

Whitecross Dental Care Limited

Mydentist - Acorn Business Park - Skipton

Inspection Report

Unit 4, Acorn Business Park
Skipton
North Yorkshire
Tel: 01756 709769
Website: www.mydentist.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 21 July 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 - Acorn Business Park - Skipton practice provides mainly NHS treatment to patients of all ages but also offers private dental treatments to patients in the Skipton area and beyond.

The dental practice is based in a modern building with treatment rooms on the ground and first floor. There are two comfortable waiting rooms, reception area, separate decontamination room, staff room/kitchen and office area. There are accessible toilet facilities on the ground floor of the premises.

The practice has six dentists, one dental hygienist and three dental nurses; two trainee dental nurses, a practice manager, receptionist and cleaner. They are also supported by an area development manager, a regional manager and a clinical support manager.

The practice is open 8:00am to 8:00pm each day with the exception of Friday when the practice closes at 5:30pm. Saturday surgery runs from 9:00am to 1:00pm.

The practice manager is registered as a registered manager with the CQC. 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 CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from five patient comment cards which all gave positive comments about the care and treatment received at the practice. In addition we spoke with three patients on the day of our inspection. Feedback was positive about the care they received from the practice.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including infection prevention and control and health and safety.
- Staff were qualified and had received training appropriate to their roles.
- Treatment was provided in line with current best practice guidelines including the Faculty of General Dental Practice (FGDP) and National Institute for Health and Care Excellence (NICE).
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed that patients were treated with kindness and respect by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed. The practice had a complaints system in place and there was an openness and transparency in how these were dealt with.
- There were clearly defined leadership roles within the practice and staff told us that they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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 systems to assess and manage risks to patients. These included maintaining the required standards of infection prevention and control.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines. All staff had received training in responding to a medical emergency including cardiopulmonary resuscitation (CPR).

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff met daily in the morning and at lunch time to discuss any safety concerns or matters arising.

The decontamination procedures were effective and the equipment involved in the decontamination process was either new or had been regularly serviced, validated and checked to ensure it was safe to use.

There were maintenance contracts in place to ensure all equipment had been serviced regularly, including, the autoclave, fire extinguishers, the air compressor and medical emergency oxygen.

There was documentary evidence to demonstrate that staff had attended training in child protection and adult safeguarding procedures and understood their responsibilities in relation to identifying and reporting any potential abuse.

No action



Are services effective?

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

Patients' dental care records provided comprehensive information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and made referrals for specialist treatment or investigations where indicated.

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients' dental care records provided comprehensive information about their current dental needs and past treatment.

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice. The practice had received the 'Health Promoting Dental Practice Award' (HPDPA) from the local area team.

Staff were encouraged to complete training relevant to their roles and this was monitored by the registered provider. The clinical staff were up to date with their continuing professional development (CPD).

No action



Summary of findings

Are services caring?

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

On the day of inspection we received five CQC comment cards providing feedback and spoke with three patients about the care and treatment they received at the practice. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. They commented that staff had made them feel at ease and particularly nervous patients felt reassured.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

Staff explained that enough time was allocated in order to ensure that the treatment and care was fully explained to patients in a way which they understood.

No action



Are services responsive to people's needs?

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

We reviewed the CQC comment cards patients had completed prior to the inspection and confirmed patients were happy with the care they received and felt fully involved in making decisions about their treatment.

The practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day. It had recently increased its opening hours to accommodate patients before and after work and also on a Saturday.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable patients in a wheelchair or with limited mobility to access treatment.

No action



Are services well-led?

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

There was a clearly defined management structure in place and all staff felt supported and appreciated in their own particular roles. The practice manager was responsible for the day to day running of the practice.

There was a range of policies and procedures in use at the practice which were easily accessible to staff.

The practice identified, assessed and managed clinical and environmental risks related to the service provided. Key staff held the lead roles for areas such as, infection control, safeguarding and complaints and supported the staff to identify and manage risks and helped ensure information was shared with all team members.

No action



Summary of findings

There were daily informal meetings with all staff where staff were given the opportunity to give their views of the service. There were good arrangements in place to share information with staff by means of regular practice meetings which were minuted for those staff unable to attend.

The practice had a system to monitor and continually improve the quality of the service through a programme of clinical and non-clinical audits.

Mydentist - Acorn Business Park - Skipton

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 took place on the 21 July 2016 and was led by a CQC inspector with remote access to a specialist dental advisor.

The practice sent us their statement of purpose, and details of staff working at the practice. During our inspection visit, we reviewed policy documents and staff records. We spoke with six members of staff, including the registered manager, dentist, dental nurses and receptionist. To assess the

quality of care provided we looked at practice policies and protocols and other records relating to the management of the service. We also toured the practice and reviewed emergency medicines and equipment.

To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had clear guidance for staff about how to report incidents and accidents. Staff were familiar with the process for accident and incident reporting. Any accidents or incidents would be reported to the practice manager and would also be discussed at staff meetings. We reviewed the significant events which had taken place within the last 12 months and these had been well documented, investigated and reflected upon by the dental practice. Significant events from other practices within the group were also shared with the practice staff to minimise future risk. The practice responded to national patient safety and medicines alerts that affected the dental profession.

The practice manager understood the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) and what notifications need to be made to the CQC. The practice forwarded details of any events to the head office who would notify the CQC if it was required.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare

Products Regulatory Authority (MHRA) that affected the dental profession. These were actioned if necessary and stored for future reference. We also saw head office of, Mydentist, produced a weekly 'practice bulletin' for staff which also informed staff of any drug safety alerts, updates in guidance and practice issues.

Staff had an understanding of their responsibilities under the Duty of Candour. Duty of Candour means relevant people are told when a notifiable safety incident occurs and in accordance with the statutory duty are given an apology and informed of any actions taken as a result. The provider knew when and how to notify CQC of incidents which could cause harm. Patients were told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had up to date safeguarding policies and guidance for staff to refer to including the

contact details for the relevant safeguarding professionals in North Yorkshire. All of the staff we spoke with were aware of their responsibility to safeguard people from abuse. All staff were trained to the appropriate level in adult safeguarding and child protection.

The practice followed national guidelines on patient safety. For example the dentists told us they routinely used a rubber dam when providing root canal treatment to patients in line with guidance from the British Endodontic Society. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. The policy directed staff to identify and risk assess each substance at the practice. There were risk assessments in place and information regarding materials used to inform staff what action to take if an accident occurred for example in the event of any spillage or a chemical being accidentally splashed onto the skin.

Medical emergencies

The practice had clear guidance about how to deal with medical emergencies. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). The practice maintained an emergency resuscitation kit, medical emergency oxygen and emergency medicines to support patients. This included a wide range of airways and face masks for both adults and children. The practice had in place two emergency bags (one on each floor) which had emergency drugs and equipment needed to meet the needs of each potential emergency.

The practice had an external defibrillator (AED) to support staff in a medical emergency. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

We saw records of checks for emergency equipment and emergency medicines were in place. We did note that staff

Are services safe?

had only recently checked if medication was within date. Following this staff found medication was out of date and acted promptly and replaced medication. We discussed this with the practice manager who assured us that a comprehensive weekly checking system was now in place to ensure this area is not overlooked again.

Staff had attended their annual training in emergency resuscitation and basic life support as a team within the last 12 months. First aid boxes were easily accessible in the practice.

Staff recruitment

The practice had a comprehensive policy and set of procedures in place for the safe recruitment of staff. They included seeking references, proof of identity, immunisation status and checking qualifications and professional registration. The registered manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all newly appointed staff. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Records confirmed these checks were in place.

We looked at the induction files of two new members of staff and found they contained appropriate documentation. There was an induction programme for all new staff to ensure they were knowledgeable about practice policies and procedure such as health and safety requirements, practice risk assessments and patient confidentiality.

We saw that clinical staff were covered by personal indemnity insurance (this is an insurance professionals are required to have in place to cover their working practice) In addition the providers public liability insurance covered all employees working in the practice. Professional registration with the General Dental Council (GDC) was checked annually. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. Records we looked at confirmed these were up to date.

Monitoring health & safety and responding to risks

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, cross infection, sharps disposal, emergency medicines and equipment.

The practice carried out a number of risk assessments these included fire safety, health and safety and water quality risk assessments. They also displayed a Control of Substances Hazardous to Health (COSHH) poster giving staff easy access to COSHH information. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.

The practice had a comprehensive business continuity plan which described situations which might interfere with the day to day running of the practice. The plan contained a list of contact numbers for staff and various contractors.

Infection control

The practice had a decontamination room situated on the ground floor. The room was set out according to the Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05), decontamination in primary care dental practices.

The practice followed the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'. These documents and the practice's policy and procedures relating to infection prevention and control were accessible to staff. A dental nurse was the infection prevention and control lead and they ensured there was a comprehensive infection prevention and control policy and set of procedures to help keep patients safe. These included hand hygiene, manual cleaning, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

We also saw the infection prevention and control audit completed in 2016, which had risk, assessed the dental practice and highlighted action to be taken if required.

Are services safe?

Posters about good hand hygiene and the decontamination procedures were clearly displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment room and the decontamination room were visibly clean and hygienic. They were free from clutter and had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection prevention and control.

The practice had a cleaning check list for each room which was complete. Staff cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. A cleaner was employed daily to clean the public areas of the building.

There were hand washing facilities in the treatment rooms and decontamination room and staff had access to supplies of protective equipment for patients and staff members.

Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system with sealed boxes were implemented to ensure the safe movement of instruments between the treatment room and the decontamination room which minimised the risk of the spread of infection.

Staff showed us the decontamination process and were able to demonstrate of the work flow in the decontamination area from the 'dirty' to the 'clean' zones. We observed Staff the procedures involved in cleaning, rinsing, inspecting and decontaminating dirty instruments; also the packaging and storing clean instruments. We looked at a sample of instruments that had been placed in pouches port cleaning and this demonstrated they were clean, free from damage and appropriately dated. Staff wore eye protection and aprons throughout the cleaning stages.

The practice had systems in place for quality testing the decontamination equipment which they completed once a day; we saw records which confirmed these had taken place. The practice had an ultrasonic bath, two autoclaves and a washer disinfector (equipment that cleans and sterilises dental instruments and devices). There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

We saw all sharps bins were being used correctly and located appropriately. The practice operated a "safer sharps" policy to reduce the risk of injury to staff and patients. Safer syringes had been purchased and where possible sharp items are single use only.

Clinical waste was stored securely for collection outside the building in a secure area. We saw that the provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The dentist had conducted a Legionella risk assessment and sought external advice regarding the premises. The practice met the legionella safety guidelines. (Legionella is a germ found in the environment which can contaminate water systems in buildings). Water temperatures were monitored and recent checks had shown a problem with the boiler in the building. The practice had taken appropriate action to ensure the safety of the staff and patients.

Equipment and medicines

We saw the practice had an arrangement to check the portable electrical appliances (PAT) (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use). We noted the gas safety had also been checked.

There were maintenance contracts in place for the equipment such as autoclave, washer disinfector, compressor and X-ray equipment.

We saw evidence a fire risk assessment was in place and that the fire safety equipment was checked annually. Fire alarms were tested regularly and staff told us that they regularly undertook fire drills.

There was a system in place to ensure that staff received safety alerts from the Medicines and Health Care products Regulatory Agency and the dentist was aware of recent alerts.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser (RPA) and Radiation Protection Supervisor (RPS). The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. We found there were

Are services safe?

suitable arrangements in place to ensure the safety of the equipment. For example, local rules relating to each X-ray machine were posted next to the x-ray equipment and X-ray audits were carried out.

X-rays were taken in accordance with the Faculty of General Dental Practice (FGDP) Good Practice Guidelines. The justification for taking X-rays was recorded in dental care records to evidence that the potential benefit and/or risks

of the exposure had been considered. The patients dental records indicated each radiograph was quality assured and the findings reported on as per FGDP guidance. X-rays were stored within the patient's dental care record.

We saw that all staff were up to date with their continuing professional development training in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice

(FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental decay, gum disease or oral cancer. This was documented and also discussed with the patient.

Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment. Patients were asked to complete a full medical history when they joined the practice. When we spoke with patients they confirmed they were asked during their visit for any changes to medical history or prescribed medicines before any course of treatment was undertaken. The dental care records we reviewed showed medical histories had been checked.

The practice had policies and procedures in place for assessing and treating patients. The dental care records contained all the relevant detail including medical history and followed the guidance provided by the FGDP.

We received feedback from patients during the visit and via CQC comment cards; we also reviewed patient surveys the practice had undertaken. Comments received reflected that patients were very satisfied with the staff, assessments, explanations, the quality of the dentistry and outcomes.

Health promotion & prevention

Dentists were working in accordance with guidance issued in the Public Health England June 2014 publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

We noted that patients were given advice about their oral health from the dentist. The waiting area contained a

variety of leaflets and posters that explained effective dental hygiene and how to reduce the risk of poor dental health. The medical history form patients completed included questions about smoking and alcohol consumption. We confirmed in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. There were health promotion leaflets available in the waiting rooms to support patients.

Staffing

New staff confirmed they had completed a period of induction and training with the Mydentist academy which covered areas such as cardiopulmonary resuscitation and the patient journey.

Staff told us they were encouraged to maintain the continuous professional development (CPD) which was a requirement of their 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 and dental technicians. All clinical staff members were registered with the GDC and registration certificates were available in the practice.

Working with other services

The practice worked with other professionals where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment. Where patients had complex dental needs, such as suspected oral cancer, the practice referred them to other healthcare professionals using their referral process.

Referrals made were recorded and monitored to ensure patients received the care and treatment they required in a timely manner. A copy of the referral letter was kept in the patient's dental care records.

Letters received back relating to the referral were first seen by the referring dentist to see if any action was required and then stored in the patient's dental care records.

Consent to care and treatment

The dental care records we looked at contained evidence that treatments had been discussed and consent obtained.

The practice had a consent policy in place and staff had completed training and were aware of their responsibilities

Are services effective?

(for example, treatment is effective)

under the Mental Capacity Act (2005) (MCA). Mental Capacity Act 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. Feedback commented on how friendly, caring and attentive staff were at the practice.

We observed privacy and confidentiality were maintained for patients who used the service on the day of the inspection. Staff we spoke with were aware of the importance of providing patients with privacy and how to maintain confidentiality. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage, with paper records stored in lockable storage cabinets. Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were being seen. Conversations could not be heard from outside the treatment rooms which protected patient privacy.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices about their dental care and treatment. Staff described to us how they involved patients' relatives or carers when required

and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The practice displayed costs of treatments in their information leaflets available in the waiting area and on their web site. Costs were also explained to individuals as part of their ongoing dental care plan.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment that they felt listened to and were satisfied with the information they had received. They confirmed that they were made aware of all charges prior to their treatment.

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 we found the facilities were appropriate for the services that were planned and delivered.

The practice provided patients with information about the services they offered in the waiting room and in the practice leaflet.

We looked at the recorded appointments and found there were appointment slots each day for urgent or emergency appointments. Staff told us patients were seen as soon as possible for emergency care and this would be the same day. We confirmed that the practice scheduled longer appointments where required if a patient needed more support.

Tackling inequity and promoting equality

The practice had an equality, diversity and human rights policy in place to support staff understanding and meeting the needs of patients. The staff had completed equality and diversity training.

Treatment areas were accessible and provided in a ground floor treatment room. Level access was available throughout the building.

The staff told us they did not have any patients with language needs however if required an interpreter service would be sought via the telephone language services.

The practice provided extended and flexible appointment time to patients who were vulnerable and in need of extra care and support.

Access to the service

The practice was open 8:00am to 8:00pm each day with the exception of Friday when the practice closed at 5:30pm. Saturday surgery was from 9:00am to 1:00pm.

Patients' feedback confirmed that they were happy with the availability of routine and emergency appointments.

The practice supported patients to attend their forthcoming appointment by having a reminder system in place. This included sending text and email message reminders.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. When the practice was closed patients who required emergency dental care were signposted to the NHS 111 service on the telephone answering machine. Details for patients of what to do if they have a dental emergency outside normal opening hours was also available in the practice information leaflet and on the front door of the practice.

Concerns & complaints

The practice had a complaint policy and procedure in place. The procedure explained the process to follow, and included other agencies to contact if the complaint was not resolved to the patients satisfaction. The surgery had received three complaints in the last 12 months. We confirmed that the practice had responded in line with their complaints policy.

Are services well-led?

Our findings

Governance arrangements

The practice manager was in charge of the day to day running of the service. The practice manager was supported by area development manager, a regional manager and a clinical support manager. We saw that recent additional quality assurance monitoring systems had been put in place by the company to ensure areas such as emergency medicines, risk assessments and prescription management were safe.

There was a range of policies and procedures in use at the practice. We saw they had systems in place to monitor the quality of the service and to make improvements. The practice had governance arrangements in place to ensure risks were identified, understood and managed appropriately.

There was an effective management structure in place to ensure that responsibilities of staff were clear. Staff told us that they felt supported and were clear about their roles and responsibilities.

Health and safety and risk management policies were in place and we saw a risk management process to ensure the safety of patients and staff members. For example, we saw risk assessments relating to exposure to hazardous substances and medical emergencies.

Leadership, openness and transparency

We saw the practice had daily informal meetings and regular structured practice meetings with all staff. Meetings gave staff an opportunity to openly share information and discuss any concerns or issues. Staff told us this helped them keep up to date with new developments and policies.

Staff told us that there was an open culture within the practice which encouraged candour and honesty.

Learning and improvement

The practice had supported staff to access some learning and improvement opportunities. Staff received regular appraisals and were supported with further development and training to ensure continuous professional development (CPD) as required by the General Dental Council (GDC).

There was a rolling programme of clinical and non-clinical audits taking place at the practice. These included infection prevention and control, X-ray quality and record keeping. The practice manager provided individual feedback to staff and discussed the trends and themes at staff meetings, identifying where improvement actions may be needed.

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

Staff told us that information was shared and that their views and comments were sought informally and their ideas listened to. Staff we spoke with said they could raise any concerns about the practice if they needed to.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on the services provided. Results were analysed each month and shared with staff. The results from April 2016 showed 94% patients who completed the forms were likely to recommend the practice to family and friends.