agenda item for staff meetings which would include discussion of safety alerts. The manager would make any changes needed as a result of an alert.

Medical emergencies

The practice had arrangements to deal with medical emergencies. Staff had received training in emergency resuscitation and basic life support and this was refreshed every year. We saw certificates for this training. The staff we spoke with were aware of the practice procedures for responding to an emergency. The practice had emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines and oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). There were defibrillator pads for both adults and children. The oxygen cylinder and resuscitation mask were in date. The oxygen cylinder was being routinely checked for effectiveness and we saw records for these daily tests. We reviewed the contents of the emergency medicines kit. We saw records of weekly and monthly audits of the medicines and equipment and all the emergency medicines were in date. The glucagon injections were not being kept in the fridge, however, the expiry date had been adjusted accordingly to take account of this.

Recruitment and staffing

Are services safe?

The practice staffing consisted of two dentists, two locum dentists, a hygienist, two dental nurses, two receptionists and a practice manager. The manager told us that two new permanent dentists were due to start work at the practice the following week and a new nurse was due to start in October. They said that they also had access to other nurses from within the company or they would use agency nurses if they were short staffed. The manager told us that they were recruiting more nurses.

There was a recruitment procedure. This included information about the appropriate checks that needed to be carried out to ensure new staff were suitable and competent for their role. This included an interview, a review of employment and medical history, checking of qualifications, identification, references and a check of the right to work in the UK. We looked at the records of recruitment checks for three staff. Each member of staff had completed an application form. They each had a disclosure and barring service (DBS) check and had a copy of their passport as proof of identity and information about their right to work in the UK. However, none of these staff had references. The manager told us that the dentists' references were at head office so they were not available to see. They also said that that other staff had transferred from another practice and they did not have all the checks for them. They also told us that they had reviewed the recruitment files and noted some of the staff did not have references so they were requesting references for them. There was a record of the immunisation status of the nurses and dentists. We saw that appropriate checks of registration with the General Dental Council (GDC) had been carried out for all the qualified staff. There were certificates of qualifications. New staff had an induction and probationary staff had an induction an s

Monitoring Health and Safety and responding to Risk

There were arrangements to deal with foreseeable emergencies. We saw that there was a health and safety policy. The practice had a fire risk assessment and there were certificates showing that the fire alarm system and emergency lighting had been serviced. The practice manger was the fire marshal. There were records of fire drills. The practice manager said that they aimed to have an evacuation every six months. There were risk assessments for the general risks in the practice. These included the action to be taken to manage risk and were reviewed annually. The practice had a business continuity plan to ensure continuity of care in the event that the practice's premises could not be used for any reason.

There were arrangements to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There was information form the Health and Safety Executive about COSHH. There were COSHH risk assessments and there were also safety data sheets for hazardous substances and cleaning products.

The practice followed national guidelines on patient safety. For example, the practice used a rubber dam for 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.

Infection control

There were some systems to reduce the risk and spread of infection. One of the dental nurses was infection control lead for the practice. There was a comprehensive infection control policy displayed in the decontamination room and available on the organisation's intranet. Clinical staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment rooms and the toilet. The dentists, nurses and hygienist wore uniforms in the clinical areas and they were responsible for laundering these.

We found that the practice was following relevant guidance about cleaning and infection control. The lead nurse was the designated lead professional for infection control. There was a comprehensive infection control policy which had been signed by all the clinical staff to show that they had read it. The manager told us that a cleaning company cleaned the surgery, cleaning schedules were completed and the practice looked clean throughout. The nurses cleaned the surgeries. Two patients we spoke with said that the practice was always clean and hygienic. Nine people who completed comment cards said that the environment was always clean and hygienic. Ten people who completed comment cards said that he environment was safe and hygienic.

Are services safe?

We examined the facilities for cleaning and decontaminating dental instruments in the decontamination room. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)' when setting up their decontamination room. In accordance with HTM 01-05 guidance dirty instruments were carried from the surgery to the decontamination room in a designated sealed box to ensure the risk of the spread of infection was minimised.

There was a clear flow from 'dirty' to 'clean.' There were two sinks, one for washing and one for rinsing, and an ultrasonic bath. The nurse showed us the process for decontamination of instruments. They put on personal protective equipment (PPE) including domestic style rubber gloves. They washed the instruments in the washing bowl after testing the temperature of the water then placed them in the ultrasonic bath and rinsed them. They inspected the instruments for debris under an illuminated magnifying glass, placed them on trays and put them into the autoclave to sterilise. After the sterilisation cycle was complete they took the instruments out of the steriliser to the clean area of the room, put them into date stamped bags and put them into a clean container to take back to the surgery. The nurses also showed us how they cleaned down the surgeries between patients and sanitised the surfaces.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure. The ultrasonic bath was also checked and cleaned daily. Logs were kept of the results demonstrating that the equipment was working well. We saw certificates to show that equipment was serviced annually.

Procedures to control the risk of infection were monitored as part of the daily checks and the practice had carried out cross infection audits. The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. There was a Legionella risk assessment (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). We saw a log book of monthly checks of the temperatures at the cold and hot water outlets. The nurse showed us how they flushed the dental water lines in accordance with current guidance in order to prevent the growth of Legionella.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the sterilising equipment, air compressor, fire equipment and X-ray equipment had all been inspected and serviced. We saw an up-to-date portable appliance testing (PAT) certificate for all electrical items.

Medicines were stored securely in a cupboard and a designated fridge. Prescription pads were locked in the safe and there was a log of all prescriptions. The defibrillator was kept in reception. There was an oxygen cylinder and back up cylinder with up to date certificates.

Radiography (X-rays)

There was an X–ray unit in each of the surgeries. There were suitable arrangements in place to ensure the safety of the equipment. We saw logs to show that they were maintained. The name of an external radiation protection adviser (RPA) was made available and the dentists were the radiation protection supervisors (RPS). X-rays were graded as they were taken. We saw records of audits of the radiographs.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We reviewed a sample of dental care records. These showed that the dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken. The records showed that an assessment of periodontal tissues was 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 needed in relation to a patient's gums.) Patients' BPE scores were recorded in the dental care records we read.

We found evidence that the practice conducted audits of infection control, radiographs and record keeping. We saw that information about medical history was entered in patient's records and this information was reviewed and updated at every visit. This meant that the dentist is informed of any changes in people's physical health which might affect the type of care they receive. We spoke with two patients who confirmed that their medical history had been recorded and this was updated at every visit.

We saw evidence that the practice kept up to date with the current guidelines and research in order continually to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to referring patients for removal of wisdom teeth and prescribing antibiotics. They also conducted risk assessments for patients to help them to decide appropriate intervals for recalling patients. The dentist and hygienist were aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients.

Health promotion & prevention

The dentist said that they discussed health promotion with individual patients according to their needs. This included discussions around smoking and sensible alcohol use. We saw records of examinations of soft tissue to check for the early signs of oral cancer.

The practice promoted the maintenance of good oral health through information about effective tooth brushing. We observed that there was some information about tooth brushing displayed in the waiting area. This could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

There was a practice manager, two dentists, two locum dentists, two nurses, a dental hygienist, two receptionists and a cleaner. There had been some staffing issues but the practice manager was managing these and had recruited two new dentists who were due to start work the following month. We noted that the hygienist was not supported by a dental nurse.

The practice manager told us that all staff received professional development and training. The company had online training for each job role. We saw the records which showed that all the staff had completed training. Courses for all staff included safeguarding, cardio pulmonary resuscitation, medical emergencies, infection control, health and safety and the Mental Capacity Act 2005 (MCA.) The dentists, hygienist and the nurses were responsible for their own continuing professional development (CPD.) They logged all their training hours online with the General Dental Council (GDC.) A log of CPD was kept in the practice and we saw the CPD log for the qualified nurse and one of the dentists.

The practice manager had noted that staff had not had a recent appraisal and had scheduled appraisals for the nurses and receptionists in September and October of this year. Following appraisal each member of staff will have a personal development plan. The permanent dentists had regular peer reviews within the company supported by the Clinical Support Manager.

Working with other services

The practice had suitable arrangements for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for oral surgery, orthodontics or endodontics. Where there was a concern about oral cancer a referral was made to the local hospital. We saw referral letters which showed that referral information was sent to the specialist service about each patient, including their medical history and x-rays.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The practice ensured that valid consent was obtained for all care and treatment. The records showed that the dentists discussed treatment options, including risks and benefits, as well as costs, with each patient. Verbal consent was obtained for private treatment and NHS patients signed the NHS treatment plans. When treatment was needed for younger children the dentist obtained consent from their parents and some older children were able to consent to their own treatment.

When we spoke with one of the dentists we found that they had understanding about the Mental Capacity Act 2005 (MCA.) The 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. The dentist gave examples of how they would treat a person if they lacked capacity. We found evidence of training about the MCA for the dentists. The dentist was also aware that some older children are competent to make their own decisions about treatment and encouraged children to be involved in decisions about their care.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patient confidentiality was respected. The practice used an electronic record system. We noted that screens in reception were angled so that they could not be seen by patients. There was a confidentiality policy and staff had training about information governance and Data Protection. Patients were afforded appropriate privacy as the treatment room doors were closed during consultations. The waiting room was away from the consulting rooms so that conversations could not be heard from the other side of the door. We observed that staff in the practice were polite and respectful when speaking to patients. Patients told us that they were treated with respect.

Patients who completed comment cards, were positive about the care they received from the practice. Patients reported that staff were professional, kind, caring, respectful, helpful, and friendly. They said that they provided a very good service. One patient we spoke with said that the dentist and nurse were polite and respectful and another patient said that their dentist and nurse were helpful and friendly.

Involvement in decisions about care and treatment

There were clear NHS treatment plans. Written consent was obtained for the NHS treatment plans showing that people were involved in decisions about their care. Two patients we spoke with said that the dentist obtained their consent to treatment and explained treatment to them very clearly so that they could make decisions. The patient records showed that any issues or options for treatment were discussed. As discussed previously, the dentist we spoke with was aware of the MCA and making decisions in people's best interests when obtaining consent to treatment. There was information for staff about the MCA and assessing capacity.

Support to patients

The practice manager told us that the dentists would allow extra time and discuss treatment in the office if they had an anxious patient. Staff were able to put a marker on the computer system to identify when there was a nervous patient. They could also record information about what might be helpful to support them, such as a longer appointment or an early or late appointment. Each dentist kept two appointment slots each day for urgent treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system to schedule enough time to assess and meet patients' needs. The practice reserved two appointment slots each day for each dentist to see emergencies. There was a two week rota system for appointments which provided flexibility to book appointments at patients' convenience. Patients commented that the staff provided a good service. One patient told us that they had been seen promptly when they had an emergency and they had a follow up appointment brought forward so that they could be seen quicker.

The practice actively sought feedback from patients on the care being delivered. We saw evidence that the practice responded to feedback that they received on the NHS Choices website. For example, one patient had said that they could not get an emergency appointment and the practice had introduced two emergency appointment times for each dentist each day. The practice sent each patient a text message survey after each appointment. Views were collated at head office and they shared the results with each practice in the organisation so they could all learn from feedback. There were feedback cards in reception and staff discussed the feedback in team meetings.

Tackling inequity and promoting equality

There was an equality and diversity policy and staff training about equality and diversity was included in the safeguarding training. There were some reasonable adjustments in place. There was information in reception about translation services and the staff spoke a range of different languages. There was a loop system for deaf people. There was level access to the ground floor reception and one of the surgeries and there was a toilet with facilities for disabled patients.

Access to the service

The opening hours were displayed in reception and on the practice website. Out of hours the practice provided contact information for other IDH practices with different opening hours, for the dental hospital and for NHS 111. Patients told us that they had no difficulty getting appointments. Emergencies were usually fitted in on the day they contacted the practice.

Concerns & complaints

There was a procedure about how to make a complaint, including timescales for responding to complaints and the process for investigation. We saw that information about how to make a complaint was displayed in the reception area. Two patients we spoke with knew how to make a complaint. Information about concerns and complaints was logged on the computer. There was a patient support team who monitored progress with investigation of complaints. The practice manager said that each year there was a review of all complaints and they shared the findings in a practice meeting. Before the inspection visit the practice sent us information about complaints received in the last 12 months. This showed that complaints were investigated, remedial action was taken where necessary and learning from complaints was shared with the practice team for their professional development.

Are services well-led?

Our findings

Governance arrangements

The practice had systems for clinical governance. There were audits of infection control, record keeping, radiographs, prescriptions, patient feedback and money. Improvements were made when needed. For example, following a record keeping audit the records were made more comprehensive to make sure all aspects of patient care were recorded and addressed. The manager told us that the results of audits were fed back to the team in staff meetings.

There were checks of equipment. We saw evidence that the autoclave and compressor were serviced. The nurse told us that they conducted daily checks of the ultrasonic bath, washer disinfector and autoclave and we saw records of these tests in a log book.

There was a computer tracking system so that the manager could follow when audits, training or servicing were due and when any follow up was due. They could upload information such as training or servicing certificates so that it was possible to tell when actions had been completed.

We saw that there was a range of policies which were made available to staff on the organisation's computer system.

Leadership, openness and transparency

The practice manager was the lead professional for the practice and they were also the lead for safeguarding and medical emergencies. The lead dental nurse was the lead professional for infection control and decontamination. The dentist involved would be the lead professional for medical emergencies. We saw information for staff in the policy folder about the duty of candour and the need to be open if an incident occurred where a patient suffered harm. So far there had been no such incidents. We saw a whistleblowing policy which was made available to staff. There was a whistleblowing helpline so that staff could discuss a concern in confidence.

Management lead through learning and improvement

The practice manager told us that there were regular team meetings. We saw the minutes of meetings, which showed that staff discussed developments in the practice such as learning from incidents and complaints. The nurses told us that they were responsible for their own continuing professional development and kept this up to date. They said that they also had training within the practice and we saw records to show that relevant training was taking place, for example for safeguarding and health and safety.

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

We saw that patients had posted feedback on the NHS Choices website and the organisation had responded to every comment. The practice used the NHS friends and family test to obtain feedback. They also sent out text surveys following appointments. Computer generated text messages were sent to patients following their appointments and the computer recorded the responses. This enabled the practice manager to monitor patient satisfaction and make any necessary improvements. For example, following feedback the practice introduced a two week appointment booking rota so that they could be more flexible and book appointments which were more convenient for people. The practice manager said that the improvement actions were discussed in team meetings and one of the nurses confirmed this.